

WATER POTABILITY SAMPLE CRITERIA – Test Code 1010 &1014

Collection, preservation and transport of water samples are critical to the results of water quality analyses. In order to assure sample integrity and accurate results please use the following guidelines when collecting and transporting water for potability testing.

1. Wash your hands thoroughly before water sample collection.
2. Label the collection container (**approved container provided by lab**) with location of sample, date and time of collection using permanent marker. Fill out the collection information sheet provided.
3. Sterilize the outside of the faucet with the included alcohol wipe. If a tap has a mesh screen, aerator or purification device remove it before sampling.
4. Open the tap and allow **cold water** to run for 3-5 minutes prior to sample collection. Do not sample from a tap that allows water to run over the outside area of the tap.
5. Open the sterile white-capped bottle and fill to 100 mL (4 oz.) line with **cold water**. Leave a space of 2.5 cm inside the top of the bottle to allow for mixing of air. **OVERFILLED SAMPLES WILL BE REJECTED. Collect only cold water.**
6. **DO NOT** touch the lip or inside of the sterile collection container with anything but the clean catch water sample.
7. Securely close the collection container leaving only a small space to allow for mixing with air.
8. If a **chlorine** test is required please collect an additional 100 ml of the sample in the provided sterile **green-capped container**.
9. Refrigerate sample immediately after collection. Sample should be transported to laboratory in a cooler **within 24 hrs of sample collection**.
- 10. If the water is from any public water system, please provide the PWSID number on the chain of custody.**

SAMPLES MUST BE RECEIVED AT LABORATORY WITHIN 24 HOURS OF COLLECTION Samples will only be accepted Monday thru Thursday 8 a.m.-5 p.m. The lab is closed for all major holidays.

Samples that exceed these criteria will not be processed. Excessive delay in submission of samples may invalidate results. **Attention Residents of Loudoun County: For permit for sewage disposal system and private well, County Health Department Regulations require that a chlorine test must be performed along with potability. This will be an additional \$20 charge. Sterile bottles for chlorine testing are available for pickup at the lab.**

*****PLEASE NOTE***** Water systems that have been heavily chlorinated may require additional time before testing can take place. Samples with high levels of chlorine will be rejected. The client will be notified that testing will not continue and a sample will have to be recollected when levels are within an acceptable range.

WATER SAMPLE INFORMATION

Samples will only be accepted Monday thru Thursday 8 a.m.-5 p.m. The lab **CANNOT** accept samples the day before any major holiday the lab is scheduled to be closed.

Please Circle a Choice Before Submitting Samples**

<u>Test Requested:</u>	<u>Was Water Chlorinated within 24 Hours?</u>
Water: Potability Chlorine	Yes No
24 Hour Turn Around Time? Yes No	PWSID#

****Residents of Loudoun County must circle both Potability and Chlorine by order of the County Health Dept.**

Date of Collection: ____ / ____ / ____ **Time of Collection** (00:00): _____ a.m. or p.m.

Sampling Site (e.g. kitchen sink): _____

Person Collecting Sample: _____

Address of Sample Site: _____

City: _____ State: _____ Zip: _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () Fax: () Email: _____

Note: Please make checks payable to Aerobiology Laboratory Associates, Inc.

****FOR LAB USE ONLY****

Rec'd By _____	Date/Time _____	Free chlorine via DPD _____ mg/L (ppm)										
Refrigerated?	Yes No	Date/Time Read _____										
On Ice?	Yes No	Initials: _____										
24 Hour Rush TAT?	Yes No	Cost (Check What Applies)										
Need Metal Analysis?	Yes No	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Potability ____</td> <td>Chlorine ____</td> <td>Rush ____</td> </tr> <tr> <td>Cash ____</td> <td>Check ____</td> <td>Credit ____</td> </tr> <tr> <td colspan="3">Total Amount Paid</td> </tr> </table>	Potability ____	Chlorine ____	Rush ____	Cash ____	Check ____	Credit ____	Total Amount Paid			
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