

Request form example

SAMPLE SITE

PWS ID: CO0 -

System Name: Jones family Cabin

Address: 1234 Mountain View Drive

Foothills Hill CO 12345
City County State Zip

Description: Bathtub Well
Location Source

SPECIMEN INFORMATION

Collected: - Time : a.m. p.m.

Collected by: Jones Water Type: Well

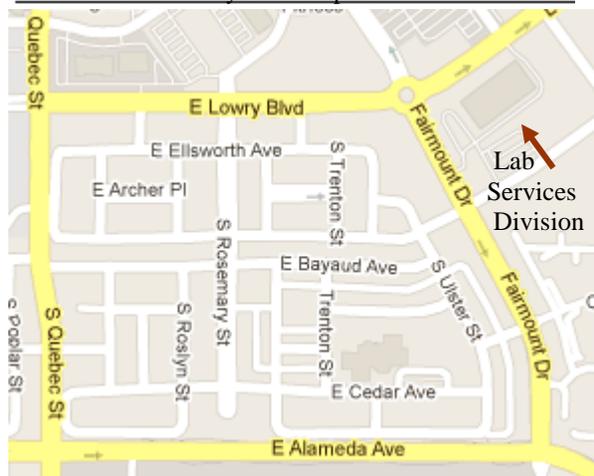
Purpose: Routine Special Purpose Repeat
 Compliance Personal Information

Chlorine residual: mg/L Water Temperature F

Fluoride mg/L

Temperature at Receipt: LAB USE ONLY

Comments: Please email results:
JonesFamily@madeup.com



Laboratory Services Division

Water sampling instructions for the Annual (Basic) Colorado Package



Colorado Department
of Public Health
and Environment

8100 Lowry Boulevard
Denver, CO 80230

Phone (303) 692-3048
Fax (303) 344-9989
<http://coloradostatelab.us>

Annual Colorado Package

Bottles included in package:



- 1- 250 mL Nutrient bottle
- 1 BacT bottle (clear plastic with white lid)

Sample Collection

- Run cold water tap for 3-5 minutes to flush pipes
 - ~ Collect sample from non-swivel, non-aerated tap
 - ~ Bathtub faucet works well
- Fill BacT bottle to the 100 mL fill line
- Fill the other bottles to the base of the neck

Bottle labels

- Write the customer name and collection date and time on each label and affix one label to each bottle
- If submitting bottles for more than one sample site/location please describe the location so we can tell the samples apart

Request for Analytical Services Form

- Verify that the customer address is correct and that the address can accept mail
 - ~ Record an email address if you want the results emailed
- Ignore the PWS ID as this is only for public water systems
- Record any relevant sample site information. See back page for example
- Record the date and time that the sample was collected
- Record the water type. For example: well, public, surface/pond/stream, or other (include description)
- Record the temperature of the water if known

Submitting samples to the laboratory

- Bottles must be returned within 30 hours of sampling or the bacteria results may not be valid.
- Either hand deliver or overnight the samples to:

Laboratory Services Division
8100 Lowry Boulevard
Denver, Colorado 80230