SAMPLE INFORMATION					
() COMMUNITY SUPPLY	() NON - COMMUNITY	() PRIVATE WELL	() RAW	() STREAM	/CREEK
PWSID#	PUBLIC WELL SYSTEM ID, FOR STATE COMPLIANCE ONLY				
DATE COLLECTED:	_	TIME COLLECTED:			
NAME OF SYSTEM OR CLIENT:					
MAILING ADDRESS:					
PHYSICAL ADDRESS OF SAMPLE	i:				,
SAMPLE POINT: (EX. BATHROO	M, WELL HEAD, ECT.)				
COUNTY:	RESIDUAL CHLORINE:		MG/L		
CONTACT PERSON:		SAMPLED BY:			
PHONE:	FAX:	E - N	1AIL:		
HOW SHOULD RESULTS BE DEL	IVERED? (Fax, E - mail, or F	Postal Mail)			
DEFINITIONS  COMMUNTY SUPPLY: SERVES 25 OR N  NON - COMMUNITY SUPPLY: SERVES  PRIVATE WELL: AN INDIVIDUALLLY OV  RAW: UNTREATED, NON - CHLORINAT	WATER UP TO 25 OR MORE PEC	DPLE FOR AT LEAST 60DAYS PI	ER YEAR (EX. SCHO	OOL, RESTAURANT	)
LAB ONLY:					
DATE RECEIVED:	TIME RECEIVED:	SAM	PI F ID #		

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## INSTRUCTIONS FOR COLLECTING A BACTERIA SAMPLE

- 1. REMOVE SCREEN FROM FAUCET. IF POSSIBLE, COLLECT SAMPLE FROM A NON-SWIVEL FAUCET (LIKE A BATH TUB).
- 2. RUN COLD WATER FOR 3 TO 6 MINUTES.
- 3. WHEN HANDLING THE BOTTLE, USE CARE NOT TO TOUCH THE INSIDE OF THE CAP OR CONTAINER
- 4.  $\,$  DO NOT RINSE CONTAINER! THE BOTTLE CONTAINS SODIUM THIOSULFATE AS A PRESERVATIVE.
- 5. COLLECT TO FILL LINE (100 MLS).
- 6. COMPLETE ALL INFORMATION ON SAMPLE CONTAINER AND THE FORM IN INK

<u>Samples must be delivered within 24 hours after collection.</u> If you are mailing samples, then we strongly encourage you to use overnight services.

Do not collect on Friday unless you can have the samples to the lab by 4:00 PM. SDC Lab is closed on Saturday and Sunday. Our hours are 7:30AM - 4:30PM, Mon.-Fri.