



MCHENRY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
2200 NORTH SEMINARY AVENUE
WOODSTOCK, ILLINOIS 60098
PH: 815-334-4585
FAX: 815-334-4637
WEBSITE: www.mcdh.info

LAB USE ONLY
LAB ID NUMBER: _____

CHAIN OF CUSTODY FORM

COLLECTOR INFORMATION <i>(Please fill in and mark all sections)</i>		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bottle Type(s): <input type="checkbox"/> Regular <input type="checkbox"/> Thiosulfate (Chlorinated Supply) <input type="checkbox"/> Quantitative Nitrates		
Sample Number _____ of _____		
Sample Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Resample <input type="checkbox"/> Non Community Survey		
Sample Type: <input type="checkbox"/> New / Replacement / Modified Well → Permit Number: _____ <input type="checkbox"/> Non-Community → IL3: _____ <input type="checkbox"/> Sanitarian Request → File Number: _____ <input type="checkbox"/> Well Evaluation → RFS Number: _____ <input type="checkbox"/> Other (please specify): _____		
Contact Person Name: _____		
Contact Person's Phone Number: _____		
Preferred Method of Receiving Results: <input type="checkbox"/> Mail <input type="checkbox"/> Fax → Fax Number: _____ <input type="checkbox"/> Email → Email Address: _____		
Analysis Type (please indicate)		Fee
<input type="checkbox"/> Standard Test (P/A) <i>Coliform Bacteria and Nitrate Screen</i>		\$28.00
<input type="checkbox"/> Well Evaluation (P/A) <i>Coliform Bacteria and Nitrate Screen</i>		N/A
<input type="checkbox"/> New / Replacement / Modified Well (P/A)	<i>Coliform Bacteria and Quantified Nitrate</i>	\$28.00
	<i>Total Residual Chlorine (Required for new wells)</i>	\$5.00
<input type="checkbox"/> Coliform Bacteria Only (P/A)		\$18.00
<input type="checkbox"/> Coliform Bacteria Only (Quanti-Tray) <i>Prior Department Approval Required</i>		\$18.00
<input type="checkbox"/> Residual Chlorine: <input type="checkbox"/> Free or <input type="checkbox"/> Total		\$5.00 each
<input type="checkbox"/> Nitrate (Screen)		\$10.00
<input type="checkbox"/> Nitrate (Quantitative)		\$15.00
<input type="checkbox"/> Nitrite (Screen)		\$10.00
<input type="checkbox"/> Nitrite (Quantitative)		\$15.00
<input type="checkbox"/> Non-Community Survey (<i>Coliform Bacteria, Quantified Nitrate & Pickup</i>)		\$60.00
<input type="checkbox"/> MCDH Staff Pick-Up Fee		\$60.00

RESULTS *(Lab Use Only)*

<u>Colilert (P/A)</u>		
TC:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
E. Coli:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Opinion:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Opinion: ☐ Satisfactory ☐ Unsatisfactory

Non Community ☐ Satisfactory ☐ Unsatisfactory

Non Community ☐ Satisfactory ☐ Unsatisfactory

Total: ☐ Positive ☐ Negative or _____ mg/l

TC (mpn): _____

E. Coli (mpn): _____

Opinion: ☐ Satisfactory ☐ Unsatisfactory

Opinion: ☐ Satisfactory ☐ Unsatisfactory

☐ Other ☐ Lab Results Received Date: Lab ID #

<u>LAB USE ONLY</u>	IDPH LAB REGISTRY NUMBER: 17539
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Total Fee \$_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Bill
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Sample Received By:	Date: Time (AM/PM):
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Sample Read By:	Date: Time (AM/PM):
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Sample Reported Out By:	Date: Time (AM/PM):
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