

Water Sampling Instructions

****PLEASE FILL ALL THE CONTAINERS THAT YOU ARE GIVEN.****

When the sample is collected, sufficient air space (1/4 inch) should be left in the top of the sterile bottle to facilitate shaking prior to analysis. Keep sample bottles closed until they are to be filled and be careful not to contaminate inside surfaces of containers. Fill containers without rinsing and cap immediately.

1. Remove aeration screen or other attachments from faucet.
2. If tap cleanliness is in doubt it may be cleaned with either an alcohol prep pad or a weak solution of Clorox bleach.
3. Run hot water first (if available) for 2-3 minutes then turn off. Run the cold water for 2-3 minutes.
4. Reduce water flow to permit filling bottle without splashing.
5. Fill sample container(s) with cold water and recap immediately.
6. Deliver samples to the laboratory as soon as possible.

Samples must be received at the laboratory within 24 hours of collection.

Do not take bacteria samples from a hose, they will almost certainly fail. Use a faucet that has been cleaned properly.

Special Instructions for Radon in Water or Volatile Organic Compounds:

If sampling for radon or volatile organic compounds, special vials are required. They must be filled so that there is a solid column of water (no air bubbles or head space) present after capping the vials. Invert the vial after filling and observe for any rising bubbles/air. If there are any bubbles/air, add more water. (Note: Radon in Air has separate instructions included in the kit – please follow those instructions.)

Label bottles with your name, address, date and time sampled.

Please fill in all information and include this sheet with samples.

SAMPLE SITE INFORMATION (Please Print)

MAILING INFORMATION (Please Print)

Name: _____

Street: _____

Town: _____

State/Zip Code: _____

Contact Phone #: _____

Email: _____

Street: _____

Town: _____

State/Zip Code: _____

Sample drawn by: _____

Sample Site: _____

(i.e. kitchen sink, well head)

Date and Time Sampled: _____

Source: Drinking Water _____ Other _____

Accepted payment methods include Credit Card or Check. Please make checks payable to : Eurofins Drinking Water and Wastewater Northeast, LLC

**Client or Client Representative Authorizes
 Credit Card Payment over the Phone: Yes: _____**

Do you have any water treatment devices? _____

Are you having any problems with your water? _____

****Test(s) To Be Performed****: Must fill this line out for paperwork to be complete: _____

Lab Use Only:

Temperature: _____

Evidence of Cooling? Yes: _____ No: _____ Received by: _____ Time: _____ Date: _____

ALL RESULTS WILL BE EMAILED UNLESS OTHERWISE REQUESTED. Please make sure you include your correct email address above.