



**Sampling and Shipping Instructions: Total Coliform and *Escherichia coli*
in Drinking Water for Compliance/Regulatory Purposes**

ATTENTION: Please remember to provide the information requested on the opposite side of this form.

1. Samples are accepted for analysis on **Monday through Thursday** from 8:00 a.m. to 4:00 p.m. If you need a next day shipping label from us, please add an extra \$10 to the actual fee of \$36 required for the laboratory test. Please make checks out to UGA - FEW Lab.
2. Samples must be accepted for analysis within 24 hours of the collection time. Therefore, plan ahead by pre-selecting a day and time to collect your sample that will allow for shipping or travel time.
3. **If you have shock chlorinated your well you must wait until the chlorine has dissipated before collecting sample.**
4. Completely fill out the information requested on the opposite side of the form. *Essential information must be completed for the sample to be accepted.
5. Select an inside faucet that is clean not leaking.
6. Remove any faucet attachments such as filters, aerators, screens, splashguards or water-saver valves.
7. Sanitize the faucet inside and out by dipping the faucet neck into undiluted chlorine bleach (do not use color-safe bleach).
8. Open tap (**COLD WATER ONLY**) fully and flush the faucet and pipes by running water for 3 minutes. Do not turn off the water, but reduce the flow to avoid splashing.
9. Uncap the sample bottle without touching the inside of the cap or bottle, fill the bottle above the 100 mL line, but not completely full and recap. Please note that the white substance in the bottle is a dechlorinating agent. Fill the bottle only once; do not rinse.
10. **Important: The sample (especially source water) should be immediately placed in a cooler with ice and transported to the laboratory for analysis. Frozen samples will not be accepted. Surface water samples will be flagged if >10 °C unless collection time is less than 2 hours.**
11. Seal the shipping container, affix the UPS shipping label and call UPS at 800-742-5877 to determine your local pick-up/drop off place and time for "Next Day Air" packages OR hand deliver to the Agricultural and Environmental Services Lab, 2300 College Station Road, Athens.



**AESL-FEW Sample Submission Form for: Total Coliform and *Escherichia coli*
 in Drinking Water for Compliance/Regulatory Purposes**

Attention: Instructions for collecting and delivering the sample are on the opposite side of this form.

| Client Information | For Repeat Samples Only | |
|--|---|----------------------------------|
| Name: | Previous Positive Log#: | |
| Address: | Repeat Location Type (check one below) | |
| City, State, Zip: | Same Location as Positive: | Upstream (within 5 connections): |
| Phone: | Downstream (within 5 connections): | Fourth Repeat Sample: |
| Fax: | Lab use only | |
| Email: | Transit Water Temp. (<10 °C): | |
| Sample Information | Lab # FEW: | |
| County: | Date/Time Received and Received By: | |
| Date/Time Sampled: | Carrier: | |
| Collected by (Name): | County Contact: | |
| System ID Number: | Chlorine (Y / N): | |
| Name of System: | Accept/Reject (A / R): | |
| Sample Type (circle): 1-Routine 2-Repeat 3-Replacement 4-Source Approval 5-Special 6-GWR Source 7-GWR Repeats | Paid (Y / N): | |
| Location (circle): 1-Entry Point 2-Tap in Distribution System 3-End Point 4-SourceIntake | Check#/Cash: | |
| Sample Location Code (from sample site plan): | Date/Time Analyzed: | |
| Chlorine Residual at Tap (Y/N): | Special Notes: | |
| SIGNATURE of Sender: | Date: | |