

THE STAMFORD HEALTH DEPARTMENT LABORATORY
PROCEDURE FOR COLLECTING WATER SAMPLES

Temp
Received

There is a charge for testing! (A current fee schedule is available.)

WATER SAMPLES ARE ACCEPTED **MONDAY THROUGH THURSDAY** FROM 8:00AM to 1:00PM!
Samples may NOT be brought in the day before a Holiday.

A. Bacteriological Tests (small plastic wrapped container)-\$20.00 payable by check only

- 1) For potable water tests, a sterile container provided by the Laboratory **must** be used.
- 2) Water should be collected from the kitchen tap in the following way:
 - a) Remove any screen or aerator from the tap. If the screen cannot be removed, use another faucet (like the bathtub).
 - b) Flame the tip of the faucet with a match or lighter for a few seconds.
 - c) Let the cold water run for at least five (5) minutes. **If the house has been unoccupied, it will be necessary to run the water for several hours before collecting the sample.**
 - d) Fill the container to within 1/2 inch of the top without touching either the inside of the bottle or the cap. Close the top tightly.
 - e) The Laboratory should receive samples within one (1) hour of collection. The sample should be kept cool and if necessary, refrigerate the sample for a period not to exceed six (12) hours.

B. Mineral and Metals (Large wide mouth plastic bottle)

- 1) For mineral and metals tests, a **QUART** of water is required. The sample is collected in the manner described above (omit the flaming.) A container may be obtained at the Laboratory for collection.
- 2) If your water is treated with some form of water conditioner, it is suggested that a raw and a treated water sample be brought in for mineral testing.

MINERAL TEST SAMPLES MUST BE RECEIVED WITHIN ONE HOUR OF COLLECTION.

Questions? (203) 977-5843.

(DO NOT DETACH)

PLEASE COMPLETE THE FOLLOWING AND SIGN:

This sample was taken in the manner and location specified below:

This is **NOT** for a home sale.

This **IS** for a home sale.

Signature of Collector

Collected by: _____ Date: _____ Collection Time: _____
(name)

Minutes water run before collecting sample: _____

Water source: _____ from: _____
(well, water company water, rain water, etc. ...) (kitchen tap, bathroom tap, etc. ...)

Address of water supply: _____
(number) (street name) (town)

Treatment on supply: _____ treatment regenerated onsite
(water softener, filter, etc. ...) or tanks taken away

phone: _____
(required!)

Report to be sent to: _____

(number) (street name) (town) (zip)

Reason for tests OR complaint about water: _____

Optional Well information; Depth: _____ Yield: _____ Casing depth: _____ Well Pit? Yes No Pitless?

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