



BUREAU FOR PUBLIC HEALTH OFFICE OF LABORATORY SERVICES

4710 Chimney Drive, Suite G, Charleston, WV 25302
Telephone (304) 965-2694 Fax (304) 965-2696

PLACE BARCODE HERE
LAB USE ONLY

▶ INFORMATION REQUIRED FOR TESTING

| LOCATION OF SAMPLE COLLECTION | SAMPLE COLLECTION INFORMATION |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▶ PUBLIC WATER SYSTEM (PWS) ID: | ▶ DATE COLLECTED: ▶ TIME: |
| ▶ NAME OF SYSTEM: | ▶ POINT OF COLLECTION: |
| ▶ NAME OF OWNER: | ▶ COLLECTED BY: ▶ SAMPLE ID#: |
| ▶ PHYSICAL ADDRESS: | ▶ COLLECTOR'S TITLE: <input checked="" type="checkbox"/> ONE <input type="checkbox"/> District Engineer <input type="checkbox"/> Sanitarian |
| ▶ CITY/STATE/ZIP: | <input type="checkbox"/> Owner <input type="checkbox"/> Operator |
| ▶ COUNTY: | ▶ PURPOSE OF SAMPLE: <input checked="" type="checkbox"/> ONE <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Home Loan |
| ▶ PHONE: | <input type="checkbox"/> Other (Comments?) <input type="checkbox"/> Complaint <input type="checkbox"/> Customer Request |
| RESPONSIBLE PARTY FOR BILLING (if different than sample location) | |
| ▶ BUSINESS NAME: | <input type="checkbox"/> Sanitary Survey <input type="checkbox"/> Plant Review |
| ▶ CONTACT NAME: | <input type="checkbox"/> Special Purpose <input type="checkbox"/> Lead Abatement |
| ▶ MAILING ADDRESS: | ▶ SOURCE OF WATER: <input checked="" type="checkbox"/> ONE <input type="checkbox"/> Well <input type="checkbox"/> Purchased <input type="checkbox"/> River/Creek |
| ▶ CITY/STATE/ZIP: | <input type="checkbox"/> Spring <input type="checkbox"/> Other <input type="checkbox"/> Impoundment |
| ▶ PHONE: FAX: | ▶ TYPE OF WATER: <input checked="" type="checkbox"/> ONE <input type="checkbox"/> Raw <input type="checkbox"/> Treated <input type="checkbox"/> Treated/Chlorinated |
| | <input type="checkbox"/> Lab Pure <input type="checkbox"/> Other (comments?) |

Please call the laboratory (304-965-2694 Ext. 0) for additional tests, a separate bottle may be required. Thank you! ☺

COMMENTS:

THE ANALYSES REQUESTED FOR CHEMISTRY TESTING ARE MARKED ↕

| | | | |
|------------------------------------|------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Manganese | <input type="checkbox"/> * Alkalinity, Total | <input type="checkbox"/> Magnesium |
| <input type="checkbox"/> Antimony | <input type="checkbox"/> Mercury | <input type="checkbox"/> Calcium | <input type="checkbox"/> * Combined Nitrate+Nitrite |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Nickel | <input type="checkbox"/> Calcium Hardness | <input type="checkbox"/> * Nitrate |
| <input type="checkbox"/> Barium | <input type="checkbox"/> Selenium | <input type="checkbox"/> Chloride | <input type="checkbox"/> * Nitrite |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> Silver | <input type="checkbox"/> Chlorine, Free | <input type="checkbox"/> * Orthophosphate |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Sodium | <input type="checkbox"/> Chlorine, Total | <input type="checkbox"/> pH |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Thallium | <input type="checkbox"/> * Conductivity | <input type="checkbox"/> * Sulfate |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Zinc | <input type="checkbox"/> * Cyanide, Free | <input type="checkbox"/> * TDS |
| <input type="checkbox"/> Iron | <input type="checkbox"/> * SUVA | <input type="checkbox"/> Fluoride | <input type="checkbox"/> Total Hardness |
| <input type="checkbox"/> Lead | <input type="checkbox"/> * TOC | <input type="checkbox"/> * Hydrogen Sulfide | <input type="checkbox"/> * Turbidity |

REMARKS: * These analytes require special sample bottles and preservatives, please contact the laboratory.
Please remember that metals and non-metals are to be sampled in two separate bottles.

| LABORATORY USE ONLY | | | |
|---------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| KIT PREPARED BY: | IDENTIFY SAMPLE PRESERVATIVE WHEN SHIPPED | APPROVED CONTAINER: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | NO ₃ {+} NO ₂ <input type="checkbox"/> H ₂ SO ₄ | REQUIRED VOLUME: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DATE: | CN <input type="checkbox"/> NaOH <input type="checkbox"/> C ₆ H ₈ O ₆ | CHAIN OF CUSTODY FORM: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | TOC <input type="checkbox"/> H ₃ PO ₄ | TEMPERATURE WHEN RECEIVED ON ICE: | |

METHOD OF SHIPPING UPON RECEIPT: U.S.Mail Hand Delivered Courier OTHER

| | | |
|--------------|----------------|----------------|
| RECEIVED BY: | DATE RECEIVED: | TIME RECEIVED: |
|--------------|----------------|----------------|