

WATER ANALYSIS REQUEST FORM

Wyoming Public Health Laboratory
208 South College Drive
Cheyenne, WY 82002 (for UPS and FedEx use zip code 82007)
Phone: 307-777-7431 FAX: 307-777-6422

LAB ID # _____

ACCOUNT INFORMATION:

Name _____ Customer # _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Contact _____ Phone _____

CHECK SAMPLE TYPE:

EPA # _____ Non-EPA **RECREATIONAL:**
EPA ID Required Circle one: Pool, Spa, or Other

PLEASE PRINT LEGIBLY:

SAMPLING DATE _____ SAMPLING TIME _____ (Military time format)

SAMPLED BY _____ CHLORINE LEVEL _____

SAMPLE COLLECTION POINT (ex. kitchen faucet) _____

Sample Site Address (if different than above) _____

THIS AREA FOR LAB USE ONLY SAMPLE TYPE: ROUTINE ORIGINAL # :	Set up Date	Time	Initials
	Read Date	Time	Initials
	Results	TC Result	EC Result
Call/Rejection log: Name of Contact _____ Date _____ Time _____ Initials _____ <input type="checkbox"/> BP Invalid Sampling Point <input type="checkbox"/> BR Broke in Transit <input type="checkbox"/> CL Chlorine Present <input type="checkbox"/> EH Exceeds Holding Time <input type="checkbox"/> FZ Frozen Sample <input type="checkbox"/> HS Excessive Headspace <input type="checkbox"/> IN Insufficient Information <input type="checkbox"/> IP Improper Sampling <input type="checkbox"/> LA Lab Error <input type="checkbox"/> LT Leaked in Transit <input type="checkbox"/> VO Insufficient Volume <input type="checkbox"/> UR Unsatisfactory Result	COMMENTS:		