

Total Coliform & E Coli Test Kit

Send report to (please print clearly):

Name:

Email:

Results will be emailed to this address, please print clearly.

Address:

Phone:

Follow sample collection procedures on reverse side.

Sample Collection Information:

Sample Date:	Sample Time:	Bottle type: <i>Sterile, plastic, 120 mL with sodium thiosulfate (for up to 15 mg/L residual chlorine)</i>	Preservation: <i>≤8°C recommended</i>	Parameter: <i>Total Coliform & E. coli</i> <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Enumeration/Count
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Is this sample from a potable drinking water source in Vermont? Yes or No

Name of Sampler: _____

Sampling Location (i.e Kitchen, Sink, Bathroom) _____

Sample Address (911 address, if known) _____

Water Source: Public, Spring, Surface, Well, Other

Has this water source been chlorinated in the last 2 weeks? Yes or No

If YES, was there a residual chlorine taste or odor when the sample was collected? Yes or No

Describe any treatment systems (softener, filter, etc) _____

Chain of Custody					
Relinquished by (Signature/Printed)	Date	Time	Received By (Signature / Printed)	Date	Time

Temperature at receipt: _____ C

On ice ? Yes or No

Sample Submission Instructions

- Samples must be delivered to lab within 24 hours of sampling
- Samples accepted Mon-Thurs, 8:00 AM - 4:00 PM and not the day before a VT State holiday
- Samples should be kept at or below 8°C (46°F) but must not be frozen.
- Reports will be emailed within 5 business days of sample receipt.
- Include payment in the form of a check made out to Vermont Agriculture and Environmental Laboratory.
 - Presence/Absence \$20
 - Enumeration/Count \$25
 - Bottle Shipping +\$10
 - 2-day RUSH +\$25 (report emailed within 2 business days of sample receipt)

Amount Due _____ Paid in full, check no _____ Rec'd by _____ Date: _____

SAMPLING INSTRUCTIONS FOR TOTAL COLIFORM/E. COLI

If your well/spring has recently been chlorinated, the odor of chlorine should be absent for at least 2 days before sampling

1. Take the sample from any cold-water faucet. Remove strainer or filters if present. Clean inside of faucet with a cotton swab soaked in bleach. Run water at full force for 5 minutes before taking sample.
2. The sterile sample bottle contains sodium thiosulfate powder. **Do not rinse the bottle or dump out the powder.** Do not touch the inside of the bottle or cap.
3. Reduce flow of water and fill the bottle to the 100 mL mark. Sample bottles with less than 100 mL will not be accepted.
4. Replace cap and seal tightly to prevent leakage.
5. Label sample container and chain of custody with the location, date and time of sampling.
6. Store sample in the refrigerator or cooler with enough ice to maintain a temperature of $\leq 8^{\circ}$ C.
7. Submit sample and completed chain of custody form to VAEL within 24 hours of sampling.
8. Samples accepted Monday-Thursday 8AM - 4PM, but not the day before a VT state holiday.

A result report will be emailed to the address specified on the chain of custody form within 5 business days of sample receipt. Please print clearly!

2-day RUSH: A result report will be emailed to the address specified on the chain of custody form within 2 business days of sample receipt. Please print clearly!

Vermont Legislation, Act 163, requires that all testing of potable water, both public and residential, be performed by a laboratory accredited by the Vermont Department of Health and that all results be submitted to the Vermont Department of Health, effective January 1, 2013. The Vermont Department of Health does not require homeowners, buyers or sellers to perform residential testing, but does require VAEL to submit results to the state, when this testing occurs.

Unless otherwise noted, analyses performed by VAEL under NELAP certification comply with requirements of the TNI standard.