

**WYOMING DEPARTMENT OF AGRICULTURE
ANALYTICAL SERVICES**

1174 Snowy Range Road
Telephone: (307)-742-2984 Laramie, WY 82070
E-mail: analytical.lab@wyo.gov
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**BACTERIOLOGICAL ANALYSIS OF DRINKING WATER
COLLECTION FORM**

Name:

Address:

City, ST Zip:

E-Mail Address: *

PLEASE PRINT

Phone:

Lab Use Only

Lab No:

If you are sampling for the EPA
please provide the following:

EPA PWS No.

[] Routine, [] Repeat or [] Special

The person collecting the sample must supply
all the requested information.

Sample Collection

1. Use sterile container provided by lab.
2. Follow bacteriological sampling instructions included with this form.
3. Send sample so it will arrive at the lab within 30 hours of collection.

TOTAL COLIFORM

Sample ID	Date/ Time Collected	Collected By	Method	Result /100ml	Date / Time Tested Analyst
			SM9223B		

COMMENTS

The laboratory will only maintain testing results for 7 years. Copies must be requested within 7 years of result date.

FEES

The charge for Total Coliform analysis is as follows:

Payment enclosed with sample: \$10.00/sample
If we invoice you: \$12.00/sample

Make checks payable & mail to:

Wyoming Department of Agriculture
1174 Snowy Range Road
Laramie, WY 82070

PAYMENT

\$

Invoice #

*Results will be sent by e-mail unless otherwise requested.

Elect. File: SERV-Coliform 08-17