

ENDYNE, INC.
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Total Coliform / E. Coli Kit

Report Sent To: Name: _____ Email: _____ Address: _____ Phone: _____ Fax: _____	Cust: 89621 Proj: COLIFORM JT: COLIFORM
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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 INSTRUCTION ON REVERSE SIDE BEFORE SAMPLING*****

Sample Collection	Preservative	Type	Size	#	Parameters	
Date	Time					
		Sterile, < 10C	Plastic	120 mL	1	Total Coliform/E.coli

PLEASE SELECT ONE		PLEASE SELECT ONE	
<i>PRESENCE / ABSENCE</i>	\$25.00 _____	<i>STANDARD</i>	+\$0.00 _____
or		<i>RUSH</i>	+\$10.00 _____
<i>ENUMERATION / COUNT</i>	\$30.00 _____	<i>1 DAY RUSH</i>	+\$25.00 _____
		<i>EXTRA RUSH</i>	+\$50.00 _____

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.

	Shipping +\$20 _____	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

SAMPLING INSTRUCTIONS FOR TOTAL COLIFORM / E. COLI 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 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 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. Label sample container and Chain of Custody with the location and date/time of sampling.
5. 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.
6. **This kit require refrigeration. Samples should be received to the lab with a temperature of $\leq 10C$ (50 F). Samples received the same day of collection may not reach this temperature but will be acceptable if they are received on ice.**

RUSH INFORMATION

STANDARD– We will call in the event of a failure. Report will be issued within one week.

RUSH – We will call next day with results. Report will be issued within two business days.

1 DAY RUSH – We will call next day with results. Report will be issued by end of next day

EXTRA RUSH – We will call next day with results. Report will be issued by Noon of next day.

Extra rush samples must arrive before Noon for the report to be issued the next morning.

We can accept 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.