



HOME SERIES RESIDENTIAL WATER TESTING

GENERAL SAMPLING INSTRUCTIONS:

The sample should be collected from a cold water tap and be representative of the water supply. The tap should be in good working order and be free of any aerator, strainer, hose attachment or water purification device. Allow the water to run for two to three minutes to clear the line before sampling. **Deliver samples to IML within 24 hours** (Hours are 8 a.m. to 5 p.m., M-F). Refrigerate the samples if they cannot be returned immediately.

THERE IS A MINIMUM CHARGE OF \$25.00 FOR ANY ANALYSIS. PAYMENT IS DUE UPON RECEIPT OF SAMPLES.

Normal turn time on samples is 10 working days. If results are needed sooner, the following charges apply:

- Results in 5 working days subject to 1.5X charge
- Results in 3 working days subject to 2X charge

_____ **Mineral Analysis with Bacterial Analysis** (Option #1) \$65.00
 Includes total dissolved solids, hardness (calcium + magnesium), sodium, sulfate, nitrate, pH, electrical conductivity and total coliform bacteria.
Fill 3 bottles: 16-32 oz. bottle with white label, 8 oz. bottle with yellow label, and a 4 oz. sterile bottle.

_____ **Mineral Analysis without Bacterial Analysis** (Option #2) \$45.00
 Includes total dissolved solids, hardness (calcium + magnesium), sodium, sulfate, nitrate, pH, and electrical conductivity.
Fill 2 bottles: 16-32 oz. bottle with white label, 8 oz. bottle with yellow label

_____ **Nutrient Analysis** \$15.00
 Includes nitrate analysis.
Fill 8 oz. bottle with yellow label

_____ **Metals Analysis** \$10 each metal only in conjunction with other tests; otherwise, minimum charge applies. \$10.00/each
 _____ Iron _____ Lead _____ Other (please specify: _____)
Fill 8 oz. bottle with red label

_____ **Bacterial Analysis** \$25.00
 Includes Total Coliform Bacteria.
Fill a 4 oz. sterile bottle

NOTE: BACTERIA SAMPLES RECEIVED ON FRIDAY WILL BE SUBJECT TO AN ADDITIONAL \$25 CHARGE

CLIENT NAME/ADDRESS: _____

TELEPHONE NUMBER: _____

SAMPLE SITE: _____

DATE SAMPLED: _____ **TIME SAMPLED:** _____ **BY:** _____

Laboratory Use Only

Date Received: _____ **Time:** _____ **By:** _____ **Condition:** ___Cool/Intact ___Intact ___Leaking

Paid by: _____ Check _____ Cash _____ Visa/Mastercard _____ Other Arrangements