



317 Elm Street, Milford NH 03055
 (603) 673-5440 or 800-675-1868

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

SAMPLE LOCATION: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Collected _____ / _____ / _____ **Time:** _____

Report Delivery:

E-Mail: _____

OR PAPER COPY

Mail Pick-up (will call when ready)

I CERTIFY THAT THIS WATER SAMPLE WAS TAKEN BY ME AT THE LOCATION AND DATE LISTED ON THIS FORM, AND FURTHER CERTIFY THAT ALL INFORMATION ON THIS FORM RELATIVE TO THE SAMPLING IS CORRECT. THIS SIGNED DOCUMENT GIVES CHEMSERVE PERMISSION TO PROCEED WITH ANALYSIS EVEN IF NON-CONFORMANCES ARE PRESENT UPON RECEIPT.

CUSTOMER SIGNATURE: _____

Some analyses are time sensitive; please deliver the sample within 24 hours of collection along with the signed form and payment. Payment is due at time of service.

Special Instructions for Bacteria Samples

- Remove screen/aerator from faucet. Do not collect sample from a "swing arm" faucet, outside hose, or tub faucet.
- Sterilize faucet opening with a flame (if all metal components) or with chlorine bleach.
- Allow the COLD water to run for at least 2 minutes.
- Remove cap carefully to avoid container contamination.
- Keep refrigerated until delivery. DO NOT leave samples in the sun or hot car.

Glass vials should be filled to the top with no air space. Some vials contain acid preservative - handle with caution.

FOR OFFICE USE ONLY

Control #	_____
Lab ID#	_____

(1)	BASIC HOME WELL TEST	\$70
(2)	NH WELL WATER TEST FOR HOME OWNERS	\$150
(3)	NH WELL WATER TEST FOR HOME BUYERS	\$200
(4)	ARSENIC TOTAL	\$25
(5)	ARSENIC SPECIATION	\$50
(6)	RADON IN AIR	\$40
(7)	RADON IN WATER	\$60
(8)	TOTAL COLIFORM & <i>E. COLI</i> P/A	\$30
(9)	TOTAL COLIFORM & <i>E. COLI</i> (COUNT)	\$45
(10)	SINGLE ANION _____	\$15
(11)	SINGLE METAL _____	\$25
(12)	TOXIC METALS PACKAGE	\$120
(13)	VOLATILE ORGANICS PACKAGE	\$150
(14)	DIESEL ORGANICS PACKAGE	\$130
(15)	NH FOOD LICENSE	\$55
(16)	VA/FHA MORTGAGE MINIMUM	\$60
(17)	NH CARE LICENSE	\$60
(18)	PFAS PACKAGE	\$350

ADDITIONAL TESTS: _____

Additional \$10 postage fee for each mailed sample kit

TOTAL COST: _____

PAID BY: CHECK CASH CREDIT/DEBIT

LABORATORY SAMPLE RECEIPT CHECKLIST

RECEIVED WITHIN HOLDING TIME	YES	NO
RECEIVED IN GOOD CONDITION	YES	NO
SAMPLES RECEIVED ON THE DAY OF COLLECTION, OR WITH VISIBLE EVIDENCE OF COOLING	YES	NO
SAMPLES IN GLASS VIALS ARE FREE OF AIR SPACE	YES	N/A NO
SAMPLES PROPERLY PRESERVED UPON LAB ARRIVAL AT THE LAB?	YES	NO
SAMPLES IN APPROPRIATE CONTAINERS?	YES	NO
SAMPLE RECEIPT TEMPERATURE	_____	

COMMENTS: _____

RECEIVED AT LAB BY: _____

DATE /TIME RECEIVED: _____

Samples are accepted Monday – Friday 8am to 4:30pm

RUSH reporting must be pre-approved by the laboratory supervisor. 100% surcharge applied