



Barcode# _____

Drinking Water Analysis Request Form

Samples will be accepted at the lab between 7:30 AM and 4 PM, Monday through Thursday.

Please do not send or bring samples that will be received the day before a holiday or on a Friday.

Customer Information:

Customer name:		Phone:	
Mailing address:			
City:		State:	
Email:		Zip code:	

Sample Information:

Collection date:		Collection time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Sample site address:				
City:		State:		Zip code:
Sample site location:		Name of collector:		

Public Water System Use Only (PWSID# CO0 _____)

Public Water System NAME:			
For entry point samples please indicate:			
Sample Point Name:	Facility type:	Facility Name:	
Sample Point ID:	Facility ID:	Chlorine Level:	mg/L
<input type="checkbox"/> Finished <input type="checkbox"/> Raw <input type="checkbox"/> LT2 <input type="checkbox"/> Quantitative (enumerated as MPN)			
<input type="checkbox"/> Public System <input type="checkbox"/> Surface <input type="checkbox"/> Pond <input type="checkbox"/> Stream <input type="checkbox"/> GWUDI <input type="checkbox"/> Special Purpose _____			

Bacteriological Water Test Method: SM-9223B

- ☐ Total coliform with E. coli (presence/absence) for routine potability test
- ☐ Total coliform with E. coli (enumerated as MPN) when quantitative levels are required
- ☐ Well ☐ Wastewater ☐ City ☐ Surface/Spring ☐ Cistern ☐ EHS ☐ Recreational

Inorganic Anions in Water ☐ Real Estate Package

- ☐ Bromide ☐ Chloride ☐ Fluoride ☐ Ortho-Phosphate-P ☐ Sulfate ☐ Nitrate-N ☐ Nitrite-N

For Laboratory Use Only Below:

Received date:	Received time:	Received by:	Temp:
Billing Information	PAID Amount Received:	\$	
	UNPAID Bill Account		