Pueblo Department of Public Health & Environment

101 W. 9ᵗʰ Street, Pueblo, CO 81003
719.583.4318 • pueblohealth.org

Drinking Water Bacteriological Analysis Request Form

****Samples over 30 hours old and not in approved container are unsuitable for testing****

Sampling Procedure: Please read all instructions before collecting water sample!

- Use only the laboratory-sterilized bottle provided with sodium thiosulfate additive. The additive may appear as a clear liquid or white powdery substance. Do not rinse out bottle before collecting sample.
- Keep bottle closed until sample is collected. Do not to touch inside of bottle or lid.
- Try to avoid taking samples from the following: swinging taps, taps with aerators, outside taps, hot water taps. Clean or flame tap before running water.
- Flush pipes by letting water run 3-5 minutes before collecting sample.
- **Fill bottle to 100 mL line** or slightly above. Samples with less than 100 mL will be rejected.
- Return sample to laboratory **within 30 hours of collection**. Samples need to arrive at the lab **before 4:00 pm**.
- **Do not bring or send samples that will be received the day before a holiday or on Friday.**
- Analysis is for coliform bacteria only; no chemical analysis will be performed. For chemistry laboratories, please visit colorado.gov/pacific/cdphe/lab/generalinfo

Customer Information:

Name:_____

Mailing Address:_____

City:_____ State: _____ Zip Code: _____

Phone:_____ Fax/Email: _____

Sample Information:

Collection Date: _____ Collection Time: _____AM/PM Name of collector: _____

Sample site address: _____ County: _____

Sample site location: _____

CDPHE-WQCD Regulated Systems Use Only
PWSID: CO0 ☐☐☐☐☐☐   Chlorine Residual. _____ mg/L   Sampling Point ID:_____
Purpose: ☐ Routine Distribution   ☐ Special Purpose   ☐ Repeat
Responsible Party Name: _____   Phone: _____

Check Box for Analysis Requested (Include Fee Payable to PDPHE)   **Fee:**

☐ Total coliform with E. coli (Presence/Absence) for routine bacteria potability $21.00
☐ Total coliform with E. coli (Enumerated) when levels are required for discharge/treatment $23.00

Laboratory Use Only   Billing Information:
Received By:_____ Date:_____ Time:_____   ☐ Courier ☐ Person
Tested: Date:_____ Time:_____   Method: ☐ Colilert ☐ Quanti-tray
Results per 100 ml sample: Total coliform: ☐ Presence ☐ Absence   E. coli: ☐ Presence ☐ Absence
Analyst: _____ Date:_____ Time:_____
Comments: