

6905 Venture Circle
 Weston, WI 54476
 Telephone: 715-842-2215
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Sample ID:
 Laboratory ID: 105-508
 WDNR ID: 737240900

| | | | | | | | | | |
|--|---------------|--|----------|---|--|--|--------|--|--|
| Collection Date (MM-DD-YY) | | Time <input type="checkbox"/> am <input type="checkbox"/> pm | | Collected By _____ | | License # _____ | | | |
| Owner's Name | | | | Owner's Telephone Number | | | | | |
| Owner's Street Address | | | | Well Address (Street or Legal Description) | | | | | |
| City | | State | Zip Code | Township or City | | Zip | County | | |
| Mail/Email Results To: | Name _____ | | | | | | | | |
| | Address _____ | | | | Sample Placed on ice immediately: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | City _____ | | | | <input type="checkbox"/> Report to DNR | | | | |
| | Email _____ | | | | Unique Well ID _____ | | | | |
| Well Construction Information: | | Reason for Test: | | Sample Location: | | | | | |
| <input type="checkbox"/> Drilled <input type="checkbox"/> Jetted <input type="checkbox"/> Driven Point <input type="checkbox"/> Dug <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Annual Test <input type="checkbox"/> Pump Work <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Outside Tap <input type="checkbox"/> Other _____ | | | | | |
| Packages We Offer | | <input type="checkbox"/> Annual Water Test Pkg: (Coliform Bacteria/E-Coli, Nitrate) | | <input type="checkbox"/> Water Treatment Pkg: (pH, Alkalinity, Iron, Hardness, TDS) | | <input type="checkbox"/> Real Estate Pkg: (Nitrate, Coliform Bacteria/E-Coli, Arsenic) | | | |
| | | <input type="checkbox"/> Metals Pkg: (Arsenic, Lead, Copper) | | | | | | | |
| Bacteria Results | | <input type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) | | <input type="checkbox"/> E-Coli Absent <input type="checkbox"/> E-Coli Present | | <input type="checkbox"/> Safe (Pseudomonas Absent) <input type="checkbox"/> Unsafe (Pseudomonas Present) | | | |
| | | <input type="checkbox"/> Safe (Enterococci Absent) <input type="checkbox"/> Unsafe (Enterococci Present) | | | | | | | |
| Check Tests Needed | | | | | | | | | |
| <input type="checkbox"/> Alkalinity <input type="checkbox"/> Arsenic <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloride <input type="checkbox"/> Chromium <input type="checkbox"/> Coliform/E-Coli Quantitative <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conductivity <input type="checkbox"/> Copper <input type="checkbox"/> Enterococci Quantitative <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fluoride <input type="checkbox"/> Hardness <input type="checkbox"/> Heterotrophic Plate Count (HPC) <input type="checkbox"/> Iron <input type="checkbox"/> Lead | | <input type="checkbox"/> Legionella <input type="checkbox"/> Potable <input type="checkbox"/> Non-potable <input type="checkbox"/> Manganese <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Phosphate <input type="checkbox"/> Phosphorus <input type="checkbox"/> Pseudomonas Quantitative <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Silica <input type="checkbox"/> Sulfate <input type="checkbox"/> Tannins <input type="checkbox"/> TDS <input type="checkbox"/> Turbidity <input type="checkbox"/> UVT <input type="checkbox"/> Other _____ | | Alkalinity: _____ mg/L Arsenic: _____ µg/L Chloride: _____ mg/L Chlorine: _____ mg/L Chromium: _____ µg/L Coliform: _____ MPN/100mL Conductivity: _____ µS/m Copper: _____ µg/L E.Coli: _____ MPN/100mL Enterococci: _____ MPN/100mL | | Fluoride: _____ mg/L Hardness: _____ grains HPC: _____ MPN/mL Iron: _____ mg/L Lead: _____ µg/L Legionella: _____ MPN/10mL Legionella: _____ MPN/0.1 mL Manganese: _____ mg/L Nitrate: _____ mg/L Nitrite: _____ mg/L | | pH: _____ Phosphate: _____ µg/L Phosphorus: _____ µg/L Pseudomonas: _____ MPN/100mL Silica: _____ mg/L Sulfate: _____ mg/L Tannins: _____ mg/L TDS: _____ mg/L Temperature: _____ °C Turbidity: _____ NTUs UVT: _____ | |
| Relinquished By: (Signature) | | Date: | Time | Received By: (Signature) | | Date | Time | | |
| Relinquished By: (Signature) | | Date: | Time | Received By: (Signature) | | Date: | Time | | |
| Relinquished By: (Signature) | | Date: | Time | Received By: (Signature) | | Date: | Time | | |
| Comments: | | | | | | <input type="checkbox"/> Immediately Placed on Ice and received within 24 hours | | | |

Sampling and Receiving Notes:
 Received on ice: _____
 Melt Water Temp: _____
 Refrigerator delivered to: _____
 Time _____
 Sampled & Brought directly to the Lab:
 Immediately Placed on Ice and received within 24 hours

Water Sampling Procedures

Bacteria Testing: *requires a sterile bottle.*

1. Locate a sample tap near the wall, preferably not a swig, leaky or outside faucet. Remove any screens and aerators.
2. Choose a metal faucet that can be sterilized properly. Sterilize the metal tip of the faucet by heating (with a torch) with a flame.
3. If a metal faucet is not available, sterilize the tip of a plastic faucet with 95% ethyl alcohol.
4. Let water run several minutes. Do not change the flow rate, do not shut the faucet off and do not wipe or wash the faucet.
5. Remove the cap from the sample bottle without touching the rim of the bottle or inside of the cap. Place cap on a clean surface such as a clean paper towel.
6. Fill bottle up to the 100mL line. Avoid splashing.
7. Return sample to U.S. Water within **30 hours**.

Fluoride and Nitrate Testing: Samples much reach laboratory within 48 hours of sampling.

1. Fluoride and nitrate can be taken from the same bottle if both tests are needed.
2. Locate a sample tap that does not leak or is not outside.
3. Let water run several minutes.
4. Fill bottle leaving at least 1" of space between water and cap.
5. Keep sample on ice and return to U.S. Water within **48 hours**.

Metals Testing: *requires a Nitric Acid Preserved testing bottle.*

1. Locate a sample tap that does not leak or is not outside.
2. Let water run several minutes.
3. Fill bottle leaving at least 1" of space between water and cap.
4. Metals samples can be stored at room temperature until they arrive at the laboratory.
5. **Special Instructions for Lead and Copper:**
 - If you suspect lead solder, lead pipes or are uncertain about the possible lead (copper) source, the testing should be done a "first draw" sample - one taken from a drinking faucet after water has not been run for 6 hours or more (EPA).
 - If you suspect a new submersible pump, a lead service line or a connection, lead well screen or packing collar or checking the well as the source follow steps 1-4 above.

Nonmetals testing: Chloride and Sulfate

6. Locate a sample tap that does not leak or is not outside.
7. Let water run several minutes.
8. Fill bottle leaving at least 1" of space between water and cap.
9. Keep sample on ice and return to U.S. Water within **48 hours**.

Sample records will be maintained for 5 years before disposal.