



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#	_____

**\*\*NEW PRICING AS OF JAN2023\*\***

(1)	BASIC HOME WELL LIST	\$80
(2)	NH WELL WATER LIST - OCCUPANTS	\$150
(3)	NH WELL WATER LIST - HOME BUYERS	\$200
(4)	TOTAL COLIFORM & E.COLI P/A	\$35
(5)	TOTAL COLIFORM & ECOLI (COUNT)	\$55
(6)	SINGLE ANION _____	\$15
(7)	SINGLE METAL _____	\$25
(8)	ARSENIC SPECIATION (As III & As V)	\$50
(9)	TOXIC METALS PACKAGE	\$150
(10)	VOLATILE ORGANICS PACKAGE	\$160
(11)	DIESEL ORGANICS PACKAGE	\$130
(12)	NH FOOD LICENSE	\$60
(13)	VA/FHA MORTGAGE MINIMUM	\$70
(14)	NH CARE LICENSE	\$70

**SUBCONTRACTED ANALYSES:**

PFAS PACKAGE	\$350
RADON IN AIR	\$40
RADON IN WATER	\$60

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 testing must be approved in advance.  
100% Rush surcharge applied.**

**PRICES LISTED REFLECT CASH/CHECK TRANSACTIONS**