

FREE WATER ANALYSIS

1. Date Sample Taken: _____
2. Water Source: (circle all that apply) :
City Rural System Private Well River Stream Spring Rainwater Collection Other _____
3. Type of Plumbing: PVC Copper Iron Pex Galvanized
4. Is Pressure Tank: Painted Bladder-Type Galvanized Other _____ No Pressure Tank
5. Results of "Flow Rate Test" (directions are at "How To Test Your Flow Rate" on the "Testing Your Water" page of our website) Number of seconds it took to fill the bucket: _____ Size of the bucket: _____ gallons.
6. Does the water have a bad odor or taste? (circle all that apply) :
Rotten Egg Metallic Chlorine Stale Bitter Salty Fishy Muddy Sewage-smell Other _____
7. Does the water stain fixtures? No Yes If so, what color are the stains? _____
8. Color of the water as is comes OUT OF THE FAUCET (circle):
Clear Milky Rusty First-Clear-then-turns-a-color (what color? _____) Other _____
9. Number of people in the family: _____
10. Is this a full-time residence or a part-time ranch, cabin, vacation home? _____
11. Did Health Dept find the presence of Bacteria? No Yes:(circle) coliform e.coli No, we're on City Water
12. Remarks: _____

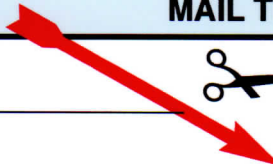
DIRECTIONS FOR TAKING A WATER SAMPLE

- A. Find a water spigot or faucet AFTER the pressure tank (if on a well) and BEFORE any filters or water treatment equipment you have (if any).
 - B. Let the water run for five minutes to flush the pipes, then fill an empty CLEAN 8 to 10 oz PLASTIC bottle with PLASTIC lid that used to have *only drinking water in it* (like AquaFina or Ozarka etc.) Do NOT use glass. Do NOT use bottles that had food, or medicine or ANYTHING in it other than drinking water.
 - C. Tighten the lid securely & place in a plastic "zip" bag. PUT YOUR NAME ON THE BOTTLE.
 - D. Complete the above FORM. Make sure you do a "Flow Rate" test as described in the Brochure & on the web-site. If other than City water, be sure to have the Health Dept. test for Bacteria.
 - E. Place the FORM & sample in a BOX (the post office has Small Flat Rate Priority Boxes or use your own), Cut Out the Mailing Label below and Tape it to the Box with Clear Tape. Be sure to put Priority Postage on the label.
- MAIL THE SAME DAY THE SAMPLE IS TAKEN.**

Name: _____
Mailing Address: _____

Shipping Address if different than above: _____

Phone(s): _____
.....
pH _____ TDS _____
Hardness _____ IRON _____



FROM: _____

PHONE # _____

**AFFIX
PRIORITY
MAIL
POSTAGE**

**TO: CARE FREE PRODUCTS
19796 POVERTY POINT
ROGERS, AR 72756**

|||||

PRIORITY MAIL

WATER SAMPLE