



P.O. Box 520 ♦ 218 North Main Street ♦ Culpeper, VA 22701
(800) 541-2116 (540) 825-6660 FAX (540) 825-4961
www.ess-services.com

PLEASE READ AND UNDERSTAND THE FOLLOWING INFORMATION BEFORE TAKING YOUR SAMPLE. IF YOU HAVE ANY QUESTIONS, YOU CAN REACH THE LAB AT THE PHONE NUMBER LISTED ABOVE.

SAMPLE COLLECTION AND DELIVERY

1. The sample must be collected in a sterile container provided by ESS or by the State Laboratories (DCLS).
2. If you have chlorinated a well, **be sure there is no remaining odor of chlorine in the water. Samples containing chlorine are not acceptable for laboratory analysis.**
3. Select a tap from which to collect your water sample, typically a bathroom, kitchen, laundry tub, or outside tap. **DO NOT** collect a sample from the following locations:
 - a. leaking faucet
 - b. faucet with a swivel-type connector
 - c. downstream from a treatment system (water softener or filter) if not maintained regularly
 - d. separate water storage tank
 - e. frost-free faucet
 - f. garden hose
 - g. faucet with a back-flow preventer
4. Wash your hands thoroughly, and remove the aerator screen from the tap (if present).
5. Disinfect the faucet mouth by wiping the threads thoroughly with rubbing alcohol. Carefully flame the tap with a lighter for 10 seconds. ****Note: Rubbing alcohol is flammable, therefore use caution when flaming the tap.**
6. Run the cold water for 30-60 seconds.
7. Remove the plastic seal over the cap and open the sterile container. Be careful not to touch the inside of the cap and/or bottle. **DO NOT** rinse the container. The white powder in the bottle is normal, and is used to neutralize small traces of bleach that may remain after chlorinating the well.
8. Fill the sample container to the “rib” near the top of the bottle (marked as “100 ml”). **DO NOT** fill the container completely to the cap or the sample will be **rejected** by the laboratory. Carefully replace the cap and check for leaks. **Leaky or cracked sample containers are not acceptable for laboratory analysis.**
9. Bring the sample to the laboratory **as soon as possible**, but certainly within 24 hours of collection. Keep the sample refrigerated, if possible, should delivery not occur within two (2) hours.
10. Printed results are available at 12:00 noon on the next business day after sample submission. If you wish to pick up your report, the laboratory identification number given to you when the sample was delivered will be required. **All payments are due in advance of receiving results.**



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10/15/07

AUTHENTICITY RELEASE

I certify that I have read the Environmental Systems Service, Ltd. (ESS) sample collection instructions on the back of this form, and the attached well disinfection procedure, if applicable. I attest that the following information regarding sample identity and collection is for the sample actually delivered to the ESS laboratory. ESS personnel did not collect this sample and the company is therefore released from responsibility concerning the authenticity of the sample and the information provided by the undersigned.

Signature _____ Date _____

****Samples must be received by 3:00 p.m. daily, Monday through Friday, and within 24 hours of collection.**
**** FRIDAY SAMPLES WILL BE SURCHARGED; see pricing below**

PLEASE PRINT CLEARLY

Location Reference for Analysis Report
(e.g. address, subdivision, lot #) _____

Sample Point: _____
(e.g. kitchen, bath, or outside tap)

Collection Date: _____ Time: _____

MAILING ADDRESS

Company: _____

Name: _____

Address: _____

Phone: _____

Is this a new well system? Yes _____ No _____

If a new system, enter the Health Department SD # from your well permit: SD # _____

Has the system been disinfected/chlorinated within the past four (4) weeks? Yes _____ No _____

	<u>Samples Received</u>	
	<u>Monday – Thursday</u>	<u>Friday **</u>
18 hr. test - Total Coliform/ <i>E. coli</i>	\$40	\$80
18 hr. test – Retest of above (discount applies to samples retested within 3 months)	\$30	\$70

FAX of results.....\$5

FAX# _____ Attn: _____

*******ESS USE**

ONLY*****

Sample Receipt:

Date _____ Time _____ Initials _____ Results to be MAILED or PICKED UP?
ESS ID # _____ Prepay Yes _____ No _____
Work Order # _____ Cash ___ Check # _____ Credit _____ Amt. _____