



Phone: 802-879-4333

Public Water System ONLY
Construction

Total Coliform

Laboratory Use Only

Company: _____ Contact Name: _____

Address: _____ Email/Fax: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

“SPECIAL”, Non-Compliance Testing

Sampler Name: _____

Water System Name: _____ **WSID #:** _____

Report by 5pm next day Must arrive at Lab before 4pm

Report by 3pm next day Must Arrive at Lab before 2pm

Report by Noon next Day \$50 additional fee Must Arrive at Lab before Noon

-01: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-02: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-03: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-04: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-05: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-06: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-07: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-08: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-09: _____ Date/Time: _____ CI2F: _____ CI2T: _____

-10: _____ Date/Time: _____ CI2F: _____ CI2T: _____

Relinquished By: _____ Date/Time: _____

| | |
|----------------------|---------------------|
| Lab Use Only | |
| Received By: _____ | Date/Time: _____ |
| Temp Check: _____ | Delivered by: _____ |
| Amount: _____ | On Account: _____ |
| Cash _____ | Check #: _____ |
| Credit Card #: _____ | |

Please note the following surcharges may apply.
Sample Delivery on Friday or Day Before Holiday additional \$50
Sample Delivery on Saturday or Sunday additional \$50