MVWA WATER QUALITY LABORATORY



DIRECTIONS FOR LEAD and COPPER DRINKING WATER EXAMINATION

- 1. A 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. 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 completely 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. 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.
- 5. 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.
- 6. MVWA may subcontract your sample out to its contract lab. Please allow up to 15 business days for results to be reported.
- 7. If you have any questions regarding these instructions, please contact the Water Quality Department at 315-792-0301 or at www.mvwa.us.
- 8. 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.



MVWA WATER QUALITY LABORATORY



Tel: (315) 792-0301 Fax: (315) 792-5201

/	MOHAWK VALLEY WATER AUTHORITY
Quality	water for life.

Cash	Check No
Debit or Credit	To Be Billed
	Pageof

• Expedite (5-day TAT; 2x cost)	<u>TEST</u>	
Private Wells: Share results with NYS.	DOH (see Instructions #8): Yes	No
Business Name (if applicable):		
Name:	Phone #:	Fax #:
Street:	City:	State: Zip:
Client E-mail:		
Complete Sample Address (if different):		
Last Time Water Was Used (minimum 6-hour	r stagnation required): Date:	Time:
Sample Point:		Sample Time:
(e.g. kitchen sink, bathroom fauc	et)	
Send report via (Select One): Mail E-r	mail Fax Pick-up	
Candta		
Send to:		
Required by NYS Health Dept.? Yes No		PWS#:
	o County:	
Required by NYS Health Dept.? Yes No	o County:	
Required by NYS Health Dept.? Yes No	County: Applicant's signature:	
Required by NYS Health Dept.? Yes No	County: Applicant's signature: RELATE ONLY TO THE SAMPLE AS IT WAS REC	CEIVED BY THE LABORATORY)
Required by NYS Health Dept.? Yes No Print Name:	County: Applicant's signature: RELATE ONLY TO THE SAMPLE AS IT WAS REC	CEIVED BY THE LABORATORY)
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Required by NYS Health Dept.? Yes No Print Name: (FOR LAB USE ONLY - TEST RESULTS R Date Received Time Re Minimum Sample Volume Requirem Sample Chilled Upon Lab Receipt	County: Applicant's signature: RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED Initials Dent Met Y N D Date In	CEIVED BY THE LABORATORY)
Required by NYS Health Dept.? Yes No Print Name: (FOR LAB USE ONLY - TEST RESULTS R Date Received Time Re Minimum Sample Volume Requirem Sample Chilled Upon Lab Receipt Sample Acidified Y N	County: Applicant's signature: RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED Initials Dent Met Y N D Date In	CEIVED BY THE LABORATORY)
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** Full method accreditations can be found on our website.

USEPA ID#: NY01505

Mohawk Valley Water Authority

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Analysis performed at: New York State ELAP ID#: 10319

Pennsylvania DEP ID#: 68-03428



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