



Mesa County Health Department Regional Laboratory
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 (970) 248-6999 fax (970) 683-6608
<http://health.mesacounty.us/lab>

Request for Analytical Services

Customer Info

Customer Name: _____ Contact Name: _____
 Address: _____ Phone: _____
 City: _____ State: ____ Zip: _____ Email: _____

Sample Info

PWS ID COO- _____ - 000
 System: _____ Chlorine: _____ mg/L
 Address: _____ Water Type: Purpose:
 City: _____ State: ____ Zip: _____
 Drinking Compliance
 GWR Raw Routine
 Raw Special Purpose
 Stream/River Repeat
 Spa/Pool Personal Info
 Swim Beach Real Estate
 Location: _____
 Collected Date/Time: _____
 Collected By: _____
 Comments: _____

Test Info

- Total Coliform w/ E.coli (Present/Absent) \$20.00
- Total Coliform w/ E.coli (Enumerated) \$22.00
- E.coli (Enumerated) \$22.00
- Heterotrophic Plate Count \$24.00
- Pseudomonas (Present/Absent) \$30.00
- Pseudomonas (Enumerated) \$35.00

Payment Info

Amount Paid:
 Cash (Dropoff Only)
 Check (Payable to MCHD)
 Credit Card (Fill Out Info Below)
 To Be Billed
 Name on Card: _____
 Billing Address: _____
 Credit Card #: _____
 Expiration Date: _____
 Security Code: _____

Bottle Request

_____ cases of bottles only
 _____ cases of bottles w/ cardboard mailing tubes

Chain of Custody

Relinquished by: _____ Date/Time: _____
 Received by: _____ Date/Time: _____