

FOR ANY SAMPLE INQUIRIES (INCLUDING RESULTS) PLEASE CONTACT: DIVISION OF PUBLIC HEALTH HEALTH SYSTEMS PROTECTION 302-744-4830

BACTERIOLOGICAL ANALYSIS OF PRIVATE WELL WATER SAMPLES HAVE SHORT HOLDING TIMES PRIVATE HOMEOWNER USE ONLY - NOT FOR REAL ESTATE USE BAR CODE NUMBER: PROPERTY ADDRESS COUNTY: \Box NEW CASTLE \Box KENT \Box SUSSEX SAMPLED BY (Name) DATE / / TIME: : (AM/PM) Circle One SAMPLE POINT MAIL RESULTS TO: BATH TUB OTHER NAME CHECK REASON(S) FOR REQUEST: ADDRESS TASTE/ODOR STAINS ILLNESS (DESCRIBE) CITY AND ZIP CODE WELL DIMENSIONS: DEPTH ft. DIAMETER in. TELPHONE (_____) ____-WELL HEAD PERMIT NUMBER: EMAIL WELL HEAD \Box EXTENDS ABOVE GROUND \Box CANNOT BE SEEN \Box IN BASEMENT DELAWARE PUBLIC HEALTH LABORATORY WELL LOCATION: IN FRONT IN BACK IN BARNYARD 30 Sunnvside Rd. Smyrna, DE 19977 Phone: 302-802-5000 SEWAGE SYSTEM LOCATION: IN FRONT IN BACK Fax: 302-802-5001 EHFS NEW CASTLE COUNTY APPROXIMATE DISTANCE FROM WELL: Chopin Building, Suite 105 258 Chapman Rd. SEPTIC TANK ______ft. FUEL TANKS ______ft. Newark, DE 19702 CESSPOOL _____ft. SEWAGE FIELD _____ft Phone: 302-283-7110 Fax: 302-283-7111 BARNYARD ft. EHFS KENT COUNTY Thomas Collins Building, Suite 5 HELPFUL HINTS 540 S. DuPont Highway Dover, DE 19901 Please **PRINT** clearly. Do not write in pencil. Phone: 302-744-1220 ٠ Fax: 302-739-1957 Read the instructions on the back before removing bottles from • plastic bags. EHFS SUSSEX COUNTY Thurman Adams State Service Center 546 South Bedford Street Contact EHFS office if you have any questions. Return water • Georgetown, DE 19947 samples to any EHFS office listed by 9:00 AM of the day collected. Phone: 302-515-3300 Fax: 302-424-7171 Bacteriological results will be mailed within 1-2 weeks.

(Clear Bottle)	Kert tub Well Permit Number isfore filling Pint the well permit number. The well permit number. The well permit number is an the tag on the value contradiate contradiates contestanactinadiates contradis contradiates contra	
	 Wash hands prior to collecting sample. Wash hands prior to collecting sample. Collect your sample from either your bathroom sink or tub faucet - not from the kitchen faucet. Allow only the cold water to run five (5) minutes before filling the bottle. Do not touch the interior of the bottle or cap to prevent contamination. Termove the cap. Do not touch the interior of the bottle or cap to prevent contamination. Do not remove the white powder inside the bottle or cap to prevent contamination. Till the bottle to at least the marked (100 mL) line and allow at least 1 inch airspace. Screw the cap on securely. Keep the bottle cold during transport.(Ice pack or on ice). Do not collect samples on Friday, Saturday or Sunday. Please deliver samples. Samples on Friday, Saturday or Sunday. Please deliver samples. Samples on Friday, Saturday or Sunday. Samples should be collected the morning of dropping off the samples. Samples must arrive prior 9:00 AM. Samples should be returned to any Environmental Health Field Service (EHFS) Office or the Delaware Public Health Laboratory. Comdry. Mail Results to (Name. Address. and telephone number to whom the water test cuts should be samples where the sample was taken (us U.Shatai Servica street address.) 	Timo

INSTRUCTIONS for BACTERIOLOGICAL ANALYSIS

24/7 Emergency Contact Number: 1-888-295-5156

Fill in the exact to- the- minute time the sample was taken. Use military time.

Time

DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health FOR ANY SAMPLE INQUIRIES (INCLUDING RESULTS) PLEASE CONTACT: DIVISION OF PUBLIC HEALTH HEALTH SYSTEMS PROTECTION 302-744-4830

CHEMICAL ANALYSIS OF PRIVATE WELL WATER

SAMPLES HAVE SHORT HOLDING TIMES PRIVATE HOMEOWNER USE ONLY - NOT FOR REAL ESTATE USE

BAR CODE NUMBER:	PROPERTY ADDRESS
	COUNTY: NEW CASTLE KENT SUSSEX SAMPLED BY (Name) DATE/ TIME:: (AM/PM) Circle One
MAIL RESULTS TO: NAME ADDRESS CITY AND ZIP CODE TELEPHONE ()	SAMPLE POINT BATH TUB OTHER CHECK REASON(S) FOR REQUEST: TASTE/ODOR STAINS ILLNESS (DESCRIBE) WELL DIMENSIONS: DEPTH ft. DIAMETER in.
EMAIL	WELL HEAD PERMIT NUMBER:
DELAWARE PUBLIC HEALTH LABORATORY 30 Sunnyside Rd. Smyrna, DE 19977 Phone: 302-802-5000 Fax: 302-802-5001	WELL LOCATION: IN FRONT IN BACK IN BARNYARD SEWAGE SYSTEM LOCATION: IN FRONT IN BACK
EHFS NEW CASTLE COUNTY Chopin Building, Suite 105 258 Chapman Rd. Newark, DE 19702 Phone: 302-283-7110 Fax: 302-283-7111	APPROXIMATE DISTANCE FROM WELL: SEPTIC TANKft. SEPTIC TANKft. CESSPOOLft. BARNYARDft.
EHFS KENT COUNTY Thomas Collins Building, Suite 5 540 S. DuPont Highway Dover, DE 19901 Phone: 302-744-1220 Fax: 302-739-1957 EHFS SUSSEX COUNTY Thurman Adams State Service Center 546 South Bedford Street Georgetown, DE 19947 Phone: 302-515-3300 Fax: 302-424-7171	 HELPFUL HINTS Please PRINT clearly. Do not write in pencil. Read the instructions on the back before removing bottles from plastic bags. Contact EHFS office if you have any questions. Return water samples to any EHFS office listed by 9:00AM of the day collected. Chemical results will be mailed within 2-3 weeks.

INSTRUCTIONS ON BACK

INSTRUCTIONS for CHEMICAL ANALYSIS

Time

Fill in the exact to- the- minute time the sample was taken. Use military time.

24/7 Emergency Contact Number: 1-888-295-5156

INSTRUCTIONS for BACTERIOLOGICAL ANALYSIS (Clear Bottle)

WATER COLLECTION

- 1. Wash hands prior to collecting sample.
- 2. Collect your sample from either your bathroom sink or tub faucet **not** from the kitchen faucet.
- 3. Allow only the cold water to run five (5) minutes before filling the bottle. Do not touch the faucet.
- 4. Remove the cap. Do not touch the interior of the bottle or cap to prevent contamination.
- 5. Do not remove the white powder inside the bottle.
- 6. Fill the bottle to at least the marked (100 mL) line and allow at least 1 inch airspace.
- 7. Screw the cap on securely.
- 8. Keep the bottle cold during transport. (Ice pack or on ice).
- 9. Do not collect samples on Friday, Saturday or Sunday. Please deliver samples Monday thru Thursday before 9:00 AM
- 10. Samples should be collected the morning of dropping off the samples. Samples must arrive prior 9:00 AM.
- 11. Samples should be returned to any Environmental Health Field Service (EHFS) Office or the Delaware Public Health Laboratory.

FORM INSTRUCTIONS

Mail Results to (Name, Address)

On lines provided, print the name, address, and telephone number to whom the water test results should be sent.

Property Address

On the line provided, print the address of property where the sample was taken (Use U.S.Postal Service street address)

County

Place an 'X' in the county where the sample was collected. (New Castle, Kent or Sussex)

Sampled by (Name)

Print the first and last name of the person who took the sample.

<u>Date</u>

Fill in the date the sample was taken: **MONTH / DAY / YEAR**

<u>Time</u>

Fill in the exact to- the- minute time the sample was taken. Use military time.

Well Permit Number

Print the well permit number. The well permit number is on the tag on the well head. If it is unreadable, contact the DNREC Water Supply Section 89 Kings highway, Dover, De, 19901 302-739-9944. To search for a well permit number, the Section needs the tax parcel information and name of the property owner when the well was installed.

Sample Point

With an 'X', note the location where the sample was collected:

- f Bath Bathroom sink faucet
- f Tub tub faucet
- *f* Other write location

Check Reason (s) for Test Request

- With an 'X', note why the sample is being taken:
 - f Taste/Odor
 - f Stains
 - *f* Illness write the illness

Well Dimensions

Write the well's depth(in feet) and diameter (in inches)

Well Top

- With an 'X', note the location of the well head:
 - f Extends above ground
 - f Cannot be seen
 - f In basement

Well Location

- Place an "x' where the well is located:
 - f In front yard
 - f In back yard
 - f In side yard
 - f In barnyard

Sewage System Location

- Place an 'X' where the sewage system is located:
 - f In front yard
 - f In back yard

Approximate Distance from Well to:

- f Write distance (in feet) from well to septic tank (if applicable)
- f Write distance (in feet) from well to fuel tanks (if applicable)
- Write distance (in feet) from well to sewage field (if applicable)
- Write distance (in feet) from well to cesspool (if applicable)
- f Write distance (in feet) from well to barnyard (if applicable)

INSTRUCTIONS for CHEMICAL ANALYSIS (Opaque Bottle)

WATER COLLECTION

- 1. Wash hands prior to collecting sample.
- Collect your sample from either your bathroom sink or tub faucet – not from the kitchen faucet.
- 3. Allow only the cold water to run five (5) minutes before filling the bottle. Do not touch the faucet.
- 4. Remove the cap. Do not touch the interior of the bottle or cap to prevent contamination.
- 5. Remove the bottle and cap from the bag.
- 6. Fill the bottle to the neck.
- 7. Screw the cap on securely. (Do not remove the locking ring from the cap).
- 8. Keep the bottle cold during transport. (Ice pack or on ice)
- 9. Do not collect samples on Friday, Saturday or Sunday. Please deliver samples Monday thru Thursday before 9:00 AM
- 10. Samples should be collected the morning of dropping off the samples. Samples must arrive prior 9:00 AM.
- 11. Samples should be returned to any Environmental Health Field Service (EHFS) Office or the Delaware Public Health Laboratory.

FORM INSTRUCTIONS

Mail Results to (Name, Address)

On lines provided, print the name, address, and telephone number to whom the water test results should be sent.

Property Address

On the line provided, print the address of property where the sample was taken (Use U.S.Postal Service street address)

County

Place an 'X' in the county where the sample was collected. (New Castle, Kent or Sussex)

Sampled by (Name)

Print the first and last name of the person who took the sample.

Date

Fill in the date the sample was taken: MONTH / DAY / YEAR

<u>Time</u>

Fill in the exact to- the- minute time the sample was taken. Use military time.

Well Permit Number

Print the well permit number. The well permit number is on the tag on the well head. If it is unreadable, contact the DNREC Water Supply Section 89 Kings highway, Dover, De, 19901 302-739-9944. To search for a well permit number, the Section needs the tax parcel information and name of the property owner when the well was installed.

Sample Point

With an 'X', note the location where the sample was collected:

- f Bath Bathroom sink faucet
- f Tub tub faucet
- f Other write location

Check Reason (s) for Test Request

With an 'X', note why the sample is being taken:

- f Taste/Odor
- Stains
- f Illness write the illness

Well Dimensions

Write the well's depth(in feet) and diameter (in inches)

Well Top

- With an 'X', note the location of the well head:
 - f Extends above ground
 - f Cannot be seen
 - f In basement

Well Location

- Place an "x' where the well is located:
 - f In front yard
 - f In back yard
 - f In side yard
 - f In barnyard

Sewage System Location

Place an 'X' where the sewage system is located:

- f In front yard
- f In back yard

Approximate Distance from Well to:

- *f* Write distance (in feet) from well to septic tank (if applicable)
- *f* Write distance (in feet) from well to fuel tanks (if applicable)
- *f* Write distance (in feet) from well to sewage field (if applicable)
- *f* Write distance (in feet) from well to cesspool (if applicable)
- *f* Write distance (in feet) from well to barnyard (if applicable)