

# Potable Water Sample Report

Name:		Account No. (if applicable):		
Address:		City:	State:	Zip:
Phone: ( )	Cell: ( )	E-mail results to:		
Fax: ( )				

Sample Information				
(Sample must reach laboratory within 30 hours of collection)				
Date Collected:	Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM		Collected by:	
Source Address:		City:	State:	Zip:
County: <input type="checkbox"/> DuPage <input type="checkbox"/> Cook <input type="checkbox"/> Kane <input type="checkbox"/> Kendall <input type="checkbox"/> Lake <input type="checkbox"/> McHenry <input type="checkbox"/> Will <input type="checkbox"/> Other:				
Sample Type: <input type="checkbox"/> Initial <input type="checkbox"/> First Resample <input type="checkbox"/> Second Resample <input type="checkbox"/> Other:				
Sample Type (if NCW): <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Additional <input type="checkbox"/> Replacement <input type="checkbox"/> Other:				
Sampling Point:		Water System Chlorinated: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Source Description: <input type="checkbox"/> Private Well <input type="checkbox"/> Semi Private Well <input type="checkbox"/> Supplemental Water Supply <input type="checkbox"/> Non-Community Water Supply <input type="checkbox"/> Other				
Note: New wells require quantitative nitrate testing with additional bottle				
Well Construction: <input type="checkbox"/> Pitless Construction <input type="checkbox"/> Well Pit <input type="checkbox"/> Buried Seal <input type="checkbox"/> Basement/Basement Offset <input type="checkbox"/> Hand Pump <input type="checkbox"/> Other:				

Microbiology Tests	Chemistry Tests
<input type="checkbox"/> Total Coliform (P/A)/100 mL <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Quantitative Total Coliform	<input type="checkbox"/> Nitrate Screening <input type="checkbox"/> Hardness (requires additional bottle) <input type="checkbox"/> Quantitative Nitrate (requires additional bottle) <input type="checkbox"/> pH (requires additional bottle) <input type="checkbox"/> Quantitative Nitrite (requires additional bottle)

For Lab Use Only	Lab Sample #	IDPH Certification Registry #17544
PIN: _____	Date Received: _____	Date Analyzed: _____
PWS #: IL _____	Time Received: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Analyzed: <input type="checkbox"/> AM <input type="checkbox"/> PM
Permit #: _____	Received by: _____	Analyzed by: _____

Microbiology Results by Colilert <sup>®</sup> -18 (P: Present A: Absent)				
Total Coliform (P/A)/100 mL	E. coli (P/A)/100 mL	Total Coliform (Quanti-Tray)	E.coli (Quanti-Tray)	<b>Interpretation</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
		MPN/100 mL	MPN/100 mL	
<b>Chemistry Results</b>	Nitrate Screen _____ PPM	Hardness _____ PPM	pH _____	Residual Chlorine _____ PPM
Analysis By: _____ Date: _____		Lab Reviewer: _____ Date: _____		County Reviewer: _____ Date: _____
<b>Analysis Summary:</b> The analysis below applies only to potable 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.				
<input type="checkbox"/> <b>SATISFACTORY:</b> Water sample meets IEPA and DuPage County standards, with absence of coliform bacteria				
<input type="checkbox"/> <b>UNSATISFACTORY:</b> Water sample does not meet IEPA and DuPage County standards due to presence of coliform bacteria				
<input type="checkbox"/> Nitrate content is <b>satisfactory</b> by qualitative screen (<1 PPM)				
<input type="checkbox"/> Nitrate content is $\geq 1$ PPM by qualitative screen, and <b>may be unsatisfactory</b> (>10 PPM is unsatisfactory) <b>Recommend quantitative testing for confirmation on a new sample, by a certified laboratory</b>				
<input type="checkbox"/> Water system should be disinfected and then re-sampled for testing				
<input type="checkbox"/> Other				
<input type="checkbox"/> This sample was not taken by the DuPage County Health Department				

## Complete the Form

Fill in the collector information on the Water Sample Report form in black ink.

The date and time collected are essential to all analysis. They must be included with the sample.

Check the test boxes to indicate which series of analysis you desire to have performed.

## Collecting the Sample (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 1pm 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.
5. Keep the sample cool.
6. Immediately take the sample to the nearest Public Health center, before noon. You may also take the sample directly to the laboratory within 30 hours of collecting.
7. There will be a charge for the testing, which is payable at the time the sample is delivered. Your report will be sent to your preferred method of receiving the results, as soon as possible. If you do not receive the report in ten days, we will welcome your request to trace a sample.

## Well Disinfection

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.

## Guidelines

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, and 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:
  - 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.
  - If you have a public sewer, run each tap until the bleach odor disappears.
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 result.

## Public Health Centers

<b>Laboratory Phone Number:</b> (630) 221-7593	<b>EPHC</b> 1111 East Jackson St. Lombard, IL 60148
<b>Central/ Laboratory</b> 111 N. County Farm Rd. Wheaton, IL 60187	<b>SEPHC</b> 422 North Cass Ave. Westmont, IL 60599
<b>Office Hours:</b> Monday – Friday 8:00 am to 4:30pm	<b>NPHC</b> 1111 West Lake St. Addison, IL 60101