



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

Check one Mail
 Pick-up

CUSTOMER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

SAMPLE LOCATION

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Date Collected _____ / _____ / _____ Time: _____
 CIRCLE ONE AM PM

PLEASE CHECK ALL APPROPRIATE AREAS

Source: Well _____ Spring _____ River _____ Lake _____

Sampled at: Faucet _____ Pump _____ River _____ Lake _____

Well Type: Surface (dug, spring, driven point) _____

Deep (artesian) _____ Community _____ Other _____

Odor Present? Yes _____ No _____

Description _____

Instructions for Collecting Well Water Samples

Use all containers provided. Use caution not to contaminate the inside of the sterile container. Complete the customer information on the top left portion of the form and sign and date the bottom. Check off desired test on right. **Some analyses are time sensitive; please deliver the sample the same day of sampling along with the signed form and payment.**

Sampling Technique for Basic and Comprehensive Tests

- Remove screen/aerator from faucet. Do not collect sample from a "swing arm" faucet or outside hose.
- Flame faucet with a lighter for at least 20 seconds to sterilize the faucet tip. Do not introduce flame to plastic; instead use chlorine bleach to disinfect.
- Allow the COLD water to run for at least 5 minutes
- Carefully remove cap to containers. Fill both containers almost to the top. Keep refrigerated if possible. DO NOT leave samples in the sun or a hot car.
- When obtained from a lake or stream, be sure to sample at least 1 foot below the surface.

Samples are accepted Monday – Friday 8am to 4pm

Radon Samples Cannot be Accepted on Friday's

FOR OFFICE/LAB USE ONLY

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

CUSTOMER PLEASE CHECK TEST TYPE

CHECK WITH CHEMSERVE FOR PROPER SAMPLE CONTAINERS

- (1) Basic _____
- (2) COMPREHENSIVE _____
- (3) TOTAL COLIFORM & E-COLI (P/A) _____
- (4) TOTAL COLIFORM (COLONY COUNT) _____
- (5) FECAL COLIFORM (COLONY COUNT) _____
- (6) E-COLI (COLONY COUNT) _____
- (7) VA & FHA _____
- (8) PERCHLORATE _____
- (9) TOXIC METALS _____
- (10) SINGLE METAL _____
- (11) RADON (WATERBORNE) _____
- (12) RADON (AIR) _____
- (13) VOLATILE ORGANICS (FULL LIST) _____
- (14) METHYL T-BUTLY ETHER (MTBE) _____
- (15) DIESEL RANGE ORGANICS _____
- (16) COMPREHENSIVE PLUS VOLATILE ORGANICS AND PERCHLORATE _____
- (17) COMPREHENSIVE PLUS VOLATILE ORGANICS _____
- (18) COMPREHENSIVE PLUS PERCHLORATE RADON IN WATER & RADON IN AIR _____
- (19) COMPREHENSIVE PLUS VOLATILE ORGANICS AND RADON IN WATER _____
- (20) COMPLETE WELL WATER PACKAGE _____

OTHER TEST: _____

LABORATORY SAMPLE RECEIPT CHECKLIST

RECEIVED WITHIN HOLDING TIME?	YES	OR	NO
RECEIVED IN GOOD CONDITION?	YES	OR	NO
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

OTHER 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: _____