



Request for Analytical Services

(Payment is due at time of service)

Customer Information

Customer Name: _____
Address: _____
City: _____ State: ____ Zip: _____

Contact Name: _____
Phone: _____
Email: _____

Sample Information

Public Water Systems (Regulated by CDPHE-WQCD)

PWS ID COO- _____
System: _____
Address: _____
City: _____ State: ____ Zip: _____
Facility ID: _____ Sample Point ID: _____
Collected Date/Time: _____
Chlorine Residual: _____ mg/L Free Total
Water Type: Purpose:
Drinking Routine
GWR Raw Special Purpose
Raw Repeat
Collected By: _____
Comments: _____

Private Customers

Includes: Private Wells, Swim Beaches, Irrigation Systems, etc.

System: _____
Address: _____
City: _____ State: ____ Zip: _____
Location: _____
Collected Date/Time: _____
Water Type: Purpose:
Drinking Routine
Raw Personal Info
Irrigation
Stream/River
Swim Beach
Collected By: _____
Comments: _____

Test Information

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

Payment Information

Cash
Check (Payable to MCPH)
Credit Card (via Jetpay link)
To Be Billed (Prearranged)
Amount Due: \$ _____

Bottle Request

_____ case(s) of bottles

Payment is due at time of service
Please note that samples may not be accepted
from customers with unpaid invoices.

Chain of Custody

Relinquished By: _____
Received By: _____

Date/Time: _____
Date/Time: _____