SAMPLE IDENTIFICATION
Please print clearly and provide complete information on both sides of form.

Sample No.:_________________ Date Collected: ______________________

Sample submitted by:
Name:___________________________________________
Telephone:___________________________________________
Mailing Address:___________________________________________
Sample Address:___________________________________________
(if different from mailing)_________________________________

SAMPLE CHARACTERISTICS
Household water supply source drawn for sample (check one):
___well   ___spring  ___cistern     ___other → Specify: ______________________________

If well is checked above: (a) is it a:   ____ dug or bored well,            ____ drilled well,             ____ don’t know;
(b) what is its approximate depth, if known? __________ feet
(c) what year was well constructed, if known? ________

Do other households share the same water supply? ___ yes ___ no    If yes, approximately how many? ________

Water treatment devices currently installed and affecting cold water only drawn at faucet for sample (check all that apply):
_____none     _____acid water neutralizer
_____water softener (conditioner)  _____sediment filter (screen or sand type)
_____iron removal filter  _____activated carbon (charcoal) filter
_____automatic chlorinator  _____other → specify: _________________________________________________________

SAMPLING INSTRUCTIONS: You must take your water samples only on the collection day you have been assigned. For the general water analysis sample, use the larger plastic bottle as described below. A separate, smaller bottle is provided for bacteriological samples which should be taken last. If you have any questions about sampling procedures, call the Extension Office at (757) 923-2052.

Do not remove caps from sample bottles until you are ready to take each sample. Do not touch inside of cap or mouth of either bottle.

Turn on the cold water faucet in the kitchen or bathroom (select a stationary, non-swivel faucet, if possible) and allow the water to run until it becomes as cold as it will get; then let it run for one more minute.

Slowly and carefully fill the larger bottle to avoid splashing or overflowing. Pour out this rinse water and then refill bottle completely. Tighten cap on bottle securely.

Let the water run for an additional two or three minutes. Reduce flow to prevent splashing and carefully fill the smaller bottle only once to the shoulder (just below the threaded top). DO NOT RINSE BOTTLE. Replace cap tightly.

Do not write anything on the bottle labels. If samples are not to be delivered immediately, store in refrigerator or on ice until ready to deliver later that day.

Fill out this Sample Identification Form and Questionnaire (on reverse side) completely and bring it, along with both water sample bottles, to the designated collection site on your assigned collection day.
QUESTIONNAIRE

Please answer the following questions as completely as possible, considering how you view the present condition of the water sampled, including improvements due to any treatment devices identified on other side of form.

1. Describe the location of your home. Check one please.
   _____on a farm     _____on a remote, rural lot     _____in a rural community     _____in a housing subdivision

2. What pipe material is primarily used throughout your house for water distribution?
   ___copper     ___lead     ___galvanized steel     ___plastic (PVC, PE, etc.)     ___ don’t know     ___other → specify: ___________________

3. Do you have problems with corrosion or pitting of pipes or plumbing fixtures?     _____yes        _____no

4. Does your water have an unpleasant taste?     _____yes        _____no

5. If yes, how would you describe the taste? (Check all that apply)
   ___bitter     ___sulfur     ___salty     ___metallic     ___oily     ___soapy     ___other → specify: ______________________

6. Does your water have an objectionable odor?     _____yes        _____no

7. If yes, how would you describe the odor? (Check all that apply)
   ___“rotten egg” or sulfur     ___kerosene     ___musty     ___chemical     ___other → specify: ______________________

8. Does your water have an unnatural color or appearance?     _____yes        _____no

9. If yes, how would you describe the color or appearance? (Check all that apply)
   ___muddy     ___milky     ___black/gray tint     ___yellow tint     ___oily film     ___other → specify: ______________________

10. Do you have problems with staining of plumbing fixtures, cooking appliances/utensils, or laundry?     _____yes        _____no

11. If yes, how would you describe the color of stains? (Check all that apply)
    ___blue-green     ___rusty (red/orange/brown)     ___black or gray     ___white or chalk     ___other → specify: ______________________

12. In a standing glass of water, do you notice floating, suspended, or settled particles?     _____yes        _____no

13. If yes, how would you describe this material? (Check all that apply)
    ___white flakes     ___black specks     ___re reddish-orange slime     ___brown sediment     ___other → specify: ______________________

14. If your water supply is located 100 feet or less from any of the following, please indicate. Please check all that apply.
    _____septic system drain field     _____home heating oil storage tank (above or below ground)
    _____pit privy or outhouse     _____pond or freshwater stream
    _____cemetery     _____tidal shoreline or marsh

15. If your water supply is located ½ mile or closer to any of the following, please indicate. Please check all that apply.
    _____landfill     _____golf course
    _____illegal dump     _____field crops/nursery
    _____active quarry     _____farm animal operation
    _____abandoned quarry, industry, etc.     _____manufacturing/processing operation → specify: ______________________
    _____commercial underground storage tank or supply lines (gasoline service station, heating oil supplier, etc.)

This material is based upon work supported by the U.S. Department of Agriculture, Extension Service.
Land-Grant Universities — The Commonwealth Is Our Campus
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