

# Residential Filter Sampling Sheet

<b>Site:</b>	<b>EGAD #:</b>	<b>Date:</b>	<b>Sampler:</b>
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**Location Address:**

	Time	Location	Analysis: (PFAS, TOC, Potability...)
<b>Purge:</b>		Port    Other: _____	None
<b>After Filters:</b>		Port    Other: _____	
<b>Between Filters:</b>		Port    Other: _____	
<b>Before Filters:</b>		Port    Other: _____	
<b>Field Blank:</b>			
<b>Totalizer Reading:</b>	gallons		<b>Electrical Reading:</b>
<b>Filter Location:</b> (circle one)    Basement    Laundry Room    Closet    Shed    Other: _____			

Is the totalizer working?	YES	NO	UNSURE: _____
Are tags located on the correct ports? (before, between, after)	YES	NO	UNSURE: _____
Is there anything hanging on the filters or set on top of them?	YES	NO	UNSURE: _____
Has there been a change in the ownership, mailing address, or phone number for the homeowners?	YES	NO	UNSURE: _____
If yes, please note the new contact information:			

**Questions to address:**