Waynesboro Water System

Lab Test Request

$20.00 fee for non state certification
$60.00 fee for state certification

Name:_____

Address:_____

Phone:_____Cell Phone:_____

Water Source: Well Spring Surface   Collected time: _____am/pm

The following test is performed with the Presence/Absence method using USEPA approved method. The test will provide a positive or negative result for the presence of Total Coliform Bacteria and E-Coli. This test is not a certified test for the State of Tennessee Department of Environment and Conservation. If you wish to obtain a certified test, call the Water Plant at 931-722-5593 and ask for Casey.

Please follow the instructions below for collecting your sample. There is a pill and/or powder inside the container, DO NOT removes this pill or powder. The sample should be taken immediately to the water plant at 625 Green River Dr. Any sample held for more than 12 hours must be refrigerated till the sample arrives at the water plant. Tests are run Monday thru Friday, and the sample needs to be at the plant between 7:oo am to 12:00pm.

1. Let the water run for several minutes to insure fresh water from the system.
2. Disinfect the faucet with mild bleach solution in order to destroy any bacteria which may be clinging to the faucet.
3. Reopen the faucet and let the water run in a stream about the size of a pencil. Please remember that the containers are sterile. DO NOT RINSE the bottle. NOTE: if you feel that you have contaminated the sample at any time, then dispose of the sample bottle and recollect.
4. Use care in removing the top not to touch the inside of the bottle or lid.
5. Hold the bottle under the faucet, allowing only a small, steady stream to flow into the bottle. Do not splash water on the lip of the bottle any more than necessary. Collect 100ml and leave room in the bottle for air space. Immediately remove the bottle from under the faucet.
6. Replace the top. Document the required information on the sample site and the time/date collected.

Please sign below that you understand the above instructions.

_____
Name/Signature

_____

To be completed by City of Waynesboro Employee only

Paid $_____   Collected by:_____

Received by Operator: _____   Date/Time: _____

Results: _____ Operator Signature_____

Note:_____
_____
_____
****The above fee does include sales tax****

6/15/17