



Bacteriological Examination of Public Water Supplies Wyoming

PWSID: _____ System Name: _____
(List only one PWSID per form)

Collected By: _____ Contact Phone (Required): _____
(System operator must be accessible for immediate notifications)

Routine Sampling: Distribution System Samples							
<i>This section is for all routine monthly or quarterly samples as required by permit</i>							
EPA Required IDs*		Sample Type	Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)	ELI Lab ID <i>Laboratory Use Only</i>
Fac ID (DIST)	Sample Point ID (DIST)	Routine (R)					

Special Sampling: Repeats, Source or Well Samples							
<i>This section is for all samples that are NOT routine distribution system samples</i>							
EPA Required IDs*		Sample Type	Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)	ELI Lab ID <i>Laboratory Use Only</i>
Fac ID	Sample Point ID	C - Repeat S - Special RW - GW Rule					

Account Information
Company/Name:
Contact:
Phone:
Mailing Address:
City, State, Zip:
Email:
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Email

Report Address <i>(leave blank if same as Account Information)</i>
Company/Name:
Contact:
Phone:
Mailing Address:
City, State, Zip:
Email:
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Email

Custody Record MUST be Signed	Relinquished by Signature: _____	Date/Time: _____	Received by Laboratory Signature: _____	Date/Time: _____
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LABORATORY USE ONLY				
Shipped by: _____	Custody Seals: Y N C B Intact: Y N	Receipt Temp: _____ °C	Temp Blank: Y N	On Ice: Y N
Payment Type (circle one) CC CASH CHK _____	Amount: \$ _____	Receipt Number: _____ <i>(Applicable to Cash & Check Payments)</i>		

For all EPA required IDs and pre-determined sampling locations in your system, please contact your Total Coliform Rule Manager at the EPA at (303) 312-6034.