


Home » Drinking Water » Certlic » Labs

ELAP - Application and Field of Testing (FOT) Forms

Application Forms

The ELAP 001 application form requests general information about the laboratory and personnel. It must be fully filled out, signed, and dated to be acceptable.

 **PLEASE NOTE:** The ELAP application form appears with **strikeouts and red editing marks**. Please use the version with these marks. ELAP 001 is defined in regulation and content cannot be deleted until regulatory change is made. See our [Regulations](#) page for updates.

- » [Application \(PDF\)](#) - revised March 2017
- » [Application \(Word\)](#) - revised March 2017

Field of Testing Forms

Field of Testing forms are Excel file worksheets that identify which subgroups a laboratory is requesting accreditation of.

Please do not edit or manipulate the Excel worksheets. Keeping them in their current form allows ELAP to upload the requested subgroups directly to our accreditation database when we process an application. Simply enter a "Y" in the appropriate field next to the subgroups being requested.

These forms need to be submitted in two formats with every application:

1. PDF. When printed, a signature and date field appears at the bottom of each form. Each page needs to be signed and dated, then scanned and submitted as a PDF.
2. Excel file(s). Attach the saved Excel file (s) for each of your FOT forms to your application submission email.

Microbiology

- » [FOT 101](#) - Microbiology of Drinking Water - revised April 2016
- » [FOT 107](#) - Microbiology of Wastewater - revised May 2015
- » [FOT 126](#) - Microbiology of Recreational Water - revised June 2014

Inorganic Chemistry

- » [FOT 102](#) - Inorganic Chemistry of Drinking Water - revised Sept. 2014
- » [FOT 103](#) - Toxic Chemical Elements of Drinking Water - revised June 2014
- » [FOT 108](#) - Inorganic Chemistry of Wastewater - revised Sept. 2014
- » [FOT 109](#) - Toxic Chemical Elements of Wastewater - revised June 2014
- » [FOT 114/115/120](#) - Inorganic Chemistry & Toxic Chemical Elements of Hazardous Waste/Extraction Test/Physical Properties of Hazardous Waste - revised May 2006

Organic Chemistry

- » [FOT 104](#) - Volatile Organic Chemistry of Drinking Water - revised January 2018
- » [FOT 105](#) - Semi-volatile Organic Chemistry of Drinking Water - revised June 2014
- » [FOT 110](#) - Volatile Organic Chemistry of Wastewater - revised June 2014
- » [FOT 111](#) - Semi-Volatile Organic Chemistry of Wastewater - revised Sept. 2014
- » [FOT 116/117](#) - Volatile Organic Chemistry of Hazardous Waste/Semi-Volatile Organic Chemistry of Hazardous Waste - revised May 2007

Bioassay

- » [FOT 113/119](#) - Whole Effluent Toxicity of Wastewater/Toxicity Bioassay of Hazardous Waste - revised March 2010

Radiochemistry

- » [FOT 106/112/118](#) - Radiochemistry - revised March 2010

Bulk Asbestos

» FOT 121 - Bulk Asbestos Analysis of Hazardous Waste - *revised May 2002*

Pesticide Residues in Food

» FOT 124/125 - Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques)/ Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques) - *revised May 2002*

Shellfish Sanitation

» FOT 127 - Shellfish Sanitation - *revised Aug. 2006*

Cryptosporidium

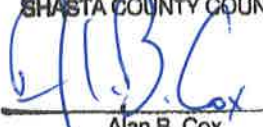
» FOT 129 - Parasites in Potable Water - *revised June 2014*

(Updated 3/5/18)

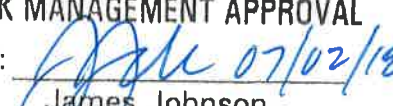
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The California Water Boards include the [State Water Resources Control Board](#) and nine [Regional Boards](#).
The State Water Board is one of six environmental entities operating under
the authority of the California Environmental Protection Agency
[CalEPA](#) | [ARB](#) | [CalRecycle](#) | [DPR](#) | [DTSC](#) | [OEHHA](#) | [SWRCB](#)

APPROVED AS TO FORM
SHASTA COUNTY COUNSEL


Alan B. Cox
Deputy County Counsel 7/3/19

RISK MANAGEMENT APPROVAL

BY:  07/02/18
James Johnson
Risk Management Analyst

Application for Certification Environmental Laboratory Accreditation Program

This application is for laboratories seeking certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health And Safety Code).

PART A LABORATORY INFORMATION

1. Type of Application: New ☐ Renewal ☒ Amendment ☐
Certificate No. 2156 Expiration Date: 8/31/2018
2. Name of Laboratory: Shasta County Public Health Laboratory
3. Division: Health and Human Services Agency, Public Health Branch
4. Laboratory Location / Address: (Actual Location)
Street: 2650 Breslauer Way Suite B
City: Redding State: CA Zip: 96001
Country: USA Country Code: _____
5. Laboratory Mailing Address: (For mail delivery)
Street: 2650 Breslauer Way Suite B
City: Redding State: CA Zip: 96001
Country: USA Country Code: _____
6. Laboratory Shipping Address: (For sample delivery)
Street: 2650 Breslauer Way Suite B
City: Redding State: CA Zip: 96001
Country: USA Country Code: _____
7. Telephone #: (530) 225-5072
8. FAX #: (530) 225-5061
9. E-Mail Address: pstockton@co.shasta.ca.us
10. Web Site: _____
11. County (CA only): Shasta County
12. Water Quality Control Board Region #: 5R
13. Description of Laboratory Type: (Check one)

<input type="checkbox"/> Commercial	<input type="checkbox"/> City	<input type="checkbox"/> Academic Institute
<input type="checkbox"/> Federal	<input type="checkbox"/> Public water system	<input type="checkbox"/> Hospital or health care
<input type="checkbox"/> State	<input type="checkbox"/> Public wastewater system	<input type="checkbox"/> Industrial (an industry with discharge permit)
<input checked="" type="checkbox"/> County	<input type="checkbox"/> Recycling Facility	<input type="checkbox"/> Other (describe) _____
14. Laboratory Director: Pepper Stockton Telephone #: (530) 225-3740
15. Contact Person: Pepper Stockton Telephone #: (530) 225-3740
16. Mail Recipient Name: Pepper Stockton
17. Owner / Agents Name: County of Shasta
18. For Mobile Laboratories:
Vehicle Make: _____ Model: _____ Vehicle ID #: _____
Vehicle License No.: _____ State of Registration: _____

(for ELAPB office use only)

Application Number: _____ Amount Received: _____ Date Received: _____

PRIVACY NOTIFICATION

The information in Part B (Personnel Qualifications) of this application is requested by the State Department of Public Health in compliance with the Information Practices Act of 1977. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Sections 64485 and 67605. This information is mandatory. Failure to provide all the necessary information may result in denial of the application for certification. The purpose of the personnel information is to verify the personnel qualifications required for the laboratory director and principal analyst(s). This information will not be disclosed except in accordance with the Information Practices Act of 1977. For more information or access to your records, contact ELAPB.

PART B PERSONNEL QUALIFICATIONS LABORATORY DIRECTOR

1. Name (Last, First, Middle Initial): Stockton, Pepper, D.Q.

2. Title: Assistant Laboratory Director/ ELAP Laboratory Director

Month/Year From - To	College/University	Major	Degree	Year Completed
8/1998 to 05/2000	College of the Redwoods	General Ed.	None	
9/2002 to 6/2002	UC Davis	Biotechnology	B.S.	2002
8/2002 to 11/2009	UC San Diego	Biology	PhD	2009

Month/Year From - To	Technical Trade or Service School	Subject Certificate	Year Completed
1/2013 to 7/2013	CA Department of Health Services	Public Health Microbiology	2013

Month/Year From - To	Name and Address of Employer	Job Title
1/2013 to 7/2013	Humboldt County Public Health Laboratory 529 I St., Eureka, CA 95501	Public Health Microbiology Trainee

2/2014 to 5/2017	Shasta County Public Health Laboratory	Public Health Microbiologist
5/2017 to present	Shasta County Public Health Laboratory 2650 Breslauer Way, Redding, CA 96001	Assistant Laboratory Director/ELAP Director

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

Shasta County Public Health Laboratory
Pepper Stockton
Assistant Clinical Laboratory Director/ELAP Director

Since 2014 I have worked at Shasta County Public Health Laboratory and I have participated in all aspects of our Water testing program, including test setup, resulting, customer notification, QC, and proficiency testing. We participate in the Phenova Program of proficiency testing. For the first 3 years, I worked as a Public Health Microbiologist and for the last 6 months I have been the lab manager as well as Assistant Director.

I have been the ELAP Laboratory Director for Shasta County Public Health lab since October 30, 2017.

**PART B PERSONNEL
QUALIFICATIONS PRINCIPAL
ANALYST**

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): Cole, Ken, J

2. Title: Public Health Microbiologist

☐ Supervisor of Section _____

Operates Device _____

3. Education:

Month/Year From - To	College/University	Major	Degree	Year Completed
8/1995 to 5/1998	Shasta College	General Ed.	AA	1998
8/1998 to 5/2000	Chico State	Microbiology	BS	2000

4. Technical Training:

Month/Year From - To	Technical Trade or Service School	Subject Certificate	Year Completed
11/2002 to 4/2003	CA Department of Health Services	Public Health Microbiology	2003

5. Relevant Experience: (Last 5 years)

Month/Year From - To	Name and Address of Employer	Job Title
8/2002 to Present	Shasta County Public Health Laboratory 2650 Breslauer Way, Redding, CA 96001	Public Health Microbiologist

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

Shasta County Public Health Laboratory
Ken Cole
Public health Microbiologist

Since 2002 I have worked at Shasta County Public Health Laboratory in all sections of the laboratory, including water testing. We perform Colisure Presence/Absence test on drinking water and Colilert Quantitray tests on drinking water and raw surface waters.

**PART B PERSONNEL
QUALIFICATIONS PRINCIPAL
ANALYST**

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): Hood, Heather, E

2. Title: Public Health Microbiologist

☐ Supervisor of Section _____ Operates Device _____

3. Education:

Month/Year From - To	College/University	Major	Degree	Year Completed
8/1998 to 12/2001	College of the Redwoods	Transfer Studies	AA	2001
1/2002 to 5/2007	Humboldt State	Cellular and Molecular Biology	BS	2007

4. Technical Training:

Month/Year From - To	Technical Trade or Service School	Subject Certificate	Year Completed
1/2014 to 8/2014	CA Department of Health Services	Public Health Microbiology	2014

5. Relevant Experience: (Last 5 years)

Month/Year From - To	Name and Address of Employer	Job Title
8/2017 to Present	Shasta County Public Health Laboratory 2650 Breslauer Way, Redding, CA 96001	Public Health Microbiologist
11/2012 to 7/2017	Humboldt County Public Health Laboratory 529 I St., Eureka, CA 95501	Public Health Microbiologist

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

Shasta County Public Health Laboratory
Heather Hood
Public health Microbiologist

As a Public Health Microbiologist at the Shasta County Public Health Lab I have participated in water testing in our lab from August 2017 to present. This includes setting up tests and interpreting results for presence/absence tests using Colisure and quantity tray tests using Colilert as well as participating in proficiency testing.

As a Public Health Microbiologist at the Humboldt County Public Health Lab I have participated in water testing from November 2012 to July 2017. This includes setting up tests and interpreting results for presence/absence tests and quantity tray tests using Colilert, multiple tube fermentation, plate count as well as participating in quality assurance program and proficiency testing.

PART B PERSONNEL QUALIFICATIONS PRINCIPAL ANALYST

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): Mello, Brandi, M

2. Title: Laboratory Technician

☐ Supervisor of Section _____ Operates Device _____

3. Education:

Month/Year From - To	College/University	Major	Degree	Year Completed
8/1992 to 5/1993	Cypress College	General Ed.	None	
8/1993 to 5/1998	Shasta College	General Ed.	AA	1998
8/1998 to 5/2001	Chico State	Biology	BS	2001

4. Technical Training:

Month/Year From - To	Technical Trade or Service School	Subject Certificate	Year Completed

5. Relevant Experience: (Last 5 years)

Month/Year From - To	Name and Address of Employer	Job Title
12/2001 to Present	Shasta County Public Health Laboratory 2650 Breslauer Way, Redding, CA 96001	Laboratory Technician

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

Shasta County Public Health Laboratory
Brandi Mello
Laboratory Technician

I have been employed at Shasta County Public Health Laboratory since 2001. I have been trained in water testing procedures used at our lab to test drinking water and surface waters for EC and total coliforms using Colilert and Colisure for P/A and Quantitray determinations. My duties in the laboratory include laboratory support and maintenance along with customer service. This includes reporting results to our clients and providing remedial information or referral if needed.

PART C FIELDS OF TESTING

Check the appropriate box(es) for the Fields of Testing (FoTs) for which your laboratory requests certification.

<input checked="" type="checkbox"/>	E101	Microbiology of Drinking Water
<input type="checkbox"/>	E102	Inorganic Chemistry of Drinking Water
<input type="checkbox"/>	E103	Toxic Chemical Elements of Drinking Water
<input type="checkbox"/>	E104	Volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E105	Semi-volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E106	Radiochemistry of Drinking Water
<input type="checkbox"/>	E107	Microbiology of Wastewater
<input type="checkbox"/>	E108	Inorganic Chemistry of Wastewater
<input type="checkbox"/>	E109	Toxic Chemical Elements of Wastewater
<input type="checkbox"/>	E110	Volatile Organic Chemistry of Wastewater
<input type="checkbox"/>	E111	Semi-volatile Organic Chemistry of Wastewater
<input type="checkbox"/>	E112	Radiochemistry of Wastewater
<input type="checkbox"/>	E113	Whole Effluent Toxicity of Wastewater
<input type="checkbox"/>	E114	Inorganic Chemistry & Toxic Chemical Elements of Hazardous Waste
<input type="checkbox"/>	E115	Extraction Test of Hazardous Waste
<input type="checkbox"/>	E116	Volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E117	Semi-volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E118	Radiochemistry of Hazardous Waste
<input type="checkbox"/>	E119	Toxicity Bioassay of Hazardous Waste
<input type="checkbox"/>	E120	Physical Properties of Hazardous Waste
<input type="checkbox"/>	E121	Bulk Asbestos Analysis of Hazardous Waste
	E122*	Microbiology of Food
	E123*	Inorganic Chemistry and Toxic Chemical Elements of Pesticide Residues in Food
<input type="checkbox"/>	E124	Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques)
<input type="checkbox"/>	E125	Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques)
<input type="checkbox"/>	E126	Microbiology of Recreational Water
<input type="checkbox"/>	E127	Shellfish Sanitation
	E128*	Air Quality Monitoring
<input type="checkbox"/>	E129	Parasites in Potable Water
	E130*	Parasites in Non-Potable Water

**PART D
INVOICE FOR FEES**

- ☐ Claim of Exemption from Fees: (attach written evidence for claim of exemption)
 ☐ California County or City Public Health Laboratory established under, Health and Safety Code Section 101150
 ☐ Government Reference Laboratory as defined in, Health and Safety Code Section 100860 (e) & (g)

☒ Not Exempt From Fees

The Basic Fee is ~~\$1512.00~~ \$1890.00, and the Field of Testing Fee is ~~\$681.00~~ \$851.00.

Basic Fee + Number of Fields of Testing Requested times the Field of Testing Fee = Total Fee

~~\$1512~~ \$1,890.00 + \$851.00 = \$ 2741.00
Base Fee + (Number of FoTs X ~~\$681~~ \$851) = Total Fee Amount

Enclose a check for the total fee, payable to "Environmental Laboratory Accreditation Program Branch."

NOTE: Out of state laboratories - the cost of travel to visit a laboratory located outside the State of California will be determined and billed after completion of the site visit, Section 100860(b), Health and Safety Code.

**PART E
QUALITY ASSURANCE MANUAL**

Please submit two copies of your laboratory's manual for the in-house quality assurance program with this application by mail to P.O. Box 100, Sacramento, CA 95812-0100 or e-mail to elapca@waterboards.ca.gov.

**PART F
FIELD OF TESTING WORKSHEET** Field of Testing (FoT) worksheets

can be downloaded from http://www.waterboards.ca.gov/drinking_water/certlic/labs/documents/ELAP-FOT-2014.pdf
<http://www.cdph.ca.gov/certlic/labs/Pages/ELAPforms.aspx>. Please submit a completed hard copy if mailing and an electronic copy of the worksheet for each FoT the laboratory is seeking or amending accreditation. Submit the completed electronic worksheets and signed hard copy via email to elapca@waterboards.ca.gov (elapca@cdph.ca.gov) or by mail (diskette, CD, DVD). Submit the signed hard copy to ELAPB (address listed below).

**PART G
OTHER PERTINENT INFORMATION (OPTIONAL)**

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

**PART H
APPROVAL FOR SUBMISSION**

(This Section must be completed and signed before the application will be accepted.)

TYPE OR PRINT: Name of Laboratory: Shasta County Public Health Laboratory

Name of Owner or Owner's Agent: _____

Signature: _____

Date: _____

Return the completed application, quality assurance manual, Field of Testing worksheets, and the appropriate fee to:

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM BRANCH (ELAPB)

850 Marina Bay Parkway, Building P, 1st Floor, MS-0511

Richmond, CA

94804

P.O. Box 100, Sacramento, CA 95812-0100
www.waterboards.ca.gov/elap

Field of Testing 101: Microbiology of Drinking Water
Safe Drinking Water Act 40 CFR 141

Lab Name: Shasta County Public Health Laboratory
Certificate #: 2156

Subgroup Code	Analyte Code	Method	Analyte	Technology	Enter Y for selection	Comments
101.010	001	SM 9215 B	Heterotrophic Bacteria	Pour plate		
101.010	002	SimPlate	Heterotrophic Bacteria	Idexx		
101.020	001	SM 9221 B	Total Coliform, P/A	Multiple Tube Fermentation		
101.020	002	SM 9221 B,E	Fecal Coliform, P/A	Multiple Tube Fermentation		
101.020	003	SM 9221 B,F	E. Coli, P/A	Multiple Tube Fermentation		
101.020	004	SM 9221 B,C	Total Coliform, Enumeration *	Multiple Tube Fermentation		
101.020	005	SM 9221 B,E	Fecal Coliform, Enumeration	Multiple Tube Fermentation		
101.020	006	SM 9221 B,F	E. Coli, Enumeration	Multiple Tube Fermentation		
101.030	001	SM 9221 D	Total Coliform, P/A	Presence-Absence		
101.030	002	SM 9221 D,E	Fecal Coliform, P/A	Presence-Absence		
101.030	003	SM 9221 D,F	E. Coli, P/A	Presence-Absence		
101.040	001	SM 9222 B	Total Coliform, P/A	Membrane Filter		
101.040	002	SM 9222 D	Fecal Coliform, P/A	Membrane Filter		
101.040	003	SM 9222 C	Total Coliform, P/A	Membrane Filter, Delayed		
101.040	004	SM 9222 G	E. Coli, P/A	Membrane Filter, Two Step		
101.040	005	SM 9222 B	Total Coliform, Enumeration *	Membrane Filter		
101.040	006	SM 9222 D	Fecal Coliform, Enumeration	Membrane Filter		
101.040	007	SM 9222 C	Total Coliform, Enumeration *	Membrane Filter, Delayed		
101.040	008	SM 9222 G	E. Coli, Enumeration	Membrane Filter, Two Step		
101.050	001	SM 9223 B Colilert	Total Coliform, P/A	Enzyme Substrate		
101.050	002	SM 9223 B Colilert	E. Coli, P/A	Enzyme Substrate		
101.050	003	SM 9223 B Colilert	Total Coliform, Enumeration *	Enzyme Substrate	Y	
101.050	004	SM 9223 B Colilert	E. Coli, Enumeration	Enzyme Substrate	Y	
101.050	005	SM 9223 B Colilert 18	Total Coliform, P/A	Enzyme Substrate		
101.050	006	SM 9223 B Colilert 18	E. Coli, P/A	Enzyme Substrate		
101.050	007	SM 9223 B Colilert 18	Total Coliform, Enumeration *	Enzyme Substrate		

Laboratory Name: Shasta County Public Health Laboratory

Lab Director or Representative: Pepper Spickton
(Print Name)

Signature: 

Date: 5/21/18

Field of Testing 101: Microbiology of Drinking Water
Safe Drinking Water Act 40 CFR 141

Lab Name: Shasta County Public Health Laboratory
Certificate #: 2156

Subgroup Code	Analyte Code	Method	Analyte	Technology	Enter Y for selection	Comments
101.050	008	SM 9223 B Colilert 18	E. Coli, Enumeration	Enzyme Substrate		
101.050	009	SM 9223 B Colisure	Total Coliform, P/A	Enzyme Substrate	Y	
101.050	010	SM 9223 B Colisure	E. Coli, P/A	Enzyme Substrate	Y	
101.050	011	SM 9223 B Colisure	Total Coliform, Enumeration *	Enzyme Substrate		
101.050	012	SM 9223 B Colisure	E. Coli, Enumeration	Enzyme Substrate		
101.060	001	E*Colite	Total Coliform, P/A	Enzyme Substrate		
101.060	002	E*Colite	E. Coli, P/A	Enzyme Substrate		
101.070	001	m-ColiBlue24	Total Coliform, P/A	Membrane Filter		
101.070	002	m-ColiBlue24	E. Coli, P/A	Membrane Filter		
101.070	003	m-ColiBlue24	Total Coliform, Enumeration *	Membrane Filter		
101.070	004	m-ColiBlue24	E. Coli, Enumeration	Membrane Filter		
101.080	001	ReadyCult	Total Coliform, P/A	Enzyme Substrate		
101.080	002	ReadyCult	E. Coli, P/A	Enzyme Substrate		
101.090	001	Chromocult	Total Coliform, P/A	Enzyme Substrate		
101.090	002	Chromocult	E. Coli, P/A	Enzyme Substrate		
101.100	001	Colitag	Total Coliform, P/A	Enzyme Substrate		
101.100	002	Colitag	E. Coli, P/A	Enzyme Substrate		
101.120	001	EPA 1603	Total Coliform, P/A	Enzyme Substrate		
101.130	001	EPA 1604	E. Coli, Enumeration	Enzyme Substrate		
101.130	002	EPA 1604	Total Coliform, P/A	Membrane Filter		
101.130	003	EPA 1604	E. Coli, P/A	Membrane Filter		
101.130	004	EPA 1604	Total Coliform, Enumeration *	Membrane Filter		
101.140	001	SM 9230 B	E. Coli, Enumeration	Membrane Filter		
101.150	001	SM 9230 C	Enterococci	Multiple Tube Fermentation		
101.160	001	EPA 1600	Enterococci	Membrane Filter		
101.170	001	Enterolert	Enterococci	Membrane Filter		
				Enzyme Substrate		

Laboratory Name: Shasta County Public Health Laboratory

Lab Director or Representative:

(Print Name)

Pepper Stachon

Signature:

[Signature]

Date: 5/21/18

Field of Testing 101: Microbiology of Drinking Water
Safe Drinking Water Act 40 CFR 141

Lab Name: Shasta County Public Health Laboratory
Certificate #: 2156

Subgroup Code	Analyte Code	Method	Analyte	Technology	Enter Y for selection	Comments
101.180	001	Tecta EC/TC	Total Coliform, P/A	Enzyme Substrate		
101.180	002	Tecta EC/TC	E. Coli, P/A	Enzyme Substrate		
101.190	001	EPA 1601	Coliphage, P/A	Membrane Filter		
101.200	001	EPA 1602	Coliphage, P/A	Membrane Filter		
101.210	001	Fast Phage	Coliphage, P/A	Enzyme Substrate		

References:

Please refer to the following rules for your monitoring program:

Revised Total Coliform Rule-40 CFR 141.852
Total Coliform Rule-40 CFR 141.21
Ground Water Rule-40 CFR 141.402
Surface Water Treatment Rule-40 CFR 141.74
Long Term 2 Enhanced Surface Water Treatment Rule-40 CFR 141.704
Appendix A to Subpart C of Part 141—Alternative Testing Methods Approved for Analyses Under the SDWA
* Acceptable for disinfected secondary-23 (as defined in Title 22 CCR Section 60301.225),
disinfected secondary-2.2 (as defined in Title 22 CCR Sections 60301.220) and
disinfected tertiary (as defined in Title 22 CCR Section 60301.230) recycled waters.

Laboratory Name: Shasta County Public Health Laboratory

Lab Director or Representative:
(Print Name) Pepper Shadon

Signature: 

Date: 5/21/18