

**ENDYNE, INC.**  
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**ENDYNE**  
 ENVIRONMENTAL LABORATORY SERVICES

**Table A11 5&7**

**Client Information:**

Name: _____  Address: _____	Email: _____  Phone: _____  Fax: _____	Cust: 89621  Proj: TABLE A11  JT: TABLEA11-R
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**CHAIN OF CUSTODY**

	Date	Time		Date	Time
Relinquished by:					
Relinquished by:			Received by Endyne:		
			Receiving Temperature:		

**RESIDENTIAL CLIENTS: Fill out form completely.**

Is the sample from a Potable drinking water source in Vermont? Check either YES: \_\_\_\_\_ OR NO: \_\_\_\_\_ (Required)

If YES, read the information provided on the back of this form before proceeding.

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 Well \_\_\_\_\_ Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Surface Water \_\_\_\_\_ Public \_\_\_\_\_

Is this water source chlorinated? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you chlorinated your water source within the last 2 weeks? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, was there residual chlorine taste or odor when you collected the sample? YES \_\_\_\_\_ NO \_\_\_\_\_

Describe any treatment systems (water softener, filters, etc) \_\_\_\_\_

**\*\*\*PLEASE READ DETAILED INSTRUCTIONS ON REVERSE SIDE BEFORE SAMPLING\*\*\***

Sample Collection	Preservative	Type	Size	#	Parameters
Date      Time	Refrigerate, < 6C	Plastic	250 mL	1	pH, Nitrate, Nitrite, Chloride
<input style="width: 50px; height: 20px;" type="text"/>	None	Plastic	Pint	1	Arsenic, Iron, Manganese, Sodium, Uranium
<input style="width: 50px; height: 20px;" type="text"/>	Sterile, < 10C	Plastic	120 mL	1	Total Coliform/E.coli
	Refrigerate, < 6C	Glass	500 mL	1	Odor

**Special Instructions:**

Samples must reach the lab within 24 hours of sampling and are accepted Monday through Thursday ONLY. Friday delivery requires prior arrangement. Additional fees may apply.

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.

<b>Price: \$185.00</b>	<b>\$20.00 Shipping Fee: ( Y ) ( N )</b>	Payment: _____
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Vermont Legislation, Act 163, enacted in 2013 requires that all testing of potable water, both public and residential, must be performed by a Vermont accredited laboratory, and that the laboratory submit ALL potable water test results to the Vermont Department of Health (DOH) as of January 1, 2013.

The Vermont DOH's goal is that this law will aid public health officials in developing a database for mapping areas identified as possible groundwater contamination locations. It does NOT require homeowners, buyers or sellers to perform residential testing, but WILL require Endyne, Inc. to submit results to the State should any testing be performed.

For more information on this legislation, please visit:

<http://www.leg.state.vt.us/docs/2012/Acts/ACT163.pdf>

[http://healthvermont.gov/enviro/ph\\_lab/documents/drinking\\_water\\_testing\\_wells\\_factsheet.pdf](http://healthvermont.gov/enviro/ph_lab/documents/drinking_water_testing_wells_factsheet.pdf)

### **SAMPLING INSTRUCTIONS FOR Table A11-5 &A11-7 KIT**

**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 a strainer, 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 minutes before taking the sample.
2. 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 bottom of the bottle's threads. We cannot accept the sample if there is less than 105 ml.**
3. When the bottle is filled, replace the cap and seal tightly to prevent leakage.
4. Fill the remaining plastic bottles and cap tightly.
5. Label the sample containers with the location and date/time of sampling.
6. Complete all requested information on the reverse side and return the sample and form to the laboratory **within 24 hours of sampling.** If information is missing such as date and time of collection, the sample may not be accepted.
7. **Samples in this kit require refrigeration. Samples should be received to the lab with a temperature of  $\leq 6\text{C}$  (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, or on the day before a holiday without prior arrangement with the laboratory. Additional charges may apply.