

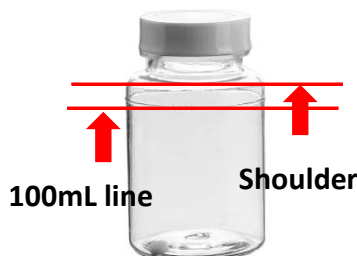
MVWA WATER QUALITY LABORATORY



DIRECTIONS FOR SUBMITTING DRINKING WATER FOR BACTERIOLOGIC EXAMINATION

Please read and follow all steps listed:

1. Obtain a water sample kit from the Water Quality Laboratory. **If the water source sampled contains no chlorine, the sample must be taken in a bottle with no preservative. Chlorinated samples must be sampled in a bottle that contains a dechlorinating agent (white powder in bottle).** Be sure to request the appropriate bottle prior to sampling. Caution: **DO NOT** remove the bottle cap until just before filling.
2. Remove the strainer from the faucet and open the tap fully. Let the water run to waste for five minutes. (In sampling from a mixing faucet remove the attachments such as the strainer screen, run the hot tap water fully open for two minutes then turn off the hot water tap. Now run the cold water for five minutes fully open.) Reduce the water flow to permit filling the bottle without splashing. **DO NOT RINSE THE BOTTLE BEFORE FILLING. DO NOT CONTAMINATE THE INNER SURFACE OF THE SAMPLE BOTTLE.**
3. Water samples will be accepted at the Water Quality Laboratory, located on the third floor of Utica City Hall, **Monday through Thursday (8:30 a.m. – 3:30 p.m.)** The sample must be refrigerated, or kept on ice, from time of sampling until delivery to the Lab (**be sure water sample does not freeze**). A water sample that is being mailed must be taken on Monday or Tuesday and sent to the laboratory by Priority delivery (overnight service) and still meet **ALL** acceptance criteria. Sorry, no exceptions.



Fill sample bottle above the 100mL line up to the shoulder. Failure to do so will result in sample being rejected.

4. Testing of raw samples must begin **within 8 hours** of sampling; for drinking water samples testing must begin **within 30 hours** of sampling. You must record a residual taken at the time of sampling for chlorinated samples. Raw source samples for quantitative (enumerated) *E. coli* tests must be chilled to <10°C for sample acceptance by the lab.
5. Fill out the enclosed form in ink. Make sure to include name, location, and address of the sample, and the telephone number and address where the report is to be sent. If this sample is for New York State Health Department monitoring requirements, please include the PWS ID number on the enclosed form.
6. By signing this form, client attests that these instructions were followed completely.
7. This test requires 24-hours testing time to complete. Results will be sent by mail, fax, or email (as requested) when released by the Quality Assurance Officer. Standard turnaround time is 5-7 days.
8. The cost per sample is \$30 for presence/absence; \$40 for a quantitative result. We accept cash, check, money order, credit, or debit cards. Please make checks payable to MVWA.
9. At its discretion, MVWA may subcontract your sample out to a contracted lab for any reason, including but not limited to workload volume, equipment failure, and issues related to quality control.
10. NOTE: NYSDOH is collecting data on private well water quality. There are currently no NYS requirements for private well water. With your permission, MVWA will share your results with DOH. It is confidential and there are no additional requirements for you based on test results.

Mohawk Valley Water Authority

Telephone (315) 792-0301 • One Kennedy Plaza • Utica, NY 13502 • Fax (315) 792-5201

Analysis performed at:

USEPA ID#: NY01505

New York State ELAP ID#: 10319

Pennsylvania DEP ID#: 68-03428

MEMBER OF:

American Water Works Association (AWWA) • Water Research Foundation



MVWA WATER QUALITY LABORATORY



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☐ Cash ☐ Check No. _____
☐ Debit or Credit ☐ To Be Billed

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Do not write above this line - lab use only

REQUEST FOR BACTERIOLOGICAL TEST

- Presence/Absence (\$30) ☐ • Quantitative (\$40) ☐ • Expedite (1-day TAT; 2x cost) ☐
- HPC (\$15) ☐
- Private Wells: Share results with NYSDOH (see Instructions #9): Yes ☐ No ☐

Business Name (if applicable): _____

Name: _____ Phone # _____ Fax # _____

Client Street Address _____ City _____ State ____ Zip _____

Client E-mail: _____

Sample Street Address _____ City _____ State ____ Zip _____

Sample Point: _____ Sample Date: _____ Sample Time: _____
(e.g. kitchen sink, basement faucet)

Type of sample: ☐ Unchlorinated (No Preservative in Bottle) ☐ Chlorinated – chlorine residual _____ mg/L (Bottle Contains Sodium Thiosulfate)

Send report via (Select One): ☐ Mail ☐ E-mail ☐ Fax ☐ Pick-up

Send report to: _____

Required by Health Dept.? Yes ☐ No ☐ County: _____ PWS#: _____

Print Name: _____ Applicant's signature: _____

LAB USE ONLY—TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY

- Date Received _____ Time Received _____ Initials _____
 - Receipt Temperature _____ or Chilling Initiated Y ☐ N ☐
 - Minimum Sample Volume Requirement Met Y ☐ N ☐
- Date Tested _____ Time Tested _____ Initials _____
 - Dechlorination Reagent / Cl-residual Check P ☐ F ☐
- Date Read _____ Initials _____ Date Resulted _____ Initials _____

LABORATORY RESULTS

Total Coliform _____ CFU per 100 ml Method: SM23 9223B
E. coli _____ CFU per 100 ml Method: SM23 9223B
HPC _____ Count/mL Method: SM23 9215B

Sample Results	
PASS	☐
FAIL	☐

* Please refer to <https://www.mvwa.us/WaterQuality/bacteriologic.aspx> for explanations of test results.
** Full method accreditations can be found on our website.

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