

# Garden State Laboratories, Inc.

Bacteriological and Chemical Testing



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Main Lab  
410 Hillside Avenue  
Hillside, New Jersey 07205  
NJDEP Lab Cert. #20044

Mathew Klein, M.S., Founder (1916-1996)  
Harvey Klein, M.S., Laboratory Director  
Jordan B. Klein, B.A., Exec. Vice President  
Sharon Ercoliani, B.A., Laboratory Manager

Jersey Shore Lab  
54 Main Street  
Waretown, New Jersey 08758  
NJDEP Lab Cert. #15037

## **Bacteria (Coliform and Heterotrophic Plate Count) Sampling Procedure**

1. Choose a tap that most closely represents the water in your distribution system. It is preferred to use a tap with separate cold and hot spigots, not use a mixed faucet type. Also, try not to use a swivel faucet.
2. Remove any attachments, aerators, washers, screens hoses or filters. Use an alcohol wipe, flame or alcohol spray to disinfect the tap nozzle area.
3. Turn the cold water on only. Let it run steadily for 2-3 minutes.
4. Reduce flow to a moderate stream (similar to filling a glass of water). Unseal sampling jar and fill jar with water to **BETWEEN THE 100ml LINE AND 120ml LINE**. Be careful not to overflow or under fill, it will be rejected by laboratory.

**NOTE:** *Do not touch or let anything contact the inside of the jar, the rim or the inside of the cap. The sample bottles are sterile. Also, do not rinse out the jar prior to sampling. The granular material is Sodium Thiosulfate and is intended to be there. Please use caution not to inhale or ingest. Do not let children handle these bottles.*

5. Fill out label and attach to bottle.
6. Keep sample refrigerated or on ice while storing or transporting. It is preferred to use blue ice (Ice Packs). If storing on ice, place sample in plastic or zip lock bag to avoid contamination. Please make sure sample is at the laboratory or lab pick-up location on the day it is sampled. (The analysis must be started within 30 hours of sampling for Total Coliform and 24 hours for Heterotrophic Plate Count).
7. Fill out the Chain-of-Custody carefully. Make sure to include your full name and address, phone number, sample location, **date** and **time** sample was taken, and Test(s) that you wish to have performed. Include only the test(s) that you want to have performed. Attach payment onto Chain-of-Custody. Costs for tests are: Total Coliform \$60.00, Heterotrophic Plate Count \$50.00.

**\*\*\*\*\*There is a minimum invoice requirement of \$100.00.\*\*\*\*\***

### Laboratory Locations:

<b>Main Lab</b>	<b>Jersey Shore Lab</b>
410 Hillside Avenue	54 Main Street
Hillside, NJ 07205	Waretown, NJ 08758

### Additional Drop off Locations:

<b>West Jersey</b>	<b>North Jersey</b>
2050 Route 31 North	225 Sparta Avenue
Glen Gardner, NJ 08826	Sparta, NJ 07871