

TANEY COUNTY HEALTH DEPARTMENT

WATER SAMPLE INFORMATION FORM

320 Rinehart Rd., Branson, MO 65616

417.334.4544 EXT. 593

417.336.9604 FAX



Water Samples Accepted Monday – Thursday, 8:00 am-3:00 pm

Water samples will be tested for coliforms/*E. coli*.

All sections with an asterisk (*) must be completed or the sample will not be accepted.

SAMPLE COLLECTION	*Date Sample Collected: _____ / _____ / _____ (month) (day) (year)	*Where was sample collected? _____ (ex. well head, kitchen faucet, hose bib)
	*Time: _____ am/pm	If Mobile Vendor, please indicate here: <input type="checkbox"/> Yes <input type="checkbox"/> No

*PROPERTY INFORMATION	COLLECTOR INFORMATION (IF APPLICABLE)
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Name:	County:	Name and/or Company:
Address:		Address:
City:	State: Zip:	City: State: Zip:

Well Type: Bored <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Spring <input type="checkbox"/>	Water Supply: Private <input type="checkbox"/> Public/Community <input type="checkbox"/> Public-/Non-Community <input type="checkbox"/>	Chlorinated System <input type="checkbox"/> Free: _____ Total: _____	Sewage Disposal: On Site <input type="checkbox"/> City Sewer <input type="checkbox"/>
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*REPORTING INFORMATION

Sample Type: Official <input type="checkbox"/> DNR <input type="checkbox"/> Collector # _____ Unofficial <input type="checkbox"/>	Send Results To: Property Owner <input type="checkbox"/> Collector <input type="checkbox"/> Third Party <input type="checkbox"/> DNR <input type="checkbox"/>	Phone: _____ Fax: _____ Email: _____
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SAMPLE INFORMATION			3 rd Party Name;
Sample No.	Lot No.	Exp. Date	3 rd Party Email/Fax:
			3 rd Party Address:
			City: State: Zip:
			Total Coliforms Findings:
			E. Coli Findings:

Colilert	DATE RECEIVED/ANALYZED	Initials
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OFFICE USE ONLY	Date/Time Received:
Date Paid: _____ / _____ / _____	Date/Time Analysis Start:
Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> WIC <input type="checkbox"/>	Date/Time Analysis End:
Check # _____	Analyst Signature:
Amount: \$ _____	

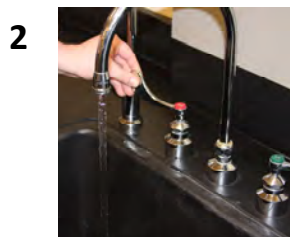
SAMPLE COLLECTION INSTRUCTIONS

PRIVATE DRINKING WATER for COLIFORM and E.COLI BACTERIA ANALYSIS

This sample kit and collection method is for private drinking water samples for bacterial analysis. Only samples collected in bottles supplied by the Taney County Health Department and collected in accordance with these instructions will be accepted for testing. It is possible to unknowingly introduce bacteria to the sample if the instructions are not followed closely. PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE COLLECTING SAMPLES .



Remove any screens or aeration devices that may be on your faucet.



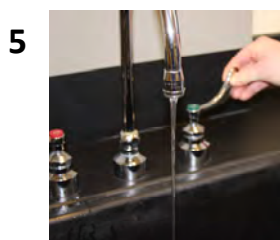
Turn the hot water on full force and let it run for 3 minutes. Turn the hot water off and turn the cold water on and let it run for 3 minutes.



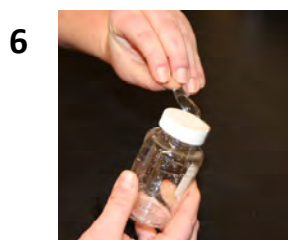
Mix 1 1/2 tsp unscented bleach with one gallon of clean water and pour it into a spray bottle. It is very important that you use these exact measurements.



Spray inside and outside of faucet with bleach-water solution and allow it to sit for up to 15 minutes.



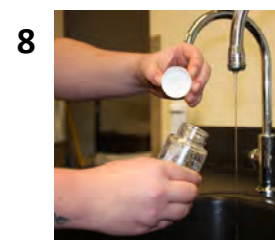
Let the cold water run again for 3 minutes. Turn the water down to a slow flow to prevent splashing while you fill the bottle.



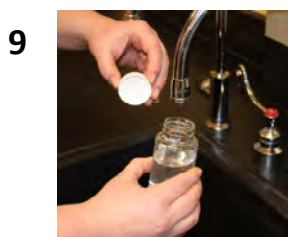
Remove the plastic seal from the bottle.



Do not rinse the bottle. Inside is a powder needed for the sample testing.



Remove the lid by holding the top. Be careful not to touch the inside of the cap or bottle.



Hold the bottom of the bottle while you fill it to avoid water hitting your hands and then entering the bottle.



Fill the bottle to at least the 100mL line but not above the 120 mL line. Pour out any excess water.



Replace the lid and tighten to ensure it is not cross threaded or uneven.



Samples must be received by TCHD within 48 hours of the date and time of collection. A fee of \$15.00 for in-county water sample testing and \$35.00 for out-of-county testing is required at the time the sample is dropped off.