

**WAYNESBORO WATER SYSTEM**

**LAB TEST REQUEST**

**\*\$20.00 Fee for non state certification**  
**\*\$60.00 Collection Fee for State certification**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_ Time: \_\_\_\_\_

WATER SOURCE: Well Spring Surface COLLECTED at; \_\_\_\_\_ 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 722-5593 and ask for Annie.

Please follow the instructions below for collecting your sample. There is a pill and /or powders inside the container, DO NOT remove this pill or powder. The sample should be taken immediately to the Water Plant at 625 Green River Drive. 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 7:00am to 12:00 pm.

1. Let the water run for several minutes to insure fresh water from the system.
2. Disinfect the faucet with a 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. Hold the bottle in one hand and with the other hand remove the top. Care should be used in removing the top as to not 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 airspace. Immediately remove the bottle from underneath 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 instructions above.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
To be completed by City of Waynesboro Employees only

Paid \$ \_\_\_\_\_ Collected by \_\_\_\_\_

Received by Operator \_\_\_\_\_ Date/Time \_\_\_\_\_

Results \_\_\_\_\_ Operator Signature \_\_\_\_\_

Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The above fees include sales tax