

CITY OF WAYNESBORO
WATER BACTERIOLOGICAL TEST REQUEST FORM

***\$30.00 Fee for Non-State Certification**

***\$70.00 Fee for State Certification**

*The above fees include sales tax

NAME: _____

ADDRESS: _____

PHONE: _____ DATE: _____ Email: _____

WATER SOURCE: Well Spring Surface Time Collected: _____ am/pm

The following test is performed with the Presence/Absence method using a USEPA approved method. The test will provide a **positive** or **negative** result for the presence of Total Coliform Bacteria and E-Coli. This test is not a certified test for the State of Tennessee Department of Environment and Conservation. If you wish to obtain a state certified test, call City Hall at (931) 722-5458. The sample should be taken immediately to the Waynesboro Water Plant at 625 Green River Drive in Waynesboro, TN within 24hrs. of sampling. Any sample not brought the same day as it was collected must be chilled until the sample arrives at the Water Plant.

Please follow the instructions below for collecting your sample. There is a powder inside the container, **DO NOT** rinse out the powder.

1. Disinfect the faucet with a mild bleach solution in order to destroy any bacteria, which may be clinging to the faucet.
2. Let the faucet run for several minutes to insure fresh water from your water system.
3. After a few mins slow the flow of the faucet to a stream about the size of a pencil. Please remember that the containers are sterile. ***DO NOT rinse the bottle.***
Note: If you feel that you have contaminated the sample at any time then dispose of the sample bottle and recollect.
4. Holding the bottle in one hand and with the other hand remove the top. Care should be used in removing the top as to not touch the inside of the bottle or lid.
5. Hold the bottle under the faucet, allowing only a small, steady stream to flow into the bottle. Do not splash water on the lip of the bottle any more than necessary. Collect enough sample to the fill line on the side of the bottle. Immediately remove the bottle from underneath the faucet and replace the top. Make sure that the top is secure as to prevent leakage or cross contamination.
6. Document the required information on the Sample Source and Time/Date Collected at the top of this form.

Please sign below that you understand the instructions above.

X _____
Name (Signature)

Completed by City of Waynesboro Employees only:	
Received by Operator _____	<div style="border: 1px dashed black; width: 150px; height: 100px; margin: auto;"></div>
Date/Time Received: _____ / _____	
Date/Time Analyzed: _____ / _____	
Date/Time Read: _____ / _____	
Results _____	Operator Signature _____
Notes: _____	