

Umpqua Research Company

BACTERIOLOGICAL/NITRATE SAMPLING PROCEDURES

IMPORTANT - READ ALL INSTRUCTIONS AND FILL OUT THE **CHAIN OF CUSTODY** FORM ON REVERSE SIDE BEFORE COLLECTING A SAMPLE. IMPROPER SAMPLING MAY RESULT IN YOUR SAMPLE BEING **REJECTED**.

DEFINITIONS:

Coliforms SM9223B (CF): The fastest and most common test for Coliform bacteria and E. Coli.

Coliforms SM9221B/E (MTF): Tests for Coliform bacteria and Fecal Coliforms. This test may be required for some water systems.

Nitrate: Measured in Nitrate as Nitrogen with a maximum contaminant level allowed by the state of 10mg/L(ppm).

BACTERIOLOGICAL SAMPLING PROCEDURES:

This test uses the clear bottle with the white cap. Ensure that the seal around the white cap is intact. If the seal is broken, DO NOT USE. Please contact the lab for another bottle.

Use only pre-sterilized and chemically treated bottles provided by the lab. The white powder inside the clear bottle is critical to the bacteria test. **Do not rinse the bottle. Do not touch the neck of the bottle or the inside of the cap.**

Take the sample from a clean tap that does not have any aerator, strainer, hose attachment, swivel-type faucet, purification device, hose or back flow valve.

Turn the water on and let it run for at least 2-3 minutes, before sampling. Adjust the flow to create a pencil thin stream. Fill the bottle between the 100 mL fill line and the 120 mL fill line.

When sampling from a well, allow water to run 5-10 minutes or until the temperature is stable.

Label the bottle using a permanent marker. Client name or water system name, and sample point if more than one sample point are used, are sufficient for labeling the bacteriological sample bottle.

NITRATE SAMPLING PROCEDURES:

Rinse the frosted plastic nitrate bottle several times with the water to be tested and fill to the neck. Cap securely. Fill out requested information on bottle label. Do not use this bottle for bacteriological testing.

NOTE: When testing for nitrate on a Friday, the sample **MUST** reach the lab by 2:00 PM.

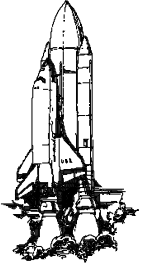
SAMPLES MUST BE KEPT REFRIGERATED OR ON ICE UNTIL RECEIVED IN THE LAB.

DO NOT FREEZE.

Complete the **Chain of Custody**, in ink, on the reverse side of these instructions. All sample information must be complete or sample will be rejected. Fill out sample container labels as required. Return the sample and completed **Chain of Custody** form, with payment, within 24 hours after taking the sample. The samples **MUST** be received in the lab within 24 hours after collection. If you would like other testing done, please contact our lab for additional containers.

SAMPLE MAY BE REJECTED IF:

1. The bottle is over or under filled (Bacteria only).
2. The bottle is cracked or leaking.
3. All sample information is not provided.
4. Sample arrives past hold time.
5. Does not meet sample acceptance criteria for temperature.



Umpqua Research Company- Microbiology/Nitrate Chain of Custody

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PLEASE READ ALL INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM BEFORE SAMPLING

TO BE FILLED IN BY ALL CUSTOMERS:

Sample Collection Date/Time _____ AM _____ PM Collected By: _____
Month/Day/Year Hour/Min
Sample Location: _____ Sample Point: _____
Sample Source: [] Well [] Spring [] Other Chlorinated?: [] Yes [] No
Tests Required: [] Coliforms Presence/Absence SM9223B [] Nitrate [] Coliforms (MTF) SM9221B/E

Customer Name: _____
Reporting (Mailing) Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____ Fax: _____

TO BE FILLED IN BY PUBLIC WATER SYSTEMS:

PWS ID#: 41 _____
Water System Name: _____ County: _____
Sample Point: _____
Chlorinated?: [] Yes [] No Residual if yes: _____ mg/L
Sample Type: Distribution: [] Routine [] Special [] *Repeat [] Temporary Routine
Source: [] Assessment [] *Triggered [] *Confirmation

*Date of initial positive: _____
*If Repeat, location: [] Upstream [] Same [] Downstream [] Other
*Sample ID of original positive: _____

LAB USE ONLY

[] Collected in accordance with F-394B. [] Reason for invalidation: _____
[] Meets Temperature/Sample acceptance criteria. Temp Gun: QB1001 _____ °C
Received: Date/Time/Initials: _____ Lab Sample ID: _____
Comments:

Container Lot # _____
Exp. Date _____