



317 Elm Street, Milford NH 03055
(603) 673-5440 or 800-675-1868

CUSTOMER

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____

SAMPLE LOCATION

Address: _____
City: _____ State: _____ Zip: _____

Date Collected _____ / _____ / _____ **Time:** _____

Please select a report delivery method:

E-Mail: _____

Or paper copy:

Mail Pick-up – Will call when ready

Instructions for Collecting Well Water Samples

Fill all containers provided.
Complete the customer information on the top left portion of the form and sign at bottom right.

Some analyses are time sensitive; please deliver samples within 24 hours of collection along with the signed form and payment. Payment is due at time of service.

Special Instructions for Bacteria Samples

- Remove screen/aerator from faucet. Do not collect sample from a "swing arm" faucet or outside hose.
- Sterilize faucet openings with a lighter (if all metal components) or with chlorine bleach.
- Allow the COLD water to run for at least 2 minutes.
- Remove cap carefully to avoid contaminating container.
- Keep refrigerated until delivery. DO NOT leave samples in the sun or a hot car.

Glass Vials for Radon or Organics testing should be filled completely with no air space. Some vials contain a dilute acid preservative – handle with caution.

**Samples are accepted Monday – Friday
8am to 4:30pm**

FOR OFFICE/LAB USE ONLY

PD / COD	_____
Control #	_____
Lab ID#	_____
pH / Turbidity	_____

- (1) Basic _____
- (2) COMPREHENSIVE _____
- (3) TOTAL COLIFORM - E-COLI (P/A) _____
- (4) TOTAL COLIFORM-E-COLI (COUNT) _____
- (5) NH FOOD LICENSE _____
- (6) SINGLE ANION _____
- (7) VA – FHA MINIMUM _____
- (8) ARSENIC SPECIATION _____
- (9) TOXIC METALS _____
- (10) SINGLE METAL _____
- (11) WATERBORNE RADON _____
- (12) AIRBORNE RADON _____
- (13) VOLATILE ORGANICS FULL LIST W/ MTBE _____
- (14) DIESEL RANGE ORGANICS _____
- (15) NHDES RECOMMENDED PACKAGE _____
- (16) URANIUM _____
- (17) COMPREHENSIVE & VOLATILES _____

OTHER TEST(S): _____

There is a 100% surcharge for any RUSH turn-around time and this must be pre approved from the lab.

LABORATORY SAMPLE RECEIPT CHECKLIST

- | | | | |
|---|-----|----|----|
| RECEIVED WITHIN HOLDING TIME? | YES | OR | NO |
| RECEIVED IN GOOD CONDITION? | YES | OR | NO |
| IF SAMPLES WERE NOT RECEIVED ON THE SAME DAY WAS THERE EVIDENCE OF COOLING? | YES | OR | NO |
| WERE SAMPLES PROPERLY PRESERVED UPON ARRIVAL AT THE LAB? | YES | OR | NO |
| WERE SAMPLES IN CORRECT CONTAINERS? | YES | OR | NO |

SAMPLE RECEIPT TEMPERATURE: _____

COMMENTS: _____

I CERTIFY THAT THIS WATER SAMPLE WAS TAKEN BY ME AT THE LOCATION AND DATE LISTED ON THIS FORM, AND FURTHER CERTIFY THAT ALL INFORMATION ON THIS FORM RELATIVE TO THE SAMPLING IS CORRECT.

CUSTOMER SIGNATURE: _____

DATE /TIME: _____

RECEIVED AT LAB BY: _____

DATE /TIME: _____