

New Jersey Department of Health-Public Health and Environmental Laboratories (PHEL) Wastewater Surveillance Monitoring Program Collection Form

New Jersey Department of Health Public Health and Environmental Laboratories 3 Schwarzkopf Drive | Ewing, NJ 08628 https://ww.nj.gov/health/phel/

Required Items:		Note: Shaded box	xes are for official use only
Wastewater Treatment Facility Name:			
Sample Type: Composite Grab	Sample Matrix:	□ Raw wastewater	□ Post-grit removal
Collection Date (mm/dd/yyyy):			
Collection Time (24-hr format):			
Influent Flow (MGD):			
Sample Volume (mL):			
<u>Optional</u>			
Collection Water Temperature (°C):			
Total Suspended Solids (TSS):			
pH:			
Heat Pasteurization (Y/N):			
Conductivity:			
Storage temperature:			
Comments:			
Delivered by : □ Courier □ Shipping PHEL Client Services: 609-418-9114	□ In Person	□ Other	
Friel Cheff Services: 609-416-9114			
WWTP Printed Name:		Phone:	
WWTP Signature:		Date:	

Collection Instructions:

- 1. Complete a separate form for each sample.
- 2. Please provide as much information on the requested form as possible.
- 3. Specimens should be labeled with:
 - Name of facility
 - Date of collection
 - Time of collection
- Please refrigerate all samples after collection, until pickup or shipment.
- Please follow all directions included in the **Wastewater Surveillance Monitoring Program Sampling Guide.**

If any questions arise, please reach out to the appropriate contact below:

PHEL Wastewater Testing Operations Teams						
Testing Function	Name	Phone	Email			
Shipping and Pickup;	Satyam Patel	609-418-9114	PHEL.MMU@doh.nj.gov:			
Coolers			Satyam.Patel@doh.nj.gov			
Sample testing	Nick Palmateer	609-718-8357	PHEL.Wastewater@doh.nj.gov;			
			Nicholas.Palmateer@doh.nj.gov			
Testing Results	NJDOH	-	CDS.WWS@doh.nj.gov			
	Communicable					
	Disease Service					