



Request for Analytical Services

Customer Information

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Contact Name: _____
Phone: _____
Email: _____

Sample Information

Public Water Systems

(Regulated by CDPHE)

PWS ID COO- _____

System: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility ID: _____

Sample Point ID: _____

Collected Date/Time: _____

Chlorine Residual: _____ mg/L Free Total

Water Type: Purpose:

Drinking	Routine
GWR Raw	Special Purpose
Raw	Repeat

Collected By: _____

Private Customers

Private Wells, Swim Beaches, Irrigation Systems, etc.

System: _____

Address: _____

City: _____ State: _____ Zip: _____

Location: _____

Collected Date/Time: _____

Water Type: Purpose:

Drinking	Routine
Raw	Personal Info

Irrigation
Stream/River
Swim Beach

Collected By: _____

Test Information

Total Coliform w/ E. coli (Presence/Absence) \$30.00

E. coli (Enumerated) \$35.00

Heterotrophic Plate Count (HPC) \$35.00

Payment Information

Payment is due at time of service

Please note that samples may not be accepted from customers with unpaid invoices.

Amount Due: \$ _____

Cash
Check (Payable to MCPH)
Credit Card

Bottle Request

_____ bottles

Chain of Custody

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____