

**Mesa County Public Health Regional Laboratory**

510 29 1/2 Rd., Grand Junction, CO 81504

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970-248-6999

## Request for Analytical Services

(Payment is due at time of service)

**Customer Information**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**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

GWR Raw

Raw

Routine

Special Purpose

Repeat

Collected By: \_\_\_\_\_

**Private Customers**

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

System: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location: \_\_\_\_\_

Collected Date/Time: \_\_\_\_\_

Water Type: \_\_\_\_\_ Purpose: \_\_\_\_\_

Drinking

Raw

Irrigation

Stream/River

Swim Beach

Routine

Personal Info

Collected By: \_\_\_\_\_

Comments: \_\_\_\_\_

**Test Information**

Total Coliform w/ E. coli (Present/Absent)    \$25.00

E. coli (Enumerated)    \$27.00

Heterotrophic Plate Count (HPC)    \$30.00

**Payment Information**

Cash

Check (Payable to MCPH)

Credit Card (via Jetpay link)

To Be Billed (Prearranged)

Amount Due: \$ \_\_\_\_\_

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

\_\_\_\_\_ case(s) of bottles

**Chain of Custody**

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_