



P.O. Box 520 • 218 N. Main St. • Culpeper, VA 22701
 (800)-541-2116 • (540)-825-6660 • Fax (540)-825-4961
www.ess-services.com VA DW Lab #00115

AUTHENTICITY RELEASE:

- 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 submitted to the ESS laboratory.
- I attest that I have followed the collection guidelines set by the authority requiring the test, if applicable. (Samples required for real estate sales or refinancing may have specific guidelines regarding who may collect the sample.)
- I acknowledge that ESS personnel did not collect this sample and ESS is therefore released from responsibility concerning the authenticity of the sample and the information provided by the undersigned.

Signature: _____ Date: _____

**** Please Read Sampling Instructions on back

**** Please Deliver Samples by 4:00 PM ****

CUSTOMER INFORMATION: (Please print clearly)

Company (if applicable): _____

Name: _____

Address: _____

Phone: _____

How would you like results sent to you? (Select one) Email: _____

Fax: _____ Attn: _____

Note: Refer to the back of this form for special instructions for Loudoun Co. samples.

SAMPLE INFORMATION:

Sample address, Subdivision name/lot #, and/or Tax Map ID#: (If different from address listed above) Same as above

Sample Point: (e.g. kitchen/bath) _____ Collection Date: _____ Time: _____

Collected by: _____

Is this a new well system? Yes _____ No _____ If yes, please provide the Health Department ID number: _____

Has the system been disinfected/chlorinated within the past four (4) weeks? Yes _____ No _____
 (Samples should be free of chlorine prior to collection; please read instructions on the back of this form.)

****Friday samples are surcharged****

Drinking Water Analysis Requested (All payments are due in advance of receiving results)

	<u>Samples Received</u>	
	Monday-Thursday	**Friday**
<input type="checkbox"/> Total Coliform Bacteria and E. coli (Presence/Absence).....	\$50	\$100
<input type="checkbox"/> Total Coliform Bacteria and E. coli (MPN Bacterial Count – recommended for springs).....	\$65	\$120
<input type="checkbox"/> DPD Free Chlorine test for Loudoun County samples	\$10	

Presence/Absence reports will be emailed or faxed on the next business day by close of business (5 pm). Please allow 1-2 days for Most Probable Number (MPN) reports to be emailed. Pricing is subject to change without notice. Surcharges may apply for Holiday samples.

ESS SAMPLE RECEIPT: (A copy of this form will be sent with your analysis report and will serve as your receipt.)

Date: _____ Time: _____ Initials: _____

Prepay? Yes _____ No _____

ESS Sample ID #: _____

Cash _____ Check # _____ Credit _____ Amt. _____

Customer #: _____ Sample Temp: _____

Chain of Custody #



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PLEASE READ AND UNDERSTAND THE FOLLOWING INFORMATION BEFORE TAKING YOUR SAMPLE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ESS 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 VA State Laboratory (DCLS).
2. If you have chlorinated a well, **be sure there is no remaining chlorine in the water. Samples containing chlorine are not acceptable for laboratory analysis.** If you are unsure if chlorine remains in the sample, please request a chlorine test kit from the laboratory prior to sample collection. (If a sample is submitted containing excessive chlorine, the test will be invalidated, and charges may apply.)
3. For samples required by the Loudoun County Health Department, you must submit a separate, unpreserved sample for chlorine analysis. The chlorine analysis cannot be performed from the same bottle submitted for bacteria testing as it contains a dechlorinating agent. A fee will apply for the additional chlorine test.
4. Select a tap from which to collect your water sample. (preferably an indoor faucet)

We recommend that you avoid collecting your 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. outside faucet
 - f. frost-free faucet
 - g. garden hose
 - h. faucet with a back-flow preventer
 - i. pressure tank
5. Wash your hands thoroughly, and remove the aeration screen from the tap (if present).
 6. Disinfect the faucet mouth by wiping the threads thoroughly with isopropyl alcohol.
 7. Adjust the water flow to a slow, even stream and run the cold water for 5-6 minutes.
 8. **Remove the plastic seal completely** from the container and remove the cap. Be careful not to touch the inside of the cap and/or bottle. **DO NOT** rinse the sample container. The white powder in the bottle is normal, and is used to neutralize small traces of chlorine that may remain after chlorinating the well.
 9. Fill the sample container to the "100 ml" line. **DO NOT UNDER FILL.** Samples that are filled below the 100 ml fill line or filled completely to the cap **will be rejected** by the laboratory. Carefully replace the cap and check for leaks. **Leaking or cracked sample containers will be rejected by the laboratory.**
 10. Bring the sample to the laboratory **as soon as possible**, not to exceed 24 hours after collection. Samples will be accepted up until 4:00 pm. **Please keep the sample on ice or refrigerated following sample collection.**
 11. Presence/Absence reports will be emailed or faxed on the next business day by close of business (5 pm). Please allow 1-2 days for Most Probable Number (MPN) reports to be emailed. Please note that ESS is closed on Saturday and Sunday.

All payments are due in advance of receiving results.