



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Peter Lyskowski**  
Acting Director



**Jeremiah W. (Jay) Nixon**  
Governor

Private Water Testing Clients of the Missouri State Public Health Laboratory

November 10, 2015

Dear Private Water Sample Submitters:

The Missouri State Public Health Laboratory (MSPHL) is in the process of implementing a new Laboratory Information Management System (LIMS) in its drinking water bacteriology testing laboratory. The OpenELIS (OE) LIMS will provide the laboratory with improved sample management capability, improved data integrity and reduced potential for human data entry error. In addition, the system will provide improved reporting capabilities, including a web portal that MSPHL clients can use to view and print their own test results in real time.

As the MSPHL implements this new computer system, several changes will be made in the way you collect and submit water samples for testing. This letter and information packet will provide you with information to help educate you on these changes.

**NEW SAMPLE BOTTLES:**

Beginning in August 2015, the MSPHL began using a larger sample bottle for water bacterial testing. This bottle has a shrink wrap seal and two lines to indicate the proper sample volume. Please read the attached "SAMPLE COLLECTION INSTRUCTIONS" for details on how to use these new bottles.

**Sample volume MUST be within the two lines on the bottle (100 – 120 mL) to be acceptable for testing.** You may continue to use your old bottles until the MSPHL can ship you new ones. Once you have received the new bottles, please discard or recycle the old bottles.

**NEW SAMPLE INFORMATION FORMS:**

The traditional sample information "card" that has been used for more than twenty years is being replaced by the **Environmental Sample Collection Form**. An example form is attached. Please read the attached instructions for information on properly completing the new form.

Changes to the form include the following:

1. Form size is expanded to a single 8 ½" x 11" sheet of paper. The form is no longer in a triplicate carbon copy format. You may choose to photocopy for your records if you prefer.
2. The form is printed by the OE LIMS and will be pre-populated with your agency or business name and address. When you request sampling kits from the laboratory, staff will ask you to verify this information so that sampling forms are printed accurately. Blank forms without pre-printed names and address will be available from local public health agencies for use by the general public.
3. The form requires all requested information to be printed by the collector. There are no longer check boxes. See the attached "Sample Collection Instructions" for details on options for completing specific lines on the form.

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

4. There are no longer different forms for “Official” or “Unofficial” samples. Historically, an “Official” sample was collected by a state or local public health agency staff person, or someone licensed by DHSS to inspect water systems and collect samples. “Unofficial” samples were those collected by the general public. These designations no longer have any significance to public health. Lending institutions or other agencies requiring an “Official” sample designation will have to use the submitter’s information from the test results report to determine if the sample meets their requirements for acceptability.

The MSPHL will begin shipping the new forms to those requesting private water sampling kits in late November or early December. **Please begin using the new forms December 16, 2015.** Discard or recycle all the old forms at that time. To request new forms, contact the MSPHL Central Services Unit at 573-751-4830.

#### **NEW SAMPLE INSTRUCTIONS:**

Sample instructions have been revised to include changes to the bottle and sampling form. The instructions include detailed information on how to collect the sample using the new bottle, how to complete the new sample collection form, how to best ship samples to the MSPHL using the free MSPHL courier system, and how to register for the new MSPHL web portal. A copy of these instructions is attached.

#### **PAYMENT FOR TESTING MUST BE INCLUDED WITH THE SAMPLE**

Effective December 1, 2015, payment of the \$10 handling fee for private water bacterial testing **MUST** be included with the sample in order for it to be tested. Enclose a check or money order made out to DHSS (NO CASH PLEASE) in the payment envelope included in the new sampling kits. Seal the envelope and place in the shipping box with the sample and collection form. **The sample will not be tested if payment is not included.**

Please note the following facilities are exempt from paying the \$10 handling fee:  
State and local government entities (including City/County Health Agencies), WIC assisted households, foster homes, head start/day care facilities and USDA inspected meat processing facilities. Enter your facility type in the No Charge Justification section of the Environmental Sample Collection Form. All other submitters are required to pay the handling fee.

There will be a short grace period during which the MSPHL will continue to test samples without payment if the submitter happens to use an older sampling kit. The submitter will still be billed for the testing. Payment is expected with the sample once the submitter has the new kits available for their use. **Please begin using the new sampling kits and collection forms December 16, 2015.**

#### **NEW WEB PORTAL FOR RESULTS REPORTS**

The OE LIMS provides a web portal that may be used by submitters to view and print their test result reports, check status of samples, download sample information into Excel, and receive automated emails when samples are received at the laboratory, and when sample results are ready to be viewed. For information on how to gain access to this portal, please contact Shondra Johnson, LIMS Administrator at [Shondra.Johnson@health.mo.gov](mailto:Shondra.Johnson@health.mo.gov) or at 573-751-3334.

We encourage all our private water sample submitters to sign up for the portal. Access is granted per individual, so an agency may have several staff with portal access. Results reports will be available in PDF format on the portal the same day that testing is completed (typically one day after sample receipt). You will no longer have to wait for results reports to arrive in the mail, as you will now be able to print your own reports on demand.

**IMPLEMENTATION DATES:**

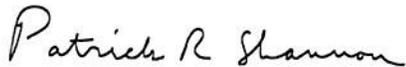
The MSPHL intends to implement the OpenELIS LIMS on **December 1, 2015**. There will be a two week testing period in which laboratory staff will run the new LIMS in conjunction with our current manual, paper-based system to ensure the OE LIMS is operating properly. You may continue to submit samples as you currently do, using the old sample information forms, throughout this time.

**On December 16, 2015, the MSPHL plans to “go-live” with the new OE LIMS.** Samples submitted after that date should be submitted on the new Environmental Sample Collection Form. At that time, the MSPHL Test Results Web Portal will also be available to those clients that have been granted access. Please discard or recycle all old forms and sample bottles at that time.

The MSPHL understands there will be a lot of changes to a system that has been in place for many years. The MSPHL is excited about the added benefits from this new system, and we ask for your patience as we implement the OpenELIS LIMS at the Missouri State Public Health Laboratory.

If you have any questions, please contact the MSPHL Environmental Bacteriology Unit at 573-751-3334.

Once again, thank you for your patience and understanding as we implement these changes.



Patrick R. Shannon  
Manager, Environmental Bacteriology Unit

Missouri Department of Health and Senior Services  
State Public Health Laboratory  
101 North Chestnut St.  
P.O. Box 570  
Jefferson City, MO 65102

Phone: 573-751-3334  
Email: [Pat.Shannon@health.mo.gov](mailto:Pat.Shannon@health.mo.gov)  
Web: [www.health.mo.gov/Lab](http://www.health.mo.gov/Lab)

Order #: 986



Pages in Order: 1 of 1

Containers in Order: 1

REPORT TO:

17



ACCURATE SEPTIC & WELL INSPECTION  
160 STABLE RIDGE DR  
TROY, MO 63379

BILL TO:

17



ACCURATE SEPTIC & WELL INSPECTION  
160 STABLE RIDGE DR  
TROY, MO 63379

Environmental  
Sample Collection Form

Requested Analyses/Tests

PRIVATE DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. There is a \$10.00/sample fee for Private Drinking Water analysis. Please place money order or check in the envelope provided and submit with the water sample. The money order/check should be addressed to the Department of Health & Senior Services or DHSS. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

|  |   |
|--|---|
| Collected Date: _____<br><small>yyyy-mm-dd</small>                                     | Collected Time: _____<br><small>24 hour format hh mm</small>                      |
| Collector: _____<br><small>Print last, first name</small>                              | Collector Phone: _____<br><small>000/111-2222</small>                             |
| Collection Location<br>Street Address: _____   | Collection Location<br>City: _____  |
| Collection Location<br>State: _____  | Collection Location Zip<br>Code: _____  |
| Inspector ID Number: _____   | Bottle Number: _____  |
| Collection Location<br>Facility Name: _____  | Collection Location<br>County: _____  |
| Collection Location<br>GPS Latitude: _____   | Collection Location<br>GPS Longitude: _____                                       |
| Owner: _____<br><small>Print last, first name</small>                                  | Owner Telephone<br>Number: _____<br><small>000/111-2222</small>                   |
| Supply Type: _____<br><small>See instructions for options</small>                      | Location Type: _____<br><small>See instructions for options</small>               |
| Location Establishment<br>Number: _____<br><small>See instructions for options</small> | Construction Type: _____<br><small>See instructions for options</small>           |
| Sewage Disposal: _____<br><small>See instructions for options</small>                  | Resample After<br>Treatment: _____<br><small>See instructions for options</small> |
| No Charge Justification: _____<br><small>See instructions for options</small>          |   |

For Laboratory Use Only -- Please do not write below this line

|   |   |
|---|---|
| Received By: _____  | pH: _____   |
| Evidence of Tampering: <input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence of Cooling: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Printed: 2015-11-06  | Temperature ( Celsius ): _____  |
| Bottles Received: _____   | Thermometer ID: _____   |

BUILD ID \_\_\_\_\_

BUILD ID \_\_\_\_\_

PLACE THE ACCESSION  
LABEL WITHIN THIS BOX

Missouri Department of Health & Senior Services  
State Public Health Laboratory  
101 N. Chestnut  
PO Box 570  
Jefferson City, MO 65102  
<http://www.health.mo.gov/lab/index.php>  
Bill Whitmar, Laboratory Director



EN 062015



# SAMPLE COLLECTION INSTRUCTIONS

PRIVATE DRINKING WATER for COLIFORM and E. COLI BACTERIA ANALYSIS



This sample kit and collection method is for private drinking water samples for bacterial analysis. Only samples collected in bottles supplied by the Missouri State Public Health Laboratory (MSPHL) and collected in accordance with these instructions will be accepted for testing. **PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE COLLECTING SAMPLES.**

## **Sample Containers:**

Sample bottles from the MSPHL contain a chlorine neutralizer that is present in powder or liquid form. The bottles are sterile and ready for use when shipped. **Do not rinse the contents from the container and keep the bottle closed until it is to be filled.**

## **Shrink Wrap Seal:**

Remove the seal by pulling down on the red strip and peeling shrink wrap from both the cap and bottle. Discard all shrink wrap. Do not attempt to reseal lid with shrink wrap still attached.

## **Two Fill Lines:**

**Fill the bottle until the water sample level is BETWEEN THE TWO LINES.** Place the bottle on a level surface to check the sample level. **Samples below the 100 mL (lower) line WILL NOT BE TESTED due to insufficient sample volume. Samples above the 120 mL (upper) line WILL NOT BE TESTED due to overfilled bottle.** Technical protocol and EPA requirements dictate that bottles must have sufficient air space to add testing reagents and to mix the sample properly.

If the bottle is overfilled past the 120 mL line, pour off water until the sample volume is between the two lines before shipping to MSPHL. MSPHL **WILL NOT** adjust sample volume once the sample is received at the lab.

## **No Paper Label:**

There is no longer a label to record sample information on the bottle. **DO NOT WRITE ON THE BOTTLE.** Please complete a sample collection form for each sample submitted for testing. **DATE AND TIME OF SAMPLE COLLECTION and the BOTTLE NUMBER (from sticker on bottle) ARE REQUIRED.** A form for each bottle is included in this sample kit.



← Max. fill line

← Min. fill line

## **For More Information, please contact:**

Missouri Department of Health and Senior Services  
State Public Health Laboratory  
Environmental Bacteriology Unit  
101 North Chestnut St., P.O. Box 570  
Jefferson City, MO 65102

Phone: 573-751-3334

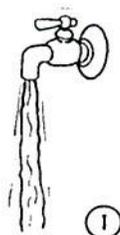
FAX: 573-522-4032

Email: [labweb1@health.mo.gov](mailto:labweb1@health.mo.gov)

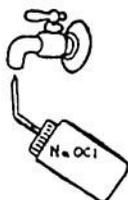
Website: [www.health.mo.gov/Lab](http://www.health.mo.gov/Lab)

## Bacteriological Sample Collection Procedures

Assemble all of the sampling supplies. Before you begin, wash your hands thoroughly before handling supplies. The sample should be taken from a clean, smooth-nosed cold water faucet if possible. Recommended locations include hose bibs located on the house foundation wall, or a faucet near the pressure tank inside the house. **Avoid drinking fountains, leaky faucets, hot/cold mixing faucets and frost-proof yard hydrants since it is not practical to sterilize these fixtures. If possible, remove any aerators, strainers or hoses that are present because they may harbor bacteria.** Follow the procedures below when collecting the sample. Instructions for completing the Environmental Sample Collection Form are on the following page.



1



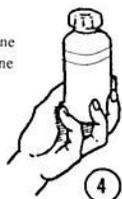
2



3

Bottle is clean and sterile,  
ready for sample  
(Remove and discard plastic seal)

Max. Fill Line  
Min. Fill Line

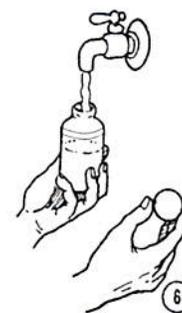


4



5

1. **Open the cold water tap for about 3 minutes before collecting the sample.** This should adequately flush the water line of any debris.
2. **Chemically disinfect the tap** by thoroughly rinsing both the inside and outside of the tap with a 100 ppm solution of sodium hypochlorite (bleach NaOCl). A 100 ppm solution can be made by mixing ¼ ounce (1.5 teaspoons) of household bleach with one gallon of clean water. If tap cleanliness is questionable, provisions should be made to allow the solution to remain in contact with the tap for up to 15 minutes or to increase the strength of the bleach solution to ensure adequate disinfection.
3. **Flush the tap for an additional 3 minutes with cold water, and then reduce to a gentle flow** to permit filling the bottle without splashing.
4. **Remove the plastic shrink wrap seal** by pulling down on the red strip and peeling the shrink wrap from both the cap and bottle. **Discard the shrink wrap.** Do not attempt to reseal the lid with shrink wrap still attached.
5. **Grasp cap along top edge and remove carefully. Do not touch the inside with your fingers.** Hold the bottle in one hand and the cap in the other. **Do not lay the cap down or put it in a pocket!** Also, take care not to contaminate the sterile bottle or cap with your fingers or permit the faucet to touch the inside of the bottle.
6. Hold the bottle so that water entering the bottle will not come in contact with your hands or the outside of the bottle.
7. **Fill the bottle until the water sample level is BETWEEN THE TWO LINES on the bottle (100 – 120 ml).** Preferably, the sample level should be at or just slightly above the 100 ml line. **Sample levels below the 100 ml (lower) line WILL NOT BE TESTED** due to insufficient sample volume. **Sample levels above the 120 ml (upper) line WILL NOT BE TESTED** due to overfilled bottle. If the bottle is overfilled, you may pour off any excess water to get the sample level between the two lines. Place the cap on the bottle and screw it down tightly.
8. **Fill out the Missouri Department of Health and Senior Services (DHSS) State Public Health Lab (SPHL) Environmental Sample Collection Form using waterproof ink.** See attached document for instructions on properly completing the sample collection form and for shipping instructions.
9. For single samples, neatly fold the sample collection form into thirds (standard letter fold), roll around the bottle and place in the shipping box. For multiple samples, fold the forms once or more as needed, and place in the shipping box alongside the samples. If needed, use bubble pack or folded paper to fill space. Do not use shredded paper. Seal the box with a single strip of shipping tape and affix the return address label to the top of the box.
10. **PAYMENT FOR TESTING MUST BE INCLUDED WITH THE SAMPLE.** Enclose check or money order made out to DHSS (NO CASH PLEASE) in the payment envelope included in the test kit. Seal the envelope and place in box with the sample bottle and collection form. **The sample will not be tested if payment is not included.** Only the following exempt facilities are not required to pay: State and local government entities (City/County Health Agencies), WIC assisted households, foster homes, head start/day care facilities and USDA inspected meat processing facilities. Enter your facility type in the No Charge Justification section of the Environmental Sample Collection Form.



6

Fill sample bottle until water level is between the two lines on the bottle.



7



DO NOT USE.



DO NOT USE.

# INSTRUCTIONS FOR COMPLETING ENVIRONMENTAL SAMPLE COLLECTION FORM

## Private Drinking Water Bacterial Analysis

**PRINT LEGIBLY** using water proof ink. A standard ink pen is sufficient. Complete ALL sample information lines on the form. Some sections of the form may already be completed by the laboratory computer system when the forms are printed. To make corrections, please draw a single line through the inaccurate information and print the corrected information behind it. The sections of the form and directions for completing each line are as follows:

**Order #:** For Missouri State Public Health Lab (MSPHL) purposes only. Pages in Order and Containers in Order indicate number of forms and sample bottles shipped in the sample kit order.

**REPORT TO:** Submitter / Collector Agency name and shipping address on file with the Missouri State Public Health Laboratory (MSPHL). Please review and correct if necessary. If using a blank form, complete name and address lines. Result reports and sample kits will be mailed to this address.

**BILL TO:** Section defaults to REPORT TO information. Payment must be received with the sample.

### **Requested Analysis/Tests:**

This section will state **PRIVATE DRINKING WATER BACTERIAL ANALYSIS**. If it does not, you may have the wrong collection form. Please contact the MSPHL or your local public health agency for the proper form. Your local public health agency can provide blank forms for your use or you may go to [www.health.mo.gov/Lab](http://www.health.mo.gov/Lab) and click the **Test Request Forms** link on the right side of the page. If you have been directed by the laboratory or local public health agency representative to request a different test (QuantiTray MPN or Iron Bacteria for example), please write it in the blank space in this section. You must have prior approval from the laboratory to request different or additional testing.

### **Complete or correct the following information:**

All lines are considered required information unless indicated as **NOT REQUIRED**. Failure to complete a line may result in an invalid sample.

**Collected Date:** Enter the date of sample collection in the format YYYY-MM-DD. Use 4 digits for year and 2 digits for month and date. November 1, 2015 would be written as 2015-11-01.

**Collected Time:** Enter the time of sample collection using 24-hour military format hh:mm. For samples collected in the morning between midnight (00:00) and noon (12:00) record as usual. For samples collected in the afternoon or evening between 1:00 p.m. (13:00) and 11:59 (23:59) add 12 to the hours. For example, a sample collected at 2:30 p.m. would be entered as 14:30. Any sample with a collected time before 12:00 would be considered as collected in the a.m.

**Collector:** Enter your last name, first name. **Collector Phone:** Enter your 10-digit day time phone number.

**Collection Location Street Address:** Enter the street address of the location where the sample was collected.

**Collection Location City:** Enter the city name of the location where the sample was collected.

**Collection Location State:** Enter the state of the location where the sample was collected.

**Collection Location Zip Code:** Enter the zip code of the location where the sample was collected.

**Inspector ID Number:** If you are a DHSS licensed inspector/installer, enter the ID number from your license.

**Bottle Number:** Enter the number from the label on the bottle. This is used to match collection forms to samples.

**Collection Location Facility Name:** If applicable, enter the name of the facility (business, agency, public facility) of the location where the sample was collected.

**Collection Location County:** Enter the county of the location where the sample was collected.

**Collection Location GPS Latitude:** NOT REQUIRED. If known, enter the GPS latitude (numerical format only).

**Collection Location GPS Longitude:** NOT REQUIRED. If known, enter the GPS longitude (numerical format only).

**Owner:** Enter the last name, first name of the property owner or current resident of the location where the sample was collected. This may be the same as Collector above if the homeowner or current resident is collecting and submitting the sample for testing.

**Owner Telephone Number:** Enter the 10-digit phone number of the property owner or current resident. This may be the same as Collector Phone above.

**Supply Type:** Enter one of the following options that best describes the source of the water sample:

**Private Well – Single Home** – Privately owned well or drinking water system serving a single home or property.

**Private Well – Multi Home** – Privately owned well or drinking water system serving multiple homes or properties.

**Community Public** – A public water system that serves a city, town, county or other incorporated entity. See definition of a public water system on page 5 below.

**Non-Community Public** – A public water system that is not part of a community system, but still serves the public, such as a rural school, restaurant, convenience store, small subdivision, etc. See definition of a public water system on page 5 below.

**Chill Water** – Dairy chill water system.

**Location Type:** If applicable, enter one of the following options that best describes the location where the sample was collected:

**Child Care Facility**

**Restaurant**

**Motel/ Resort**

**Grocery/Convenience Store**

**USDA Inspected**– A United States Department of Agriculture inspected meat processing facility.

**Non-USDA Inspected** – A non USDA inspected meat, fish or food processing facility.

**Dairy Farm**

**Location Establishment Number:** If applicable, enter the establishment number for the facility (USDA or FDA Inspected Facility, Food Processor, etc.).

**Construction Type:** Enter one of the following options that best describes the type of well construction or water source:

**Drilled Well** – A well that was constructed by drilling and casing into an aquifer.

**Driven Well** – A well that was constructed by driving pipe into an aquifer.

**Bored or Dug Well** – A well that was constructed by boring or digging into a shallow water table.

**Spring** – A free flowing surface water source (used for drinking water purposes only).

**Other** – Any well construction or water source type not described above.

**Sewage Disposal:** Enter one of the following options that best describes the type sewage disposal on the property where the sample was collected:

**City Sewer** – A city or subdivision sewage system with a treatment plant.

**On-Site** – An on-site sewage treatment system, such as a septic tank with leach field, lagoon or drip system.

**Resample After Treatment: YES/NO** Was this sample following chemical treatment of the water system after a prior positive sample?

**No Charge Justification:** DHSS has waived the test handling fee for the following types of facilities only. You may be required to provide proof of your facility's qualifications for this waiver. Enter one of the following options if applicable.

**Government:** State and local government entities (including City/County Health Agencies)

**WIC:** Women, Infant, Children Program assisted households

**Foster Home**

**Head Start**

**Child Care Facility**

**USDA:** USDA inspected meat processing facility

NOTE: All other sample submitters must enclose payment with the sample.

All other sections of the form are for MSPHL use only. If you have any questions, please contact the MSPHL Environmental Bacteriology Unit at (573) 751-3334.

### **Shipping Instructions:**

**Private water samples must be received by the laboratory and tested within 48 hours of the date and time of collection. The MSPHL recommends you use the free DHSS contract courier for overnight delivery to the MSPHL.** This courier picks up at most local public health agency offices and hospitals (Note: Not all hospitals will accept water samples for courier pick up). For sample drop off locations and times, please go to <http://www.health.mo.gov/lab/courierservices.php> and click on the interactive map or the listing of drop off locations by county; or you may call the MSPHL courier liaison at (573) 751-4830.

**Please note the courier is allowed to pick up samples within one hour of the scheduled time (before or after).** The earliest pick up time is at 10:30 a.m. To ensure your samples meet the transit time requirement of 48 hours, it is important that you collect your samples in the morning and have them dropped off at the courier pickup point one hour prior to the scheduled time.

Use of the U.S. Postal Service or other commercial carriers such as Fed Ex or UPS will require additional charges and may not meet the 48 hour transit time requirement.

**Samples should not be en route to the laboratory over a weekend or state holiday** (New Year's Day, Martin Luther King Day, Lincoln's Birthday, Washington's Birthday, Truman's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas.)

**Sample results will be mailed within two to three business days of receipt of the sample.**

For frequent clients of the MSPHL, sample results are also available immediately upon completion of testing through the MSPHL's new on-line web portal. This web portal allows MSPHL clients to check status of samples, print final reports and export data to spreadsheets for analysis. This portal will also allow clients to receive emails when their samples are received in the laboratory, and when their sample results are available on-line. Please contact Shondra Johnson, MSPHL LIMS Administrator at [Shondra.Johnson@health.mo.gov](mailto:Shondra.Johnson@health.mo.gov) or at (573) 751-3334 for instructions on how to request access to the web portal.

**Additional sample bottles** can be ordered on-line at <http://www.health.mo.gov/lab/specimentestforms.php> or by calling the MSPHL Central Services Unit at (573) 751-4830.

---

**For more information about private water supplies, contact your local county health department's Environmental Public Health Specialist, or the Missouri Department of Health and Senior Services at the following:**

**Missouri Department of Health and Senior Services  
Section for Environmental Public Health  
930 Wildwood Drive  
P.O. Box 570  
Jefferson City, MO 65102  
(573) 751-6141**

---

**For more information on private drinking water testing, please contact the Missouri State Public Health Laboratory at the following:**

**Missouri Department of Health and Senior Services  
State Public Health Laboratory  
Environmental Bacteriology Unit  
101 North Chestnut Street  
P.O. Box 570  
Jefferson City, Missouri 65102  
573-751-3334  
[www.health.mo.gov/Lab](http://www.health.mo.gov/Lab)  
Email: [labweb1@health.mo.gov](mailto:labweb1@health.mo.gov)**

---

**Public Water Systems:**

A water system that provides water for human consumption through constructed conveyances to at least 15 service connections, or regularly serves an average of at least 25 individuals for at least 60 days per year is defined as a public water system and is subject to regulation by the Missouri Department of Natural Resources (MDNR) per the federal Safe Drinking Water Act (SDWA). If your drinking water system meets either provision of this definition, you must contact the MDNR Public Drinking Water Branch at the following:

**Missouri Department of Natural Resources  
Division of Environmental Quality  
Water Protection Program  
Public Drinking Water Branch  
P.O. Box 176  
Jefferson City, Missouri 65102  
573-751-5331  
[www.dnr.mo.gov/env/wpp.dw-index.html](http://www.dnr.mo.gov/env/wpp.dw-index.html)**

# **ATTENTION PRIVATE DRINKING WATER SAMPLE SUBMITTERS**

**Effective December 1, 2015**

**Payment for private drinking water bacterial testing (\$10 handling fee) MUST accompany the sample or testing WILL NOT be performed.**

**Enclose a check or money order made out to DHSS (NO CASH PLEASE) in the envelope provided in the sample kit.**

**All submitters of private water samples, including DHSS licensed onsite wastewater system inspectors who must sample private drinking water systems, will be required to pay the handling fee.**

**The following exempt facilities are not required to pay:**

- 1. State and local government entities (including City/County Health Agencies)**
- 2. WIC (Women, Infants, Children) Program assisted households**
- 3. Foster Homes**
- 4. Head Start / Day Care facilities.**
- 5. USDA inspected meat processing facilities**

**Please enter your facility type in the No Charge Justification section of the sample collection form.**

**Please contact the Missouri State Public Health Laboratory, Environmental Bacteriology Unit, at 573-751-3334 if you have any questions.**