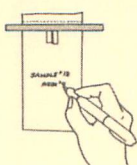


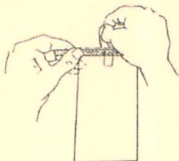
Sampling Instructions

To assure proper analysis of your sample, please follow these instructions carefully.

1. Run cold water at full force for 5 minutes before drawing sample.
2. Turn off water and remove any attachments (do not sample through hose or pull-out tap). Use a match or cigarette lighter to sterilize the faucet by applying the flame to the edge/opening of the faucet for 3-6 seconds.



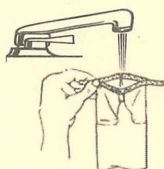
3. Label the bag with your name and phone # using a ballpoint pen



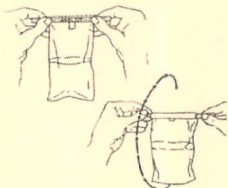
4. Tear off the top of the bag along the perforation



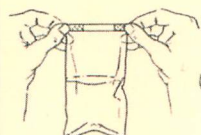
5. Use pull tabs on each side to open the bag. Don't touch inside the bag.



6. Fill sample bag with water leaving one inch of space at the top.



7. Pull the ends of the wire to close the bag. Holding the bag by the wire ends, whirl the bag three complete revolutions to form a leakproof seal.



8. Bend the wire ends over onto the bag or bring the two ends together & twist to complete the closing.

- Samples from a regularly chlorinated system must be collected in a special container if bacteria is requested.
- Transport sample on ice to authorized drop-off location the same day it was collected, if possible.
- Lab must analyze the water sample within 30 hours.
- Analysis must be paid in full when sample is submitted.
- Verbal results for most analyses are available within 3 business days.
- Lead samples must be collected, first water out of tap before flushing, from a tap unused for the previous 6-20 hours ("first-draw")

Sample Drop Off Locations

In addition to the lab, the following locations are authorized to accept samples for Pure Test:

Martin Appliance & Water
740 East Lincoln Avenue, Rt. 422 East
Myerstown, PA 17067
717-866-7555
Hours: MW8-5, TuTh8-8, F8-3

Martin Appliance & Water
2318 Beaver Valley Pike,
Rt. 222 North of Quarryville
New Providence, PA 17560-9690
717-786-7373
Hours: MW8-5, TuTh8-8, F8-10

Martin Appliance & Water
1717 W. Main Street, Rt. 322 West
Ephrata, PA 17522
717-733-7730
Hours: MTuTh8-8, W8-5, F8-12

Martin Appliance & Water
4216 Oregon Pike, Rt. 272 North
Brownstown, PA 17508
717-859-3131
Hours: MW8-5, TuTh8-8, F8-11

Martin Appliance & Water
308 W. Penn Ave., Rt. 422 West
Cleona, PA 17042
717-273-7555
Hours: MW8-5, TuTh8-8, F8-12

Martin Appliance & Water
4850 Perkiomen Avenue, Rt. 422
Reading, PA 19606
610-401-0390
Hours: MTuTh8-8, W8-5, F No Samples

Note: Sample may be submitted to each location only during the hours listed.



PA State Certified #38-338
MD State Certified #345

729 East Lincoln Avenue
Myerstown, PA 17067
717-866-2234 800-866-5192
results@puretest.com
www.puretest.com

Completely Fill Out Steps 1-3

1. Customer Information (Bill To)

Sample Location (if other than bill to)

Attention _____
Name _____
Street _____
Town/St / Zip _____
Phone # _____
Email _____

Name _____
Street _____
Town _____
State/Zip _____

2. Sample Information

Sample Collector: _____ Customer Signature: _____
Please Print Name

Date Collected: ____/____/____ Time Collected: ____:____:____ A.M. P.M.

<i>Sample Location</i>		<i>Treatment of Water</i>		<i>Sample Type</i>	
<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Pressure Tank	<input type="checkbox"/> Softener	<input type="checkbox"/> Filter	<input type="checkbox"/> Private	
<input type="checkbox"/> Outdoor Tap	<input type="checkbox"/> Milkhouse	<input type="checkbox"/> UV Light	<input type="checkbox"/> Chlorination	<input type="checkbox"/> City Water	
<input type="checkbox"/> Effluent	<input type="checkbox"/> _____	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> None	<input type="checkbox"/> DEP	
	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Real Estate	
				<input type="checkbox"/> PDA (Ag)	

3. Elements To Be Tested

<input type="checkbox"/> Bacteria	<input type="checkbox"/> Hardness	<input type="checkbox"/> Lead	<input type="checkbox"/> Chlorine	<input type="checkbox"/> _____
<input type="checkbox"/> Nitrates	<input type="checkbox"/> Iron	<input type="checkbox"/> Alkalinity	<input type="checkbox"/> Manganese	<input type="checkbox"/> _____
<input type="checkbox"/> TDS	<input type="checkbox"/> pH	<input type="checkbox"/> Sulfates	<input type="checkbox"/> Chloride	<input type="checkbox"/> _____

Denmar Use Only

*This area must be filled out by authorized personnel only
Blue highlighted areas are mandatory.*

Subtotal \$ _____ Check # _____ VISA/MC
Pickup Fee \$ _____ Cash No Charge Discover
Total \$ _____ **MWC#** _____ AMX
Date Received ____/____/____ Time Received ____:____:____ A.M. P.M.

Sample Origin

<input type="checkbox"/> B-town	<input type="checkbox"/> Cleona
<input type="checkbox"/> Ephrata	<input type="checkbox"/> E-ville
<input type="checkbox"/> Q-ville	<input type="checkbox"/> M-town
<input type="checkbox"/> Reading	<input type="checkbox"/> Lab
<input type="checkbox"/> Package	<input type="checkbox"/> LTV
<input type="checkbox"/> _____	

ON ICE - YES NO Reporting Method: Email Mail

Temp. _____ **Clerk Receiving Sample** _____
Comments: _____ Please Print Name Clearly
Cont. _____
Pres. _____