



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](http://www.mcdh.info)

<b>LAB USE ONLY</b>
LAB ID NUMBER: _____

## CHAIN OF CUSTODY FORM

COLLECTOR INFORMATION (Please fill in and mark all sections)		
<b>Name / Facility:</b>		
<b>Source Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Mailing Address (if different):</b>	<b>City:</b>	<b>Zip:</b>
<b>Date Sample Collected:</b>		
<b>Time Sample Collected:</b>		
<b>Sample Collected By:</b>		
<b>Sampling Point / Location:</b>		
<b>Has the well been chlorinated in the past two weeks:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Bottle Type(s):</b> <input type="checkbox"/> Regular <input type="checkbox"/> Thiosulfate (Chlorinated Supply) <input type="checkbox"/> Quantitative Nitrates		
<b>Sample Number</b> _____ <b>of</b> _____		
<b>Sample Purpose:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Resample <input type="checkbox"/> Non Community Survey		
<b>Sample Type:</b> <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): _____		
<b>Contact Person Name:</b>		
<b>Contact Person's Phone Number:</b>		
<b>Preferred Method of Receiving Results:</b> <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>		<b>\$28.00</b>
<input type="checkbox"/> Well Evaluation (P/A) <i>Coliform Bacteria and Nitrate Screen</i>		<b>N/A</b>
<input type="checkbox"/> New / Replacement / Modified Well (P/A)	<i>Coliform Bacteria and Quantified Nitrate</i>	<b>\$28.00</b>
	<i>Total Residual Chlorine(Required for new wells)</i>	<b>\$5.00</b>
<input type="checkbox"/> Coliform Bacteria Only (P/A)		<b>\$18.00</b>
<input type="checkbox"/> Coliform Bacteria Only (Quanti-Tray) <i>Prior Department Approval Required</i>		<b>\$18.00</b>
<input type="checkbox"/> Residual Chlorine: <input type="checkbox"/> Free      or <input type="checkbox"/> Total		<b>\$5.00 each</b>
<input type="checkbox"/> Nitrate (Screen)		<b>\$10.00</b>
<input type="checkbox"/> Nitrate (Quantitative)		<b>\$15.00</b>
<input type="checkbox"/> Nitrite (Screen)		<b>\$10.00</b>
<input type="checkbox"/> Nitrite (Quantitative)		<b>\$15.00</b>
<input type="checkbox"/> Non-Community Survey ( <i>Coliform Bacteria, Quantified Nitrate &amp; Pickup</i> )		<b>\$60.00</b>
<input type="checkbox"/> MCDH Staff Pick-Up Fee		<b>\$60.00</b>

**RESULTS (Lab Use Only)**

**Colilert (P/A)**

TC:            Positive            Negative  
 E. Coli:        Positive            Negative  
 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)  
 Non Community        Satisfactory            Unsatisfactory

Nitrates Sent to Private Lab

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)  
 Non Community        Satisfactory            Unsatisfactory

Nitrites Sent to Private Lab

Res Chlorine Free:    Positive    Negative or \_\_\_\_\_ mg/l  
                           Total:    Positive    Negative or \_\_\_\_\_ mg/l

**Colilert (Quanti-Tray)**

TC (mpn): \_\_\_\_\_  
 E. Coli (mpn): \_\_\_\_\_  
 Opinion:        Satisfactory       Unsatisfactory

**Private Lab:**    Nitrate                            PDC Laboratories, Inc.   Date Sent: \_\_\_\_\_  
                        Nitrite                            Other Lab                    Date Sent: \_\_\_\_\_  
                        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): \_\_\_\_\_

Sample Read By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time (AM/PM): \_\_\_\_\_

Sample Reported Out By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time (AM/PM): \_\_\_\_\_