



101 W. 9th Street, Pueblo, CO 81003
 719.583.4318 • pueblohealth.org
 Lab Hours: 8:30 am - 4:00 pm
 *Payment due at time of drop off
 Checks Pivable to PDPHE

Lab Use Only
ECOData entry _____ initial _____ results

Drinking Water Bacteriological Analysis Request Form

Sampling Procedure: Read all the instructions before collecting water samples!

- 1) Use only laboratory-sterilized bottle provided with sodium thiosulfate additive. The additive may appear as a clear liquid or white powdery substance. Do not rinse out the bottle before collecting the sample.
- 2) Keep the bottle closed until the sample is collected. Do not touch the inside of the bottle or lid.
- 3) 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.
- 4) Flush pipes by letting water run 3-5 minutes before collecting the sample.
- 5) **Fill the bottle between the 100mL line and the 120mL line.** One inch of air space above water level is needed for mixing. **Samples with less than 100mL or over 120mL will be rejected.**
- 6) Return sample to laboratory **within 30 hours of collection.** Samples must arrive at the lab **before 4:00 pm.**
Samples will not be accepted the day before a holiday or on a Friday.
- 7) Analysis is for coliform bacteria only; no chemical analysis will be performed. For chemistry laboratories 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:	_____

Check box for analysis requested (Include fee payable to PDPHE)		Fee:
<input type="checkbox"/> Total coliform with E. coli (Presence/Absence) for routine bacteria potability		\$25.00
<input type="checkbox"/> Total coliform with E. coli (Enumerated) when levels are required for discharge/treatment		\$27.00
Regulated Public Water System Use Only		
PWSID: CO0		
Chlorine Residual:	_____	mg/L
Sample Point ID:		
<input type="checkbox"/> Routine	<input type="checkbox"/> Special Purpose	<input type="checkbox"/> Repeat
Responsible Party Name:	Phone Number:	

Laboratory Use Only					
Received By:	Date:	Received Time:	Test Date:	Set Up Time:	Method: <input type="checkbox"/> Colilert <input type="checkbox"/> Quanti-tray
					Courier <input type="checkbox"/> Person <input type="checkbox"/>
Results Per 100mL Sample					
Total Coliform:		E.coli:			
<input type="checkbox"/> Presence	<input type="checkbox"/> Absence	<input type="checkbox"/> Presence	<input type="checkbox"/> Absence		
Analyst:	Date:	Time:			
Comments:					