

Umpqua Research Company

REAL ESTATE PACKAGE

SAMPLING PROCEDURES

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. 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 swivel.
- Remove any aerator, strainer, hose attachment, purification device, hose or back flow valve.
- Turn the water on and let it run for 5-10 minutes or until the temperature is stable.
- Adjust the flow to create a pencil thin stream.
- Fill the bottle between the 100 mL fill line and the 120 mL fill line.
- Label the bottle using a permanent marker.

NITRATE AND ARSENIC SAMPLING PROCEDURES:

- Rinse the frosted plastic bottles several times with the water to be tested and fill to them to the neck.
- Cap securely.
- Fill out requested information on bottle label.

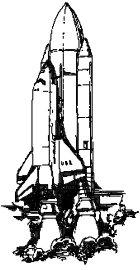
RETURNING SAMPLES FOR TESTING:

- The Chain of Custody (back of this form) must be completed and returned with samples.
- Samples must be returned within 24 hours after sampling.
- Payment is due at the time samples are received in the lab.
- Samples must be kept refrigerated or on ice until received in the lab. DO NOT FREEZE.

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

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. Sample does not meet sample acceptance criteria for temperature.



Umpqua Research Company- Microbiology/Nitrate/Arsenic

Chain of Custody

738 SE Glenwood Drive

Bend, OR 97702

(541) 312-9454 Fax: (541) 312-9456

ORELAP ID# OR100052

**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 (Property Address): _____

Sample Point (i.e. bathroom faucet): _____

Sample Source: Well Spring Other Chlorinated?: Yes No

Tests Required: **Coliforms** Presence/Absence SM9223B **Nitrate** **Arsenic**

Customer Name: _____

Reporting (Mailing) Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Fax: _____

LAB USE ONLY

Collected in accordance with F-394B. Reason for invalidation: _____

Temperature at receipt: _____ °C

Meets Temperature/Sample acceptance criteria. Temp Gun: QB1001

Relinquished By Customer/Sample Collector Signature:	Date/Time	Received By Sample Custodian Signature:	Date/Time
Relinquished by Sample Custodian Signature:	Date/Time	Received By Log In Signature:	Date/Time
Relinquished By Log In Signature:	Date/Time	Received By Analyst/Custodian Signature:	Date/Time

In certain circumstances, samples submitted to Umpqua Research Company may be subcontracted to other certified laboratories in order to complete the analysis requested.
 This serves as notice of this possibility.
 All sub-contract data will be clearly noted on your analytical report.

Lab Sample ID: _____

Container Lot # _____

Exp. Date _____