

CARDINAL



ENVIRONMENTAL

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BACTERIOLOGICAL CHAIN OF CUSTODY

Date Collected: ____/____/____

Time Collected: ____:____ am/pm

Collected by: _____

Return sample between 7:30 – 4:00 Mon-Fri

OWNER OF WELL or SUPPLY: _____

WELL or SUPPLY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOURCE OF WATER:	<input type="checkbox"/> Private Well _____	SAMPLE LOCATION:	<input type="checkbox"/> Kitchen Tap	REASON FOR TEST:	<input type="checkbox"/> Real Estate
	<input type="checkbox"/> Swimming Pool		<input type="checkbox"/> Bathroom Tap		<input type="checkbox"/> Annual Test
	<input type="checkbox"/> Pond Water		<input type="checkbox"/> Basement Tap		<input type="checkbox"/> New Well/Construct
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Sample Tap		<input type="checkbox"/> Well/Pump Work
	<input type="checkbox"/> Public: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

Send Report To: _____

TEST(S) REQUESTED:

Mailing Address: _____

Total Coliform
(Safe Water Test)

City/State/Zip: _____

Fecal Coliform

Attention: _____

Coliform Count

Nitrates (Private)

Phone Number: (____) _____ - _____

Nitrates (Public)

Sub: _____

FAX INFORMATION? YES NO **SEND TO DNR?** YES NO

Fluoride

If yes, fax to: _____

Iron Bacteria

Fax Number: (____) _____ - _____

Sulfur Bacteria

Email Results? NO YES _____

Plate Count

Payment Method: CASH CHECK On Account Visa/Mastercard

Relinquished by: _____ DATE: _____ Time: _____

Received by: _____ DATE: _____ Time: _____

Please do NOT write in space below – FOR LABORATORY USE ONLY

Set Up Date: ____/____/____ Time: ____:____

INITIAL COLIFORM COUNT _____ col/100 mL

Analyzed by: _____ Report Ready ____/____/____

Confirmation: Gas Production (Y or N)

Client Called? _____ Initial ____/____/____

24 hrs. BG _____ LTB _____ EC _____

Sent to DNR? _____ Initial ____/____/____

48 hrs. BG _____ LTB _____ EC _____

Client Faxed? _____ Initial ____/____/____

Additional Results: Nitrates: _____ mg/L

FINAL COLIFORM COUNT _____ col/100 mL

SPC: _____ colonies/mL

Bacteriologically: SAFE UNSAFE

Parameter: _____ mg/L

Parameter: _____ mg/L

SAMPLE #: _____

Cardinal Environmental

Your sample bottle

This bottle has been sterilized. **Do not open until you are ready to collect the sample.** Care should be taken not to touch the inside of the cover or lip of the bottle with your hands. This may affect the true results of the test. The sample bottle contains a few drops of a chlorine neutralizing solution (sodium thiosulfate) for chlorinated water supplies, therefore do not rinse out bottle, even if your well is not chlorinated.



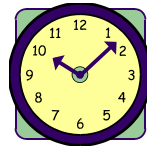
Sample Collection Procedure (for Total Coliform Bacteria):

◆ Well water samples:

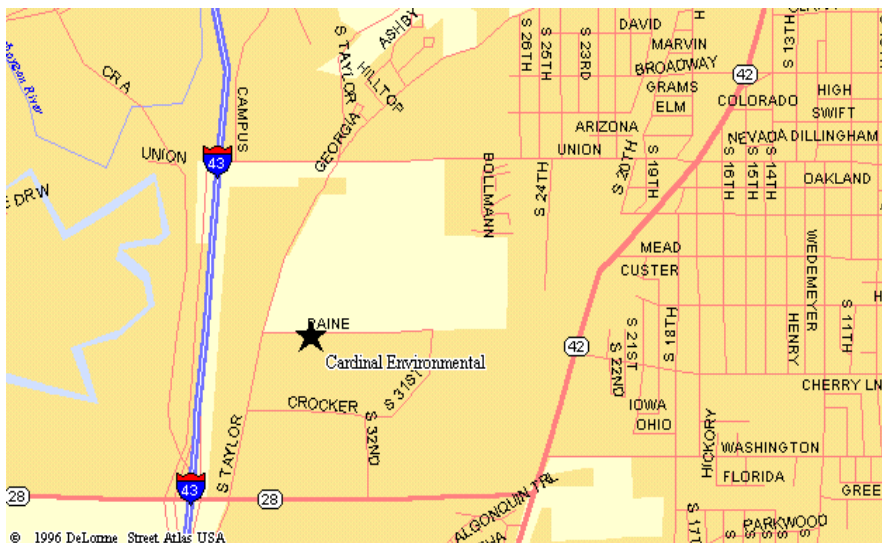
1. Remove aerator from faucet and let water run through the tap at a fast rate for one minute. Turn water off.
2. To sterilize the tap, submerge the tap into a cup or bag of liquid bleach for approximately three minutes.
3. Remove cup or bag of bleach and turn on the tap and run water for at least five minutes. This will flush away the bleach. **Be careful not to touch the tap once it has been sterilized.**
4. After running the water for five minutes, open sample bottle and collect water. **Sample bottle must be full but do not overflow.** Close lid tightly.

IMPORTANT!

There is a hold time on your water sample. It is important that *Cardinal Environmental* receive your sample within **6 hours** from collection time. Whenever possible, please keep the sample refrigerated until you deliver it to our office. Samples should be analysed within a recommended 30 hour hold time and may not exceed a mandatory 48 hour hold time. *Cardinal Environmental* accepts samples Monday through Friday from **7:30 am until 4:00 pm.**



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- ◆ **Water pump samples:** Pump out 8-10 gallons before taking sample. If well water has been chlorinated, pump away all traces of chlorine before collecting sample.
 - ◆ **Pond, pool, reservoir or stream samples:** Remove cap from sample bottle and submerge into water. The sample should be collected in the direction of the current and away from hand to prevent contamination of water by hands.
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Directions: From I-43, take the Highway 28 exit. Turn east on Highway 28. At the stoplights, turn left (north) on Taylor. Paine Avenue is the second street on the right.



If you have any questions regarding sample collection, please call our office for assistance.

(920)459-2500
or
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