

**THE STAMFORD HEALTH DEPARTMENT LABORATORY
PROCEDURE FOR COLLECTING WATER SAMPLES**

Temp
Received

There is a charge for testing! (A current fee schedule is available.)

WATER SAMPLES ARE ACCEPTED MONDAY THROUGH THURSDAY FROM 8:00AM to 3:00PM!
Samples may NOT be brought in the day before a Holiday.

A. Bacteriological Tests (\$15.00)

- 1) For potable water tests, a sterile container provided by the Laboratory **must** be used. Water should be collected from the kitchen tap in the following way:
 - a) Remove any screen or aerator from the tap. If the screen cannot be removed, use another faucet (like the bathtub.)
 - b) Flame the tip of the faucet with a match or lighter for a few seconds.
 - c) Let the cold water run for at least five (5) minutes. **If the house has been unoccupied, it will be necessary to run the water for several hours before collecting the sample.**
 - d) Fill the container to within 1/2 inch of the top without touching either the inside of the bottle or the cap. Close the top tightly.
 - e) The Laboratory should receive samples within one (1) hour of collection. The sample should be kept cool and if necessary, refrigerate the sample for a period not to exceed six (6) hours.

B. Mineral and Metals (cost vary according to the kinds of tests required)

- 1) For mineral and metals tests, a **QUART** of water is required. The sample is collected in the manner described above (omit the flaming.) A container may be obtained at the Laboratory for collection.
- 2) If your water is treated with some form of water conditioner, it is suggested that a raw and a treated water sample be brought in for mineral testing.

MINERAL TEST SAMPLES MUST BE RECEIVED WITHIN ONE HOUR OF COLLECTION.

Please note that pH values are most accurate if received within 15 minutes of collection

PLEASE COMPLETE THE FOLLOWING: (DO NOT DETACH)

This sample was taken in the manner and location specified below _____

Signature of Collector

Collected by: _____ Date: _____ Collection Time: _____
(name)

Minutes water run before collecting sample: _____

Water source : _____ from: _____
(well, water company water, rain water, etc. ...) (kitchen tap, bathroom tap, etc. ...)

Address of water supply: _____ Year Built _____
(number) (street name) (town)

Treatment on supply: _____ treatment regenerated onsite
(water softener, filter, etc. ...) or tanks taken away

Report to be sent to: _____ phone: _____

(number) (street name) (town) (zip)

Reason for tests OR complaint about water: _____

Optional Well information; Depth: _____, Yield: _____, Casing depth: _____, Well Pit? Yes No