



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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**SAMPLE COLLECTED:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date Collected** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_

*Report Delivery:*

**E-Mail:** \_\_\_\_\_

OR PAPER COPY

Mail  Pick-up (will call when ready)

**Instructions for Collecting Well Water Samples**

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

**Some analyses are time sensitive; please deliver the sample 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, outside hose, or tub faucet.
- Sterilize faucet opening with a flame (if all metal components) or with chlorine bleach.
- Allow the COLD water to run for at least 2 minutes.
- Remove cap carefully to avoid container contamination.
- Keep refrigerated until delivery. DO NOT leave samples in the sun or hot car.

Glass vials should be filled to the top with no air space. Some vials contain acid preservative - handle with caution.

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

***RUSH reporting must be pre-approved by the laboratory supervisor. 100% surcharge applied***

**FOR OFFICE USE ONLY**

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

(1)	Basic	\$65
(2)	COMPREHENSIVE	\$120
(3)	TOTAL COLIFORM & E-COLI (P/A)	\$30
(4)	TOTAL COLIFORM & ECOLI (COUNT)	\$45
(5)	NH FOOD LICENSE	\$55
(6)	NH CARE LICENSE	\$60
(7)	VA-FHA MORTGAGE MINIMUM	\$60
(8)	ARSENIC SPECIATION	\$50
(9)	TOXIC METALS	\$120
(10)	URANIUM	\$40
(11)	WATERBORNE RADON	\$60
(12)	AIRBORNE RADON	\$40
(13)	VOLATILE ORGANICS FULL LIST W/ MTBE	\$150
(14)	DIESEL RANGE ORGANICS	\$130
(15)	COMPREHENSIVE PLUS VOLATILES	\$250
(16)	NH WELL WATER TEST FOR HOME BUYERS	\$200
(17)	NH WELL WATER TEST WITH VOLATILES	\$330
(18)	NH RECOMMENDED STANDARD PACKAGE	\$150
(19)	NH RECOMMENDED PACKAGE WITH VOLATILES	\$280

ADDITIONAL TESTS: \_\_\_\_\_

Additional \$5.00 postage fee for each mailed sample kit

**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. THIS SIGNED DOCUMENT GIVES CHEMSERVE PERMISSION TO PROCEED WITH ANALYSIS EVEN IF NON-CONFORMANCES ARE PRESENT UPON RECEIPT.*

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE /TIME: \_\_\_\_\_

RECEIVED AT LAB BY: \_\_\_\_\_

DATE /TIME: \_\_\_\_\_