

Collector: Potable sample must reach the laboratory within 30 hours of collection; non-potable sample within 6 hours of collections

IDPH Certification Registry #17544

Mail results to: (enter below)  Fax results to: ( ) -

Name:

Address: Phone: ( ) -

City: State: Zip:

Source Address:  same as above

Name:

Address:

City: State: Zip:

County:  DuPage  Other: Facility ID: PPN:

**Sample Information**

Supply Chlorinated?  Yes  No Date Collected: Time Collected: :  AM  PM

Collected by:  EHS Phone#: ( ) -

Sample Type:  Initial  First Resample  Second Resample  Other:

Sampling Point:  Raw  At Tap  Filtered/Treated  CCC  Other: Specify Fixture:

**Source Description**

Private Well  New Private Well for Permit (requires quantitative nitrate testing with an additional bottle and form sent to IDPH).

Semi-Private Well  New Semi-Private Well for Permit (requires quantitative nitrate testing with an additional bottle and form sent to IDPH).

Non-Community Water Supply  ATP  Surface Water (Fecal Coliform only)

Public Water Supply  Supplemental Water Supply  Other, Specify

**Well Construction**

Pitless Construction  Well Pit  Buried Seal  Basement Offset

Basement  Hand Pump  Other, Specify

**Test for Microbiology**

Total Coliform, (P/A)/100 ml (\$20)

Quantitative Total Coliform- add'l btl (\$25)

Fecal Coliform, MF - add'l btl (\$20)

**Test for Chemistry**

Nitrate Screening  Hardness-add'l btl (\$20)  pH- add'l btl (\$20)

Quantitative Nitrate- add'l btl, complete IDPH form (no fee)

Fluoride- add'l btl, complete IDPH form (no fee)

**Health Department Use Only**

**(Initials)**

Lab# Date Received in Lab: \_\_\_/\_\_\_/\_\_\_ Date Analyzed: \_\_\_/\_\_\_/\_\_\_  
 Time Received in Lab:  AM  PM Time Analyzed:  AM  PM  
 Received by:  
 Analyzed by:

Payment  Fee  No Fee Paid \$ Receipt # Account #

**Microbiology Report of Findings by Colilert® -18 (P: Present A: Absent)**

Total Coliform (P/A)/100ml	<i>E. coli</i> (P/A)/100ml	Total Coliform (Quanti-Tray)	<i>E. coli</i> (Quanti-Tray)	Interpretation
		MPN/100ml	MPN/100ml	<input type="checkbox"/> Sat. <input type="checkbox"/> Unsat.

**Microbiology Report of Findings by Membrane Filtration**

Fecal Coliform: Volume filtered \_\_\_\_\_ ml; Colonies counted \_\_\_\_\_ CFU; Final Result \_\_\_\_\_ CFU /100ml

**Chemical Results**

Nitrate Screen \_\_\_\_\_ PPM Hardness \_\_\_\_\_ PPM pH \_\_\_\_\_

Analysis Completed by: Date: Laboratory Reviewer: Date:

DuPage County Reviewer: Date: Permit #

**Analysis Summary:** The analysis below applies only to potable (drinking and irrigation system) water samples. This information applies to the sample at the time of collection. The testing of water samples for coliform bacteria and screening for nitrates is one indication of satisfactory water quality. It does not indicate that the water sample has been tested for other possible contaminants such as metals, pesticides, or volatile organic compounds. To determine if other contaminants are present other than coliform bacteria, further analysis should be conducted by a laboratory certified for additional testing.

- SATISFACTORY:** Water sample meets IEPA and DuPage County standards, with absence of coliform bacteria.
- UNSATISFACTORY:** Water sample does not meet IEPA and DuPage County standards, due to presence of coliform bacteria.
- Nitrate content is **satisfactory** by qualitative screen. (<1PPM)
- Nitrate is  $\geq$ 1PPM by qualitative screen, and **may be unsatisfactory** (>10PPM is unsatisfactory). **Recommend quantitative testing for confirmation on a new sample, by a certified laboratory** (which may be sent by lab staff, upon request).
- The water supply should be **re-sampled** and **re-tested**.
- The water system **should be disinfected** before re-sampling and re-testing. (See instructions for disinfecting.)
- This sample was not taken by the DuPage County Health Department.
- Invalid**

Client Name: ID # Date:

<b>To Sample Water</b>	
<b>Complete the Form</b> (Complete a separate form for each sample)	
Fill in the collector information on the Water Sample Report form.	
The date and time collected are essential to all analyses. They must be included with the sample.	
Check the "Test for" boxes to indicate which series of analyses you desire to have performed.	
<b>Collect the Sample</b> (these instructions will help you collect samples)	
It is best to collect samples in the morning and take them to the nearest Public Health Center before noon the same day. Samples cannot be accepted after 3:30 pm on Fridays, or on Saturdays or Sundays.	
Please collect drinking water samples directly from a kitchen or washroom faucet after removing any aerator.	
1. Obtain a sterilized sample bottle from the Health Department. Only open the bottle when you are ready to fill it. You will need a fresh bottle if you touch the inside.	
2. Wash your hands before opening the bottle.	
3. When sampling from a faucet, first let the cold water run for at least three (3) minutes.	
4. Please fill the collection bottle above the 100 ml fill-line, up to the neck of the bottle. (Testing cannot be performed on samples submitted with less than 100 ml of water.) Reseal the lid. Attach the collector information. (completed water form)	
5. Immediately take the sample to the nearest Public Health center, before noon. You may also take the potable sample directly to the laboratory within 30 hours of collecting and/or non-potable sample within 6 hours of collecting, until then, keep the sample at a cool temperature.	
6. There will be a charge for the testing, which is payable at the time the sample is delivered. Your report will be faxed and/or mailed to the number and/or address you specify, as soon as possible. If you do not receive the report in ten days, we will welcome your request to trace a sample.	
<b>Well Disinfection</b>	
Should your well need disinfection, a well contractor can provide this service.	
You can disinfect your own well using ordinary chlorine bleach. For the average home well, one to two gallons of bleach will be adequate. Be sure to use regular bleach, not "lemon scented" or other modified bleach products.	
<b>Guidelines</b>	
1. Your well must be in good condition to prevent contamination. Check the well cap and upper well casing to be certain of tight construction. Replace any damaged parts. Remove the well cap.	
2. Mix a gallon of bleach in a bucket with three (3) gallons of water. Water drawn from the contaminated well is satisfactory. Pour the solution directly into the well. Run a garden hose into the well and re-circulate the water until you smell bleach coming out of the hose. Hose down the inside wall of the well casing. Remove the hose from the well. Replace the well cap. Check to see the well cap has a good fit.	
3. Turn on each water faucet successively throughout the distribution system. Let the water run until you smell bleach, then turn off all faucets.	
4. After two (2) hours, run each faucet for ten (10) seconds and close again. Then, allow the solution to stand overnight.	
5. On the following morning: <ul style="list-style-type: none"> <li>• If you have a septic system, connect a garden hose to an outside water faucet and run the water into a road ditch until the bleach odor disappears. Then run each tap inside the house to rid the system of lingering chlorine.</li> <li>• If you have a public sewer, run each tap until the bleach odor disappears.</li> </ul>	
6. Use the water for two (2) days, then arrange to have your water tested. Do not have your water tested if the taste and odor of bleach remains. Putting ten (10) drops of bleach in each gallon of water used will generally kill bacteria. Otherwise, boil all drinking water, or use bottled water until you receive a satisfactory laboratory report.	

<b>Public Health Centers</b>		
<b>Universal Phone Number:</b> (630) 682-7400	<b>Office Hours:</b> Monday – Friday 8:00 am to 4:30pm	
<b>CPHC/ Laboratory</b> 111 N. County Farm Rd. Wheaton, IL 60187	<b>SEPHC</b> 422 North Cass Ave. Westmont, IL 60559	
<b>EPHC</b> 1111 East Jackson St. Lombard, IL 60148	<b>NPHC</b> 1111 West Lake St. Addison, IL 60101	
<b>Client Name:</b>	<b>ID #</b>	<b>Date:</b>