

WATER SAMPLE REGISTRATION FORM

PLEASE DROP OFF SAMPLES BEFORE 4:30 PM. SAMPLING INSTRUCTIONS ON REVERSE.

LAB ID# _____

| | |
|---|---|
| (Please Print CLEARLY) Billing/Mailing Address | Property Reference for Certificate |
| Company/ Name: _____ | Name: _____ |
| Address: _____ | Address: _____ (no P.O. Box) |
| City/State/Zip: _____ | Address: _____ |
| Contact Name: _____ | City/State/Zip: _____ |
| Contact Phone Number: _____ | |
| Please Choose: Contractor, Government, Homeowner, PWS, Realtor, Septic, Service Company, Well Driller | |

RESULTS ARE TO BE:

MAILED or EMAILED _____
(Data deliverables via Email will not be mailed unless requested)

| | | |
|---|---|--|
| SAMPLE INFORMATION | <input type="checkbox"/> first test | <input type="checkbox"/> repeat |
| Water Source: _____ <i>(Well, Public Water System, Spring, Etc.)</i> | Sample Point: _____ <i>(Kitchen Tap, Outside Tap, Bath Tap, Etc)</i> | |
| Date of Collection: _____ | Collected By: _____ | PRINT |
| Time of Collection: _____ | | |
| For New Wells: | | |
| Health Dept # _____ | Map Ref. # _____ | |
| Subdivision & Lot # _____ | | |

Please Sign "CERTIFICATE OF ACCURACY AND RELEASE"

The undersigned certifies that he/she has read the sampling instructions and fully understands them. He/she certifies that the accuracy of the information regarding the sample data is authentic. Because the undersigned collected the sample instead of Joiner Micro Labs, LLC, the lab is hereby released of all liability and responsibility regarding the authenticity of the sample and the data supplied.

Signed _____ Date _____

Payment must accompany water samples. Results will not be released until payment is received.

PLEASE CHOOSE ONE OF THE FOLLOWING TESTS:

PRESENCE-ABSENCE Routine test accepted by Virginia Department of Health for drinking water.

1. Total Coliform Bacteria (NEXT Day Results) **\$55.00** **WEEKEND/ HOLIDAY SAMPLE SET UP-Additional \$10.00**
(Next day service is not applicable on Fridays. Results will be available Monday.)

BACTERIAL COUNTS Recommended for springs or if you suspect bacteria to be present.

2. Total Coliform Bacteria (MPN) **\$60.00**
(For bacterial counts in drinking water)

Office Use

Received from:

Date/Time:

Joiner Micro Labs Rejection Policy

For your protection, Joiner Micro Labs has a Water Sample Rejection Policy. This is to ensure the collected sample is a good representation of the water quality. Please take time to familiarize yourself with our policy.

THE WATER SAMPLE MUST BE...



properly identified & accompanied by registration form



received at lab **within 30 hours of collection**



bottle filled to **the neck of the bottle**



absent for chlorine. *(This applies to non-chlorinated water sources only.
We screen all samples for chlorine.)*

SAMPLING INSTRUCTIONS

Please read the following before collecting your sample.

Collect sample in the sterile container provided by Joiner Micro Labs.

1. **Do not** open the sample container until you are ready to collect your sample.
2. **Do not** use container if the seal is broken or bottle is cracked.
3. Choose a Faucet with an individual hot/cold tap, bypass filters if applicable, and remove the aerator screen.
4. Saturate a cotton ball with isopropyl alcohol.
5. Swab the inside and outer portion of the faucet.
6. Run cold water 5 minutes.
7. Open the container- **do not** touch the inside of top or inside of container.
8. Carefully fill the container to **the neck of the bottle**.
9. Replace cap and tighten securely.
10. Write your name on the container.
11. **Keep sample cold** or refrigerated until delivered.

GENERAL INFORMATION

Return sample to one of our convenient Drop-Off Locations.

WARRENTON LAB: before 4:30 p.m. Monday-Friday at Waterloo Center, 77 West Lee Street, #202, Warrenton, Virginia

MANASSAS DROP-OFF: before 10:00 a.m. Tues, Wed, Thurs, at **The UPS Store**, 9994 Sowder Village Square

PURCELLVILLE DROP-OFF: before 11:00 a.m. Tues, Wed, Thurs at **Mr. Print**, 501 East Main St.

BERRYVILLE DROP-OFF: before 11:30 a.m. Tues, Wed, Thurs at **Blossman Gas**, 107 West Main St.

FRONT ROYAL DROP-OFF: before 12:00 p.m. Tues, Wed, Thurs at **Northeastern Supply**, 307 N. Commerce Ave.

FREDERICKSBURG DROP-OFF: before 1:00 p.m. Tuesdays and Wednesdays at **The UPS Store**, 754 Warrenton Rd., Ste 113

If you have any questions, please call 540-347-7212. Our office is opened Monday thru Friday from 9:00AM – 5:00PM. Please check our website joinermicrolab.com for updates.