

Instructions for Completion of Coliform Work Request

Please fill out all highlighted sections and complete other sections as needed. Listed below you will find some guidelines to better assist you in filling out the form.

- 1. Site/Sampling Address** (Required for state/county regulated water systems)
Fill out if site/sampling address is different from the billing address.
- 2. E-mail** (Optional but suggested for optimal result delivery)
Provide an e-mail if you would like a digital copy of the results and chain of custody.
- 3. Project Name** (Optional but suggested)
Examples: Global gap, FSMA, ranch name, or system ID numbers for water systems
- 4. Sample Description** (Required)
The description you provide will appear on the report and must match the description on the bottle. Example: Well name
- 5. Date Sampled and Time Sampled** (Required)
For waters date and time sampled is very important.
- 6. Residual Chlorine & Meter Reading** (Required for state/county regulated water systems)
- 7. Copy To** (Optional)
Provide additional e-mails if you would like someone other than yourself to receive a copy of the results. Please note that results will not be sent to the state or county unless added to the work order.
- 8. Chain of Custody** (Required)
Sign and fill in the date and time you relinquished your sample.

Please contact our office at (800) 228-9896 if you have any questions or would like to speak to a consultant.

