



MCHENRY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
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www.mcdh.info

LAB USE ONLY
LAB ID NUMBER: _____

CHAIN OF CUSTODY FORM

COLLECTOR INFORMATION *(Please fill in and mark all sections)*

Name / Facility: _____

Source Address: _____ **City:** _____ **Zip:** _____

Mailing Address (if different): _____ **City:** _____ **Zip:** _____

Date Sample Collected: _____

Time Sample Collected: _____

Sample Collected By: _____

Sampling Point / Location: _____

Has the well been chlorinated in the past two weeks: Yes No

Bottle Type(s): Regular Thiosulfate (Chlorinated Supply) Quantitative Nitrates*(see note below)

Sample Number _____ **of** _____

Sample Purpose: Routine Resample Non Community Survey

Sample Type:

New/Replacement /Modified Well → Permit Number: _____

Non-Community → IL3: _____

Sanitarian Request → File Number: _____

Well Evaluation → RFS Number: _____

Homeowner (private well)

Other *(please specify)*: _____

Contact Person Name: _____

Contact Person's Phone Number: _____

Preferred Method of Receiving Results:

Mail

Fax → Fax Number: _____

Email → Email Address: _____

ANALYSIS TYPE *(please indicate)*

	Fee
<input type="checkbox"/> Presence/Absence Total Coliform/E coli bacterial analysis	\$20.00
<input type="checkbox"/> Quanti-Tray (most probable number) Total Coliform/E coli bacterial analysis	\$22.00
<input type="checkbox"/> Total Residual Chlorine	\$5.00
<input type="checkbox"/> Nitrate (Screen)	\$10.00
<input type="checkbox"/> Nitrate (Quantitative)* <i>(analysis by private lab)</i>	\$21.00
<input type="checkbox"/> Nitrite (Screen)	\$10.00
<input type="checkbox"/> Nitrite (Quantitative)* <i>(analysis by private lab)</i>	\$21.00
<input type="checkbox"/> Arsenic <i>(analysis by private lab)</i>	\$20.00
<input type="checkbox"/> New/Replacement/Modified Well (P/A) <i>Coliform Bacteria, Total Residual Chlorine, Quantified Nitrate* & Arsenic</i>	\$66.00
<input type="checkbox"/> Well Evaluation (P/A) <i>(Coliform Bacteria and Nitrate Screen)</i>	N/A
<input type="checkbox"/> Non-Community Survey <i>(Coliform Bacteria, Quantified Nitrate & Pickup)</i>	\$60.00
<input type="checkbox"/> MCDH Staff Water Sample Pick-Up Fee	\$60.00

**for Quantitative Nitrate: PLEASE NOTE THAT SAMPLES MUST BE RECEIVED ON ICE AND DROPPED OFF SAME DAY AS COLLECTED*

RESULTS *(Lab Use Only)*

Colilert (P/A)

TC: Present Not Present

E. Coli: Present Not Present

Opinion: Satisfactory Unsatisfactory

Nitrate Screen (ppm): <1 ≥2 to <5 ≥5 (Need to Quantify)

Residential Sample < max recommended MCL > Max recommended MCL (Max Contaminate Level =10)

Nitrite Screen (ppm): <0.15 ≥0.3 to <1.0 ≥1.0 (Need to Quantify)

Residential Sample < max recommended MCL > Max recommended MCL (Max Contaminate Level =1)

Res Chlorine Free: Present Not Present or _____ mg/l

Total: Present Not Present or _____ mg/l

Colilert (Quanti-Tray)

TC (mpn): _____

E. Coli (mpn): _____

Opinion: Satisfactory Unsatisfactory

Private Lab: Nitrate Pace Analytical Services, LLC Date Sent: _____

Nitrite Other Lab Date Sent: _____

Arsenic

Other _____

Lab Results Received Date: _____ Lab ID # _____

Remarks:

LAB USE ONLY

IDPH LAB REGISTRY NUMBER: 17539

Total Fee \$ _____

Check Cash Credit Card Bill

Sample Received By:

Date: _____
Time: _____ (AM/PM)

*Quantitative nitrate only: RECEIVED ON ICE y n

Sample Read By:

Date: _____
Time: _____ (AM/PM)

Sample Reported Out By:

Date: _____
Time: _____ (AM/PM)