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WATER POTABILITY TEST KIT

INCLUDES *E. COLI*, TOTAL COLIFORM, AND NITRATE - \$45

For Noncompliance Use

DIRECTIONS

1. Wash hands thoroughly before sampling water. Do not touch the inside of the sampling bottle.
2. Remove any aerators, strainers, hose attachments, mixing faucets and purification devices on water tap.
3. Sterilize internal/external tap surfaces with alcohol, dilute bleach solution or direct flame.
4. Run cold water tap for at least 5 minutes to stabilize temperature and clear service line.
5. The sample bottle contains a sodium thiosulfate tablet/powder preservative. Do not rinse the sample container.
6. Fill the sterile sample container above the 100ml line, replace cap and insure the bottle does not leak.
7. Fill out bottle label and complete the form below. **A signature is required for analysis.*
8. Keep the water sample cold, on ice or in a cooler 33-41°F (1-5°C) during transit.
9. Ship next day express or return it to the lab ASAP. Samples must be received within 24 hours from the time of sampling, please plan accordingly.

TEST SITE AND REPORTING INFORMATION

Site address: _____ City: _____ State: _____ Zip: _____

Sampler's name: _____ Phone no.: _____

Date taken: _____ Time taken: _____ Sodium tablet removed: Yes No

Water source (e.g., exterior spigot, kitchen tap, etc.): _____

Email(s) for results: _____

Special notes: _____

Relinquished by (signature*): _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____

ADDITIONAL TESTS

- FHA/VA: *E. coli*, total coliform, nitrate, nitrite and lead-\$95 FHA/VA + ARSENIC-\$120 LEAD-\$45
- ARSENIC-\$45 NITRITE-\$25 FLUORIDE-\$25 SODIUM*-\$25 Other: _____
- ANIONS*: fluoride, chloride, nitrate, nitrite, phosphate and sulfate-\$65 *E. coli* and total coliform-\$30
- TOXIC METAL SCAN*: silver, arsenic, barium, cadmium, chromium, copper, selenium and zinc-\$105
- WELL TREATMENT*: specific conductance, hardness, pH, calcium and magnesium-\$65

Note: only one additional sample container, without the sodium tablet, is required these tests

PAYMENT OPTIONS

1. My check is enclosed (payable to Absolute Labs, Inc.)
2. Charge my: MC VISA AMEX DISC ACCOUNT KEEP MY INFORMATION ON FILE
 Name: _____
 Credit card #: _____ Exp. date: _____
 Billing address: _____
 City, State, Zip: _____
3. Pay online: <http://www.testittoday.com/product/water/> - Order no.:

**By signing this form the client agrees to the terms and conditions posted on absolutelabs.net and testittoday.com.*

LAB USE ONLY Lab/file: _____ Sample received packed on ice or with cold ice pack: Yes No

Sample temperature as received: _____ Sample accepted: Yes No

Results: *E.COLI*: _____ T.COLI: _____ NO₃-N: _____