

Drinking Water Bacteriological Analysis Request Form



Pueblo City-County Health Department
 Laboratory
 101 W 9th St.
 Pueblo CO 81003
 (719) 583-4318
 www.county.pueblo.org/pcchd

Lab Use Only

ECOData entry _____ initial _____ results

****Samples over 30 hours old and not in approved container are unsuitable for testing****
Please do not bring or send samples that will be received on Friday or the day before a holiday. Samples need to arrive before 4:00 p.m.

Customer Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax/e-mail Results? _____

Sample Information:

Collection Date: _____ Collection Time: _____ am/pm Name of collector: _____

Sample site address: _____ County: _____

Sample site location: _____

CDPH&E-WQCD Regulated Systems Use Only	
PWSID: CO0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chlorine Resid. _____ mg/L Sampling Point ID _____
Purpose: <input type="checkbox"/> Routine Distribution <input type="checkbox"/> Special Purpose <input type="checkbox"/> Repeat	
Responsible Party Name: _____ Phone: _____	

Check Analysis Requested: (Include fee payable to PCCHD)

- | | |
|---|----------------|
| <input type="checkbox"/> Total coliform with E. coli (presence/absence) for routine bacteria potability | Fee
\$20.00 |
| <input type="checkbox"/> Total coliform with E. coli (enumerated) when levels are required (discharge, treatment) | \$22.00 |

Sampling Procedure/Information:

- Analysis is for coliform bacteria only; no chemical analysis will be performed. For chemistry laboratories, please visit www.coloradostatelab.us
- Use only the laboratory-sterilized bottle provided with sodium thiosulfate additive (this may appear as a clear liquid or white powder substance). Please do not rinse out bottle.
- Keep bottle closed until sample is taken. Be careful 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.
- Fill bottle to 100 ml line. Be sure there is a 1 inch headspace between water level and top of bottle.

Laboratory Use Only	Billing Information:
Rec. By: _____ Date: _____ Time: _____ <input type="checkbox"/> Courier <input type="checkbox"/> Person Tested: Date: _____ Time: _____	
Method: <input type="checkbox"/> Colilert <input type="checkbox"/> Quanti-tray <input type="checkbox"/> MTF <input type="checkbox"/> HPC	
Results per 100 ml sample: Total coliform: <input type="checkbox"/> Presence <input type="checkbox"/> Absence Fecal coliform/E. coli: <input type="checkbox"/> Presence <input type="checkbox"/> Absence	
Analyst: _____ Date: _____ Time: _____ Comments: _____	