

| | | |
|--|-----------------------------|---|
| First Water Quality Test For <i>WISCONSIN UNIQUE WELL NUMBER</i> | | |
| Property Owner | | Telephone Number () |
| Mailing Address | | |
| City | | State Zip Code |
| County of Well Location | Co. Well permit No. W _____ | Well Completion Date (mm-dd-yyyy) _____ - _____ - _____ |

| | | |
|----------------------------------|-------|-----------|
| Well Constructor (Business Name) | | License # |
| Address | | |
| City | State | Zip Code |

**Mail
Results
To**

Use this form only for first sample of new, replaced or reconstructed wells.

STOP: DETACH SLIP AT TOP BEFORE COMPLETING UNSHADED AREAS

| | |
|--|---|
| Date of Collection ____/____/____ M M D D Y Y Y Y | Time ____:____ H H M M <input type="checkbox"/> AM <input type="checkbox"/> PM |
|--|---|

Test Request
Please indicate additional tests desired.
(Bacteriological test is required.) See reverse.

Fluoride Nitrate

Collected By:

Laboratory Use Only
Approved Method:

MMO-MUG (Colilert®, Colisure®, etc.)
 Membrane Filter
 Multiple Tube Fermentation
 Presence/Absence
 Other: _____

Sample Location

Test Pump Air Lift
 Bailer Sampling Faucet
 Other _____

Pump Installer _____
(If Known)

Laboratory Results
Bacteriological Interpretation:

Safe (Coliform Absent)
 Unsafe (Coliform Present) and:
 Fecal/E Coli Present Fecal/E Coli Absent
 Invalid (Submit another sample)
 Old - OL Frozen - FR
 Overgrown - OG Lab Accident - LA
 Turbidity- TU Shipping Problem - SP
 Chlorine Present - CL

Other Tests or Comments:

Nitrate: _____ mg/L as N
Fluoride: _____ mg/L

| | |
|----------|------------|
| Lab Name | Lab Cert.# |
|----------|------------|

Date / Time Received
 Lab Sample No.
 Date Reported