

# ALLIANCE ANALYTICAL LABORATORIES DRINKING WATER SAMPLING PROCEDURES

1. Wash hands thoroughly, do not open sample bottle until you are ready to proceed. Sample results are dependant on proper sampling technique and are time sensitive.
2. Sample must be taken from a tap that is representative of the water distribution system, preferably from the sample tap located at or near the water pressure tank. If the pressure tank is not accessible, the sample will be collected from another water tap that is representative of the drinking water system.
3. Water tap must 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 by running the water for a minimum of two minutes, or until the temperature changes.
5. Do **not** touch the inside of the sample bottle or cap.
6. Do **not** rinse sample container (white powder is a preservative).
7. Sterile sample containers must be filled to at least the 100 ml line so sample volume is sufficient to perform all required tests. Leave at least a one inch air space to facilitate mixing of the sample by shaking.

The sample collector is responsible for properly packaging and returning the samples to the laboratory for analysis. Chill and protect from sunlight. All samples collected must be received by the laboratory within twenty-four hours. Upon delivery, the sample collector will relinquish custody of the samples to laboratory personnel.

The front of this form must be filled in and accompany samples submitted for testing. Mandatory fields that must be completed on the form are: sample source and point of origin, sample collection information, billing information, and test request information.

If chain of custody is required, please sign and date in the box below at time of delivery.

Transport/relinquished by information		
Delivered by	Received by	Date/Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Deliver to Alliance Analytical Laboratories, 179 W Randall Street, Coopersville, MI 49404**

**Alliance Analytical is a MDEQ Certified Testing Lab for potable water. Laboratory #9907.**

**REQUEST FOR WATER ANALYSIS**  
 See Back For Sampling Instructions

WSSN No. or PARCEL ID NUMBER or Pool Serial Number		Well Number	If the sample is from a well, was it recently chlorinated?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Sample Source - Check One</b>			<b>Sampling Purpose - Check One</b>	
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Type I (Community, Apartment, Subdivision Mobil home park with 25 or more residents year around) <input type="checkbox"/> Type II (School, Industry, Restaurant, Office, etc serving 25 or more persons-60 days or more per year) <input type="checkbox"/> Type III (All other public Supplies, Duplex, Small Office etc) <input type="checkbox"/> Surface Water ( Includes bathing Beach and Wastewater discharge, River, Pond) <input type="checkbox"/> Irrigation Water <input type="checkbox"/> Swimming Pool or Spa <input type="checkbox"/> Other			<input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Repair/Construction/New Well <input type="checkbox"/> Water Quality Problem <input type="checkbox"/> Other	
			<b>Sample Point of Origin - Check One</b>	
			<input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Bathroom <input type="checkbox"/> Pressure Tank Sample Tap <input type="checkbox"/> Outside Tap <input type="checkbox"/> Other (describe) _____	
<b>Billing Information</b>			<b>Mail Information if Different from Billing</b>	
Name			Name	
Address of Well Location			Mailing Address	
City, State Zip Code			City, State Zip Code	
Phone Number		Results to be sent to County Health Department? (circle below) Other _____	Phone Number	
email /fax number		Ottawa Muskegon Kent Allegan	email /fax number	
<b>Sample Collection Information</b>			<b>Date Collected</b>	<b>Time Collected</b>
Address of Collection Site		Name of Person Collecting		
<input type="checkbox"/> Private Citizen <input type="checkbox"/> County Personnel <input type="checkbox"/> MDEQ Staff <input type="checkbox"/> Analyze the sample(s) even if EPA Specified Hold Times have been exceeded		<input type="checkbox"/> Licensed Water Supply Operator License Number _____ <input type="checkbox"/> MDA Staff		
<b>Test Request Information</b>			<b>Payment must accompany sample</b>	
<input type="checkbox"/> Drinking Water/Pool Bacteria E.coli / Coliforms <b>\$ 15.75</b> <input type="checkbox"/> Irrigation/Surface Water MPN <b>\$15.75</b> <input type="checkbox"/> Drinking Water Retest for Coliform/E. Coli <b>\$ 15.75</b> (check retest box only if you have had a previous positive result for coliform)		<input type="checkbox"/> Partial Chemistry <b>\$17.75</b> <i>Nitrate, Nitrite, Fluoride, Chloride, Hardness</i> <i>Iron, Sulfate, Sodium</i>		
<input type="checkbox"/> Type II Volatile Organics Screen CXVO <b>\$ 100.00</b> <input type="checkbox"/> Type II Synthetic Organics <b>\$ 120.00 each</b> (Semi Volatiles) CXPT, CXHB, CXL P <input type="checkbox"/> Type II Inorganics CMET2 <b>\$ 102.00</b> (11 Metals)		<input type="checkbox"/> Arsenic CAS <b>\$18.00</b> <input type="checkbox"/> Lead CPB <b>\$18.00</b> <input type="checkbox"/> Copper <b>\$18.00</b> <input type="checkbox"/> Cyanide CCN <b>\$25.00</b> <input type="checkbox"/> Lead/Copper Corrosion (CCUB) <b>\$26.00</b>		
A Complete list of Metals, Organics, Synthetic Organics can be found at <a href="http://www.alliancelabs.com">www.alliancelabs.com</a>				
<input type="checkbox"/> For Type II Water Systems we would like a Certified Operator from Alliance Laboratories to collect, transport and analyze the water samples following EPA guidelines.		<b>\$75.00</b>		

**EPA Maximum Hold Times**

Escherichia coli/Coliform 30 hrs from the time taken  
 Partial Chemistry 48 hrs from the time taken.  
 Lead/Copper Sample point not used for a minimum of 6 hrs before sampling