

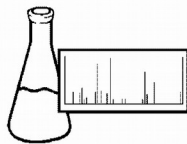
ENDYNE, INC.

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ENDYNE, INC.

Drinking Water Analysis

Report Sent To:

Name: _____ Email: _____

Address: _____ Phone: _____

Fax: _____

Cust: 89621



Proj: GEN



JT: DW-R



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					

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.

***This analysis is subcontracted. Endyne, Inc. reserves the right to subcontract analysis that we are not capable of analyzing within our facility.

Price: _____

Shipping +\$20 _____

Payment: _____

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

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

First Draw Lead Analysis:

1. Collect the first liter of water from a tap which has sat undisturbed for at least 6 hours. A kitchen tap is a good place to take this sample. Fill the large plastic liter bottle completely and cap tightly.
2. Label the sample container with the location and date/time of sampling.

For All Remaining Parameters:

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. **IF TESTING FOR BACTERIA:** 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. 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 the sample containers 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. **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.**

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.