

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: 307-777-6352

LAB ID # _____

ACCOUNT INFORMATION:

Name _____ Customer # _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Contact _____ Phone _____

CHECK SAMPLE TYPE:

☐ EPA # _____

EPA ID REQUIRED

☐ Non-EPA

☐ RECREATIONAL

☐ SPECIAL

Circle one:

Pool, Spa or Other

(ex. Start-up)

PLEASE PRINT LEGIBLY:

SAMPLING DATE _____ SAMPLING TIME _____ (Military time format)

SAMPLED BY _____ **AS PER EPA REQUIREMENTS,**
PLEASE SELECT ONE OF THE FOLLOWING: TOTAL CHOLORINE _____ FREE CHOLORINE _____

SAMPLE COLLECTION POINT (ex. kitchen faucet) _____

Sample Site Address (if different than above) _____

THIS AREA FOR LAB USE ONLY

SAMPLE TYPE:

ORIGINAL # :

Set up Date	Time	Initials
Read Date	Time	Initials
Results	TC Result	EC Result

Call/Rejection log:

Name of Contact _____

Date _____ Time _____ Initials _____

COMMENTS:

- ☐ BP Invalid Sampling Point ☐ BR Broke in Transit ☐ CL Chlorine Present
☐ EH Exceeds Holding Time ☐ FZ Frozen Sample ☐ HS Excessive Headspace
☐ IN Insufficient Information ☐ IP Improper Sampling ☐ LA Lab Error
☐ LT Leaked in Transit ☐ VO Insufficient Volume ☐ UR Unsatisfactory Result