

### Total Coliform Bacteria/E.coli Test Kit - \$31.50

### Kit includes:

1 x 1 150 mL Sterile Clear Plastic Bottle

### <u>Sampling Procedure for Total Coliform Bacteria/E. coli:</u>

#### READ ALL INSTRUCTIONS BEFORE PROCEEDING WITH SAMPLE COLLECTION

\*Sampling video available on our website at www.nlslab.com under support material

- 1. Sample a cold water faucet that precedes any treatment in your home. The sample faucet nearest to the pressure tank works well for this sampling method.
- 2. Run water at maximum flow for at least 2 minutes.
- 3. Sanitize the sampling faucet (with screen removed) by heating the faucet and surrounding piping with a propane torch for about 30 seconds. A butane lighter may be used as an alternative but should then be heated for about 60 seconds. **DO NOT HEAT A PLASTIC FIXTURE!**
- 4. Collect the sample by again flushing your water sampling faucet with about 1 gallon of water and then turn your water down to a slow steady stream.
- 5. Remove the custody wrapper on the top of the bottle.
- 6. Unscrew the cap of the bottle and without setting the cap down, fill past the 100 mL fill line on the bottle, and re-cap immediately. DO NOT TOUCH THE INSIDE OF BOTTLE OR CAP.

# Follow the return shipping instructions to ensure kit is shipped back to the lab properly:

- Fill out the required information below, and label your sample bottles with date/time of collection.
- Samples are accepted 7:00 am to 4:00 pm Monday Thursday at the Crandon lab, 8:00 am to 4:00 pm Monday Thursday at the Waukesha lab, and until noon on Friday at both labs. If you are shipping your kit to NLS, samples MUST arrive at the laboratory no longer than 30 hours from the time of collection. Do not ship on Friday.
- NLS receives deliveries from UPS, Fed Ex, SpeeDee Delivery, USPS, and other private courier services. Use any of these courier services to return sample to NLS.
- If you have any questions regarding this sampling kit, please call our Client Service Department at 800-278-1254

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## Return your sample as soon as possible to one of our two locations:

Northern Lake Service
400 N Lake Ave
OR
Crandon, WI 54520

Northern Lake Service
2420 N Grandview Blvd
Waukesha, WI 53188

## Please provide the following information:

Name:		
Address:		
City/State/Zip:		
Phone:	Email:	
Sample Collection Date:	Sample Collection Time:AM/P	М
Sample Collection Location (ex. Pressure	Tank)	
Sample Collected By:		
Report by email only Report by	y mail only Report by email and mail	