MVWA WATER QUALITY LABORATORY

MOHAWK VALLEY WATER AUTHORITY
Quality water... for life.

DIRECTIONS FOR TESTING DRINKING WATER
LEAD and COPPER

1. A 1-Liter sample is to be collected after an extended period of stagnant water conditions (i.e., no water use during this period) within the interior piping. A **minimum of 6-8 hour** period during which there is no water use must be achieved prior to sampling. The sample should be collected from a home with typical water use. Homes that are vacant or without any water use for several weeks may bias sample results. Do not intentionally flush the water line before the start of the 6-hour period. MVWA recommends that either early mornings or evenings upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist.
2. A kitchen or bathroom cold water faucet is to be used for sampling. Place the sample bottle (open) below the faucet and gently open the cold water tap. **Fill the bottle up to the 1000mL (1-Liter) line and turn off the water. Do not run the tap prior to sampling. The sample must be a "first-draw" sample.**
3. Tightly cap the sample bottle. Label the bottle with name, address, site of sample, and date/time of sample collection in ink. Complete the attached paperwork in ink. Please review the sample information at this time to ensure that all information contained on the label is correct and matches the paperwork. Place both in the bag provided.
4. By signing this form, client attests that these instructions were followed completely.
5. For customers of MVWAs water system:
    - Prior arrangements will be made with the consumer to coordinate the sample collection event. Dates will be set for sample kit delivery and pick up by Water Quality department staff. **There is no charge for this analysis.**
6. For customers (private water samples) who picked up sample bottles:
    - Bring the sample to the laboratory within 48 hours. The sample should be refrigerated from collection until delivery to the MVWA lab.
    - **The cost for this analysis is $40**, payable at the time of sample drop-off. We accept cash, check, money order, credit, or debit cards. Please make checks payable to MVWA.
7. Prior to analysis, samples are checked for Total Dissolved Solids (TDS). Samples with levels >0.2% (2,000 mg/L) cannot be run due to instrument sensitivity.
8. MVWA may subcontract your sample out to its contract lab. Please allow up to 15 business days for results to be reported.
9. If you have any questions regarding these instructions, please contact the Water Quality Department at 315-792-0301 or at www.mvwa.us.
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)

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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 LEAD AND COPPER TEST

- ***Expedite (5-day TAT; 2x cost)*** ☐
- ***Private Wells: Share results with NYSDOH (see Instructions #8): Yes*** ☐ ***No*** ☐

Business Name (if applicable): _____

Name: _____ **Phone #** _____ **Fax #** _____

Client Street Address:_____ **City** _____ **State** ___ **Zip**_____

Client E-mail: _____

Sample Street Address:_____ **City** _____ **State** ___ **Zip**_____

Last Time Water Was Used (minimum 6-hour stagnation required): **Date:** _____ **Time:** _____

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

Type of sample: ☐ **Unchlorinated** ☐ **Chlorinated – chlorine residual** _____ **mg/L**

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

Send to: _____

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

Print Name: _____ **Applicant's signature**: _____

(FOR LAB USE ONLY - TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY)

- **Date Received** _____ **Time Received** _____ **Initials** _____
  - **Minimum Sample Volume Requirement Met** **Y** ☐ **N** ☐
  - **Sample Chilled Upon Lab Receipt** **Y** ☐ **N** ☐
  - **TDS <0.2%** **Pass** ☐ **Fail** ☐ **Date** _____ **Initials** _____
  - **Sample Acidified** **Y** ☐ **N** ☐ **Date** _____ **Initials** _____
- **Date Analyzed** _____ **Initials** _____ ○ **Date Resulted** _____ **Initials** _____

LABORATORY RESULTS

Total Lead _____ ***ug/L or ppb*** **Method: EPA 200.8(1) Rev 5.4** ***Action Level ≥ 15 ppb***

Total Copper _____ ***ug/L or ppb*** **Method: EPA 200.8(1) Rev 5.4** ***Action Level ≥ 1,300 ppb***

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

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NELAP ACCREDITED TNI LABORATORY