SAMPLING & SHIPPING or DELIVERY INSTRUCTIONS LEAD / NITRATE / NITRITE

✓ Please <u>Circle</u> which test(s) you need:

LEAD ONLY or LEAD/NITRATE/NITRITE (All 3 will be assumed if nothing is circled)

SAMPLE TAKING—PLEASE READ ALL INSTRUCTIONS **BEFORE** TAKING SAMPLE:

- **EPA sampling protocol** for LEAD states that water must stand <u>motionless</u> in house lines--For at least 6 hours <u>before</u> sampling—then taken from COLD water tap—open bottle and fill with first water that comes out of faucet.
- NOTE: If house has been vacant—run water to flush the lines the day before; then let water sit in lines 6 hours before sampling as above.
- <u>HIGH CHLORINE samples CANNOT be tested</u>—so make sure water has been run off, before sampling— If well has been chlorinated.
- <u>Deliver or ship sample</u> to Lab immediately upon collection, along with completed paperwork.
 - o IF YOU ARE SHIPPING—follow these instructions:
 - Sample must be shipped Overnight Delivery to our Lab—due to holding times.
 - If you are <u>also sending a Bacteria Sample</u> with the <u>Lead sample</u>—
 - You can place <u>BOTH samples in the SAME Express Mail bag</u> and as a courtesy, we will
 cover the Express Mail cost. (make sure to place bottles inside their respective boxes before placing inside Express
 Mail envelope)
 - If you don't have a Bacteria sample to ship with the Lead sample, you are responsible for postage.
 - Please put CHECK MARK in front of desired turnaround time below—
 ** NOTE: Standard (5 working days) will be assumed if none is marked.)

TURNAROUND TIME	CO	OST-LEAD ONLY	COST-LEAD/NITRATE/NITRITE
Check One:			
Standard—5 working days		\$40	\$105
3-Day Rush		\$60	\$157.50
NEXT DAY Rush (Results by a (Sample must be received <u>B</u>	CLOSE OF NEXT BUSINESS DAY) EFFORE NOON & Lab <u>MUST BE CA</u>		
PAYMENT INFORMATION: Unless you ar Or call with credit card	e a billed customer, please incluinformation—804-742-5577. Ple		
PLEASE COMP	PLETE INFORMATON BELOW FOR	CERTIFICATE OF	ANALYSIS:
Water Owner:	Physical Address of Wa	iter: Street#	
City/State:	Zip:	Date,	Time Collected:
Faucet ID (If Needed):	(If Public System—P\	WSID #:)
Sampler's Printed Name:	Sampler's	Signature:	
Company (if applicable):		Phone #:	
Fax <i>OR</i> Email Report to:			_ (PAPER COPIES ARE NO LONGER MAILED)
*********	******LAB USE ONLY***	******	********
DATE/TIME REC'D IN LAB:			
BY:			C/C:
LAB PROJECT #: DUE DATE:	ОТ	HEK:	_ AMT. PD:
	ISH? DA	TE PD:	REC'D BY:

Effective Date: 04/08/22