

UMPQUA Research Company
P O BOX 609 - 626 DIVISION ST
MYRTLE CREEK, OR 97457
TELE: (541) 863-5201 FAX: (541) 863-6199
ORELAP ID# OR100031

BACTERIOLOGICAL / NITRATE SAMPLING PROCEDURES

IMPORTANT - READ ALL INSTRUCTIONS AND FILL OUT THE Chain of Custody FORM ON REVERSE SIDE BEFORE TAKING THE SAMPLE. IMPROPER SAMPLING MAY RESULT IN YOUR SAMPLE BEING REJECTED.

BACTERIOLOGICAL SAMPLING PROCEDURES:

Ensure that the seal around the white cap is intact. DO NOT USE if the seal is broken. Please contact the lab for another bottle.

Use only pre-sterilized and chemically treated bottles provided by the lab. This bottle is for bacteria testing only. The white powder inside the bottle is critical to the 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 tap that does not have any aerator, strainer, hose attachment, mixing-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; then, fill the bottle to the 100 mL line. Make sure the level of water is above the 100 mL fill line and below the 120 mL full line. When sampling from a well, allow the water to run for 5-10 minutes, or until the temperature is stable.

NITRATE/ARSENIC SAMPLING PROCEDURES:

Rinse Nitrate and/or Arsenic sample bottle(s) several times with the water to be tested and fill to the neck. Cap securely. **Do not** use these bottles for bacteriological testing.

NOTE: When testing for Nitrate on a Friday, the sample **MUST** reach the lab by **2:00 PM**. Please call the lab to inquire about hours during holidays and holiday weekends. Bacteriological samples brought in the Friday of a holiday weekend will not be accepted.

SAMPLES SHOULD BE KEPT REFRIGERATED OR ON ICE UNTIL RECEIVED IN THE LAB.
DO NOT FREEZE.

Complete the **Chain of Custody** form, in ink, on the reverse side of these instructions. All sample information **MUST** be complete or samples 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.

Our laboratory uses the Colilert method to determine the Coliform Presence/Absence.

Colilert Presence/Absence	\$40.00
Nitrate	\$45.00
Arsenic	\$32.00
Package Price (All 3 Analyses)	\$110.00

SAMPLE WILL BE REJECTED IF:

1. Over hold time
2. The bottle is over or under filled. (Bacteria Only)
3. The bottle is cracked or leaking.
4. All sample information is not provided.

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Chain of Custody – Microbiology Presence/Absence

TO BE FILLED IN BY ALL CUSTOMERS:

Sample Collection Date/Time _____	AM PM	Collected By: _____
MM/DD/YY	Hour/Min	Circle One
Sample Address: _____	Sample Point: _____	
Sample Source: <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Other	Chlorinated?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
TESTS REQUIRED		
<input type="checkbox"/> Coliforms Presence/Absence	<input type="checkbox"/> Nitrate	<input type="checkbox"/> Arsenic <input type="checkbox"/> Other _____

Customer Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
E-Mail: _____	Results Submitted to OHA-DWP: <input type="checkbox"/> YES <input type="checkbox"/> NO
Report Delivery: <input type="checkbox"/> E-Mail	<input type="checkbox"/> USPS <input type="checkbox"/> Fax (\$5.00/Copy)

TO BE FILLED IN BY PUBLIC WATER SYSTEMS: ID # 41

Water System Name: _____	County: _____
Sample Point: _____	
<i>(Example: Dist-A, Dist-B, SRC-AA, etc./Sample Point Description)</i>	
Chlorinated?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residual if yes: _____ mg/L
Distribution Sample Types: <input type="checkbox"/> Routine <input type="checkbox"/> *Repeat	<input type="checkbox"/> Temporary Routine <input type="checkbox"/> Special
Source Sample Types: <input type="checkbox"/> Assessment <input type="checkbox"/> *Triggered	<input type="checkbox"/> *Confirmation

*If Repeat, date of initial positive: _____	
*If Repeat, location: <input type="checkbox"/> Upstream <input type="checkbox"/> Same <input type="checkbox"/> Downstream <input type="checkbox"/> Other	
*If Repeat, sample ID of original positive: _____	

LAB USE ONLY:

Temp. Gun: Q-2074 _____ °C

<input type="checkbox"/> Collected in accordance with F-295 (Side 1) – Sample acceptance criteria met.	
<input type="checkbox"/> Reason for invalidation: _____	
Received: Date/Time/Initials: _____	Lab Sample ID: _____