

# Potability Chain of Custody

<u>Sample Information</u>	
Name (@ site): _____	NEL ID Number: _____
Site Address: _____ _____	Received by: _____
Sampling Point (tap description): _____	Date and Time Received: _____
Date Collected: _____ Time Collected: _____	Sample Temperature at Receipt: _____
Collected By (please print): _____	Chilling Process (has) (has not) begun Sample Temperature (does) (does not) meet regulatory specifications of 4.0°C or lower
Source (please circle):    Well      Spring      Municipal	Number of Bottles: _____
Treatment (please circle):   Softener    None    Other: _____	Description / Preservative (if any) _____ _____ _____

**Has this sample been collected in conjunction with the purchase and/or sale of this Property?** (please circle)      **YES**      **NO**

*PLEASE NOTE: Per CGS 19a-37, all results of drinking water testing conducted on private wells as part of a real estate transaction are required to be submitted to the State of Connecticut's Department of Public Health and the Local Health Department. By acknowledging that this testing is being done as part of a real estate transaction, you agree to have Northeast Laboratories, Inc. submit all testing results to the State and Local Health Authorities.*

Signed (signature of collector) : \_\_\_\_\_

Contact information

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_      Send reports by (please circle):    Mail    Email    Fax

Mail: \_\_\_\_\_      Copy to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESULTS WILL BE RELEASED ONLY TO THE ANNOTATED PARTIES

**As State of Connecticut Health Department Regulations require the disclosure of the purpose in testing, the following must be understood and signed by the collector of this water sample:** I, \_\_\_\_\_ (please print) declare that the water sample submitted under this intake form was collected in complete conformity with the sample collection information herein supplied. I further affirm that I followed sample collection instructions and procedures provided to me by Northeast Laboratories of Berlin. In so doing, I affirm that, if requested by me, as noted in the "copy to" section above, a copy of this report will be issued directly to that named "Copy To" party by Northeast Laboratories, Inc.

Signed (signature of collector) : \_\_\_\_\_

If the water analysis requested is for a new well, the following testing may be required at the discretion of the local Health Director: Microbiological (bacteria), Physicals and Chemistry (including Sulfates), Volatile Organic Compounds (VOCs) and/or Herbicide /Pesticide testing.

<b>Standard Analysis for:</b>	<b>Price:</b>	<b>X</b>
<i>Note: Some testing parameters may be outsourced to a certified laboratory</i>		
Complete Potability <small>Coliform Bacteria, Physicals (Apparent Color, Odor, pH, &amp; Turbidity), and Chemistry (Chlorides, Chlorine Residual, Hardness, Iron, Manganese, Nitrate, Nitrite, Sodium and Sulfates)</small>	\$130.00	
Heterotrophic Plate Count	\$35.00	
Arsenic & Uranium	\$190.00	
Lead	\$40.00	
Volatile Organic Compounds (VOCs)	\$175.00	
Coliform Bacteria and Chlorine Residual	\$40.00	
Coliform Bacteria, Chlorine Residual, and Physicals (Apparent Color, Odor, pH, & Turbidity)	\$55.00	
Other (please identify): _____		

Comments/Notes: \_\_\_\_\_