

Wastewater Surveillance Collection Form

New Jersey Department of Health

Public Health and Environmental Laboratories

3 Schwarzkopf Drive | Ewing, NJ 08628

https://www.nj.gov/health/phel/public-health-lab-testing/wastewater-surveillance/

Required Items:

Note: Shaded boxes are for official use only.

PHEL Sample ID:

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):				
Optional				
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			

WWTP Printed Name:	Phone:
WWTP Signature:	Date:



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Collection Instructions:

- 1. Complete a separate form for each sample.
- 2. Please provide as much information on the form as possible, including all required items.
- 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/Unit	Phone	Email
Shipping and Pickup;	Materials	609-718-8294	PHEL.MMU@doh.nj.gov
Coolers	Management Unit	609-718-8393	
		609-718-8302	
Sample testing	Lab Staff	609-718-8357	PHEL.Wastewater@doh.nj.gov
Testing Results	NJDOH Communicable	-	CDS.WWS@doh.nj.gov
	Disease Service		