



SAMPLING PROCEDURE FOR DRINKING WATER COMPLIANCE SAMPLES

FACT SHEET

PROCEDURE

The sample must be collected in the container provided by A & L Great Lakes Laboratories, Inc. This container has been pre-sterilized and contains sodium thiosulfate to inactivate any residual chlorine present in the sample. **DO NOT** rinse the sterilized container.

HOW TO COLLECT

When collecting the sample, fill the bottle to the 100 mL line. Keep the sampling bottle closed until it is to be filled. **DO NOT** touch the inner surfaces of the cap or bottle. **DO NOT** rinse the sterilized container.

POTABLE (DRINKING) WATER

1. If the sample is to be taken from a distribution-system tap without attachments, select a tap that has a service pipe directly connected with the main, not a pipe that is served from a cistern or storage tank. Open the tap completely and let water run for 2 to 3 minutes to allow the line to be cleared of standing water. Reduce the flow of water and fill sample container within an inch of the top.
2. When sampling from a mixing faucet, remove faucet attachments such as screen or splashguards and then run the cold for 2 to 5 minutes and collect sample as above.
3. For samples taken from a well fitted with a hand pump, pump water for 5 minutes before collecting sample. If the well has a mechanical pump, collect sample from a tap.

SHIPPING OF THE SAMPLE

1. The sample should be kept cool in transit and shipped so that it reaches the laboratory within 24 hours of collection time. Be sure to supply adequate packing material when using glass bottles. Bio-mailers are available from the laboratory.
2. Completion of the Public Water System Report Form is mandatory in order for a sample to be valid. A sample that is not accompanied with this sheet will be rejected.

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Public Water System Report Form

**A & L Great Lakes Laboratories, Inc
3505 Conestoga Drive
Fort Wayne, Indiana 46808**

NOTE: Samples submitted without completed form will not be analyzed.

SAMPLE INFORMATION

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PWSID #:

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Phone Number: (_____) _____ - _____

Location Code: _____

Date Sample Taken: ____/____/____

Time Sample Taken: _____

Sample Collected By: _____

Sampling Address: _____

FOR LABORATORY USE ONLY

Certified Lab ID Number: _____

Sample Received By: _____

Sample Received: Date ____/____/____ Time _____

Sample ID: _____

Sample Laboratory Number: _____

Analysis Completed: Date ____/____/____ Time _____

ANALYSIS DATA

Total Coliform:

Method: MMO-MUG Present Absent

Analyst: _____ Date: ____/____/____ Time: _____

E Coli:

Method: MMO-MUG Present Absent

Analyst: _____ Date: ____/____/____ Time: _____

SAMPLE TYPE (please check appropriate box)

D = Distribution C = Repeat O = Other

If repeat sample, date original sample collected: ____/____/____

Remarks:

