

Lab use only:
Date/time received

B.E.S.T Labs, Inc.

8760 Gull Rd, Richland, MI 49083
Phone #: (269)629-9287
www.best-labsinc.com
bestlabsinc@gmail.com

Sample # _____

Temp ____°C Intitals _____

Sample Satisfactory Y / N

*Chlorinated Sample Y / N

Facility #: _____ - _____ - _____ WSSN: _____ Pool Serial #: _____

Site Code: _____

*Collector Name: _____

Results: Standard(2-3 day) or **Next day** (please call to confirm prior)

*Send Results: Email: _____ Mail Fax: _____

Send results to regulator: County: _____ State: _____ Sample location same as billing

*County: _____ Township _____ Owner _____

*Sample Location	Address	City	Zip	Phone #

Billing	Address	City	Zip	Phone #

*Sample Purpose: Routine Monitoring Real Estate Transaction Other _____

Relinquished by (printed name & signature) _____ Date / Time _____

Received by (printed name & signature) _____ Date / Time _____

Special Instructions/Comments:				Add Analysis (es)								
Sample Source	*Date	*Time	*Location	Well #	Coliform bacteria w/ e-coli	Nitrate/nitrite	Partial Chemical	HPC				
		am pm										
		am pm										
		am pm										
		am pm										
		am pm										
		am pm										

Sample Location ie: Kitchen, Bathroom, Sample tap

Sample Source ie: well, pool, surface water, public supply

***Required fields to be filled out**

Payment Info: Check # _____ Cash Credit card To be Billed

DRINKING WATER SAMPLING PROCEDURE

Coliform Bacteria

1. Wash hands thoroughly, do not open sample bottle until you are ready to proceed. Sample results are dependent on proper sampling technique.
2. Sample should be take from a tap that is representative of the water distribution system, preferably from the kitchen sink. New wells should be sampled at the sample tap.
3. Water tap should be free of aerators, strainers, hose attachments, mixing type faucets, and purification devices.
4. The **COLD** water tap must be used and the service line cleared before sampling.
5. Run water for at least 2 minutes or until temperature changes
6. Do **NOT** touch inside of bottle or cap.
7. Do **NOT** rinse sample container.
8. Sterile sample containers **MUST BE FILLED to 100mL line**. This is the sufficient amount of volume needed to complete the test.

Partial Chemicals and Nitrate/Nitrite Sampling Procedures

1. Do not open sample bottle until ready to sample
2. Sample should be taken from a tap that is representative of distribution system. Recommended to not sample through reverse osmosis systems or refrigerator filters.
3. The **COLD** water tap must be used and the service line cleared before sampling.
4. Run water for at least 2 minutes or until temperature changes.
5. Fill bottle with 1" air space (or to bottom of neck) for sufficient room for mixing sample.

*The sample collector is responsible for properly packaging and returning the samples to laboratory for analysis. Chill and protect from sunlight. All samples must be received by the laboratory within 24 hours. Upon delivery, the collector will relinquish custody to the laboratory personal.

For Repeat Collectors:

I have reviewed and understand the field sampling procedures outlined above. I agree to follow these procedures whenever I collect drinking water samples.

Signature

Date