



# BACTERIOLOGICAL ANALYSIS OF PRIVATE WELL WATER

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

<p>BAR CODE NUMBER:</p>	<p>PROPERTY ADDRESS _____ _____</p> <p>COUNTY: <input type="checkbox"/> NEW CASTLE <input type="checkbox"/> KENT <input type="checkbox"/> SUSSEX</p> <p>SAMPLED BY (Name) _____</p> <p>DATE ____/____/____ TIME: ____:____ (AM/PM) Circle One</p>
<p>MAIL RESULTS TO:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY AND ZIP CODE _____</p> <p>TELEPHONE (____) _____ - _____</p>	<p><b>SAMPLE POINT</b></p> <p><input type="checkbox"/> BATH <input type="checkbox"/> TUB <input type="checkbox"/> OTHER _____</p> <p><b>CHECK REASON(S) FOR REQUEST:</b></p> <p><input type="checkbox"/> TASTE/ODOR <input type="checkbox"/> STAINS <input type="checkbox"/> ILLNESS (DESCRIBE) _____</p> <p><b>WELL DIMENSIONS:</b> DEPTH _____ ft. DIAMETER _____ in.</p> <p><b>WELL HEAD PERMIT NUMBER:</b> _____</p> <p><input type="checkbox"/> EXTENDS ABOVE GROUND <input type="checkbox"/> CANNOT BE SEEN <input type="checkbox"/> IN BASEMENT</p>
<p><b>EHFS NEW CASTLE COUNTY</b> University Plaza - Chopin Building 258 Chapman Road Newark, DE 19702 Phone: 302 283-7110 Fax: 302 283-7111</p> <p><b>EHFS KENT COUNTY</b> Thomas Collins Building, Suite 5 540 S. DuPont Highway Dover, DE 19901 Phone: 302-744-1220 Fax: 302-739-1957</p> <p><b>EHFS SUSSEX COUNTY</b> Thurman Adams State Service Center 546 South Bedford Street Georgetown, DE 19947 Phone: 302 515-3300 Fax: 302 424-7171</p>	<p><b>WELL LOCATION:</b> <input type="checkbox"/> IN FRONT <input type="checkbox"/> IN BACK <input type="checkbox"/> On SIDE <input type="checkbox"/> IN BARNYARD</p> <p><b>SEWAGE SYSTEM LOCATION:</b> <input type="checkbox"/> IN FRONT <input type="checkbox"/> IN BACK <input type="checkbox"/> On SIDE</p> <p><b>APPROXIMATE DISTANCE FROM WELL:</b></p> <p>SEPTIC TANK _____ ft. FUEL TANKS _____ ft. CESSPOOL _____ ft. SEWAGE FIELD _____ ft. BARNYARD _____ ft.</p> <p><b>HELPFUL HINTS</b></p> <ul style="list-style-type: none"> <li>• Please <b>PRINT</b> clearly. Do not write in pencil.</li> <li>• Read the instructions on the back before removing bottles from plastic bags.</li> <li>• <b>Contact EHFS office if you have any questions. Return water samples to any EHFS office listed by 9:00 AM of the day collected.</b></li> <li>• Bacteriological results will be mailed within 1-2 weeks.</li> </ul>

# 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.

### Date

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

### Time

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)
- 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)



## CHEMICAL ANALYSIS OF PRIVATE WELL WATER

### SAMPLES HAVE SHORT HOLDING TIMES PRIVATE HOMEOWNER USE ONLY

BAR CODE NUMBER: _____	PROPERTY ADDRESS _____ _____ COUNTY: <input type="checkbox"/> NEWCASTLE <input type="checkbox"/> KENT <input type="checkbox"/> SUSSEX SAMPLED BY (Name) _____ DATE ____/____/____ TIME: ____:____ (AM/PM) Circle One
MAIL RESULTS TO: NAME _____ ADDRESS _____ CITY AND ZIP CODE _____ TELEPHONE (____) _____	SAMPLE POINT <input type="checkbox"/> BATH <input type="checkbox"/> TUB <input type="checkbox"/> OTHER _____ CHECK REASON(S) FOR REQUEST: <input type="checkbox"/> TASTE/ODOR <input type="checkbox"/> STAINS <input type="checkbox"/> ILLNESS (DESCRIBE) _____ WELL DIMENSIONS: DEPTH _____ ft. DIAMETER _____ in. WELL HEAD PERMIT NUMBER: _____ <input type="checkbox"/> EXTENDS ABOVE GROUND <input type="checkbox"/> CANNOT BE SEEN <input type="checkbox"/> IN BASEMENT
<p><b>EHFS NEW CASTLE COUNTY</b> University Plaza - Chopin Building 258 Chapman Road Newark, DE 19702 Phone: 302 283-7110 Fax: 302 283-7111</p> <p><b>EHFS KENT COUNTY</b> Thomas Collins Building, Suite 5 540 S. DuPont Highway Dover, DE 19901 Phone: 302-744-1220 Fax: 302-739-1957</p> <p><b>EHFS SUSSEX COUNTY</b> Thurman Adams State Service Center 544 South Bedford Street Georgetown, DE 19947 Phone: 302 856-5496 Fax: 302 856-5065</p>	WELL LOCATION: <input type="checkbox"/> IN FRONT <input type="checkbox"/> IN BACK <input type="checkbox"/> On SIDE <input type="checkbox"/> IN BARNYARD SEWAGE SYSTEM LOCATION: <input type="checkbox"/> IN FRONT <input type="checkbox"/> IN BACK <input type="checkbox"/> On SIDE APPROXIMATE DISTANCE FROM WELL: SEPTIC TANK _____ ft. FUEL TANKS _____ ft. CESSPOOL _____ ft. SEWAGE FIELD _____ ft. BARNYARD _____ ft. <p style="text-align: center;"><b>HELPFUL HINTS</b></p> <ul style="list-style-type: none"> <li>• Please <b>PRINT</b> clearly. Do not write in pencil.</li> <li>• Read the instructions on the back before removing bottles from plastic bags.</li> <li>• <b>Contact EHFS office if you have any questions. Return water samples to any EHFS office listed.</b></li> <li>• Bacteriological results will be mailed within 2-3 weeks.</li> </ul>

## INSTRUCTIONS for CHEMICAL ANALYSIS (Opaque Bottle)

### WATER COLLECTION

1. Do not collect samples on Friday, Saturday or Sunday.
2. Samples should be collected the morning of dropping off the samples. Samples must arrive prior to courier pickup.
3. Samples should be returned to any Environmental Health Field Service (EHFS) Office.
4. Wash hands prior to collecting sample.
5. Collect your sample from either your bathroom sink or tub faucet – **not** from the kitchen faucet.
6. Allow only the cold water to run five (5) minutes before filling the bottle. Do not touch the faucet.
7. Remove the cap. Do not touch the interior of the bottle or cap.
8. Fill the bottle to the neck.
9. Screw the cap on securely.
10. Bottle should be kept cold during transport.

### 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

#### Time

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:

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

#### Check Reason (s) for Test Request

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

- Taste/Odor
- Stains
- 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:

- Extends above ground
- Cannot be seen
- In basement

#### Well Location

Place an "x" where the well is located:

- In front yard
- In back yard
- In side yard
- In barnyard

#### Sewage System Location

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

- In front yard
- In back yard

#### Approximate Distance from Well to:

- Write distance (in feet) from well to septic tank (if applicable)
- 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)
- Write distance (in feet) from well to barnyard (if applicable)

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