ENDYNE, INC.				_					
56 ETNA ROAD									
LEBANON, NH 03766-144	16				F	N	DYN	F	
Phone: 603-678-4891							AL LABORATORY SERVIC		
Email: arakotz@endynelabs.com									
NH Well Water Test for Home Buyers Client Information:									
Name:		Email:							
					Cus	t: 89621			
Address:		Phone:							
					Proj: GEN				
Fax:									
				JT: N	HWELL				
CHAIN OF CUSTODY									
		Date	Time					Date	Time
Relinquished by:									
Relinquished by:			Received	d by Endyne	): 				
Receiving Temperature:									
FILL OUT FORM COMPLETELY									
Please answer the following questions about your Potable water source:									
Name of Sampler (Please Print):									
Sampling Location (kitchen, sink, bath, etc)									
Sampling Address (911 address if known)									
Water source: Drilled WellDug WellSpringSurface WaterPublic									
Is this water source chlorinated? YESNO									
Have you chlorinated your water source within the last 2 weeks? YESNO									
If YES, was there residual chlorine taste or odor when you collected the sample? YESNO									
Describe any treatment systems (water softener, filters, etc)									
***PLEASE READ DETAILED INSTRUCTIONS ON REVERSE SIDE BEFORE SAMPLING***									
				_			_		
	Sample Collection Date Time		<b>Preservative</b> terile, < 10C		<b>Size</b> 120 mL	# 1 T	Parameters otal Coliform/E.coli		
			rigerate,< 6C				H, Nitrate, Nitrite, Chloride		
			-	Plastic	1 Pint		Arsenic, Lead, Uranium, Copp	er, Iron, Sodi	ium
		1					/anganese, Hardness (Calciu		
		Refr	rigerate,< 6C	Plastic	125 mL		luoride	0	,
			None	Glass	40 mL	1 F	Radon in Water (NO HEADSF	PACE) ***	
Special Instructions:									
THIS SAMPLE KIT IS NOT ACCEPTED ON FRIDAYS									
Samples Require Refrigeration: < 6C (42.8F) for Chemistry samples and < 10C (50F) for Microbiology samples.									
Please include payment with sample submission. We accept checks (payable to Endyne, Inc.), or call for credit card processing.									
***This analysis is su	bcontracted. Endyne,	Inc. reserves	s the right to	subcon	tract analys		e are not capable of analyzi	ing within o	ur facility.
Price: \$315	.00	\$20.0	0 Shippiı	ng Fee	e:(Y)(		Payment:		
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## SAMPLING INSTRUCTIONS FOR NHDES WELL WATER PACKAGE

## If your well/spring has recently been chlorinated, the odor of chlorine should be absent for at least 2 days before sampling.

1. Take the sample from any convenient cold water faucet. If the faucet has an aerator it should be removed. **Clean the inside of the faucet with a Q-tip that has been soaked in bleach**. Run the water at full force for 5-10 minutes before taking the sample.

## 2. COLLECTING THE RADON SAMPLE (Glass Vial):

- 1. Allow water to run into a clean, deep bowl or pan until overflowing.
- 2. With the water still running, raise the pan to completely submerge the faucet nozzle. (This is done in order to minimize agitation and subsequent loss of radon.) A;low the water to run in this configuration for at least 1 minute.
- 3. With the faucet still submerged, turn water off and carefully place the pan on a flat surface.
- 4. Holding the uncapped vial open-end down, carefully submerge it vertically into the pan of water. Slowly tilt the vial while under water so that it gradually becomes completely filled.
- 5. WHILE STILL SUBMERGED, carefully secure screw-on cap.
- 6. Lift the vial out of the water, turn upside down and check for air bubbles. If there are any bubbles in the container, submerge the vial again and uncap to allow more water in and recap.
- 7. Label sample container with the location and date/time of sampling.

## 3. COLLECTING THE REMAINING SAMPLES:

- 1. The sterile sample bottle contains sodium thiosulfate powder. Do not rinse the bottle or dump out the powder. Do not touch the inside of the bottle cap, and do not set the cap down on the counter. **Completely remove the plastic seal.** If the bottle is accidentally contaminated, do not use it. Call for a replacement bottle. Reduce the flow of water and **fill to the bottle's threads.** We cannot accept the sample if there is less than 105 ml.
- 2. When the bottle is filled, replace the cap and seal tightly to prevent leakage.
- 3. Fill the remaining plastic bottles and cap tightly.
- 4. Label sample containers with the location and date/time of sampling.
- 4. Complete all requested information on the reverse side and return the sample and form to the laboratory the *same day of sample collection*. If information is missing such as date and time of collection, the sample may not be accepted.
- 5. Samples in this kit require refrigeration. Samples should be received to the lab with a temperature of < 6C (43 F). Samples received the same day of collection may not reach this temperature but will be acceptable if they were received on ice. Samples must not be frozen.

We can accept these samples Monday through Thursday, 8:00am to 4:30pm. We do not accept samples on Friday.