

LABORATORY WATER TEST REQUEST FORM

Lab Sample No _____

PLEASE PRINT

Lab ID# 154077660

WELL INFORMATION

 Street Address: _____
 City/Village/Town of: _____
 County: _____
 Well Construction Date: _____
 Wisconsin Unique Well #: _____
 PWS ID: _____

OWNER INFORMATION

 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Results will be emailed: _____

Well Construction Information

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Drilled | <input type="checkbox"/> Dug |
| <input type="checkbox"/> Well Pit | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Driven Point | <input type="checkbox"/> Other _____ |

Email Address

 If no email, mail results to: Check if same as owner address.

 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

SAMPLING INFORMATION

 Date Water **Collected**: ____/____/____ Time: ____:____ AM PM Collected by: _____

 Date Water **Delivered**: ____/____/____ Time: ____:____ AM PM Delivered By: _____

Signature: _____

Sample Location

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Bathroom Tap | <input type="checkbox"/> Laundry Sink |
| <input type="checkbox"/> Kitchen Tap | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pressure Tank | |

Reason for test

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Annual/Routine Test | <input type="checkbox"/> Pump Work |
| <input type="checkbox"/> New Well | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Taste or Odor | <input type="checkbox"/> Infant Use |
| <input type="checkbox"/> Previous Unsafe | <input type="checkbox"/> Other _____ |

ANALYSIS REQUESTED
 Bacteria
 (Absent/Present)

OR
 MPN Bacteria
 (Count)

 This test determines if total coliform bacteria and/or *E.coli* are present in a drinking water sample. Because the presence of even one coliform makes the water unsuitable for consumption, results are reported simply as present or absent. This test would be selected if you are wanting to determine if your well water is suitable to drink. **The sample must be received the same day of collection.**

 This test provides a count of the number of total coliform bacteria and *E. coli* bacteria present in a water sample. **The sample must be received the same day of collection.**
 Nitrate

HEALTH DEPARTMENT USE
LABORATORY RESULTS (LAB USE ONLY)

(Results held on file for (6) years)

 Check if sample more than 30 hrs. old but < 48 hrs. old

 Total Coliform Bacteria: Absent Present Total Coliform Bacteria Count: _____ MPN/100mL Date Analyzed: _____ Analyzed By: _____

E. Coli: Absent Present *E. Coli* Count: _____ MPN/100mL Date Analyzed: _____ Analyzed By: _____

Nitrate: _____ mg/L Date Analyzed: _____ Analyzed By: _____

Method (Hach 10206) Nitrate LOD = 0.132mg/L (established 4/27/2018)

Date Received: ____/____/____ Sample Accepted By: _____

 Time: ____:____ AM PM Signature: _____

 Sample Received on Ice: Yes No Title: _____

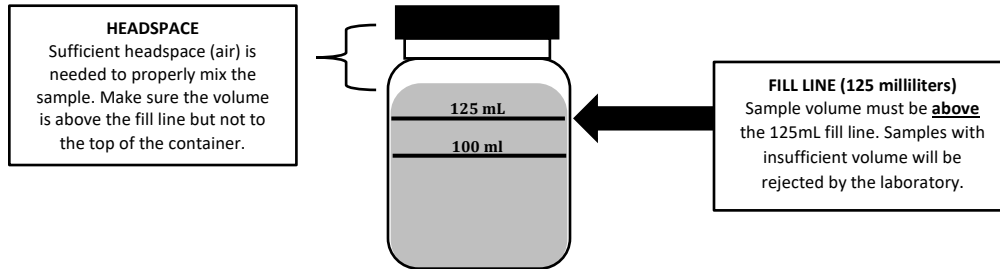
 Sample <48 hrs old: Yes No/Rejected

 GIS: _____ Email: _____ Fax: _____ Mail: _____ Billed

Proper Collection of Drinking Water Samples

Please read through the following instructions completely before collection of water samples.

- 💧 You must use a sample container provided by the Rock County Public Health Department.
- 💧 **Chlorinated Water Samples:** Samples collected from continuously chlorinated water, such as city water supplies, must be collected in a special bottle containing a chlorine neutralizing substance. These special bottles are not appropriate for wells that have been temporarily chlorinated. Temporarily chlorinated wells should be pumped until they are free of chlorine prior to sampling.
- 💧 Bacteria and Nitrate can be tested from one single bottle. (2 bottles if collecting from different taps).
- 💧 Find a proper location to take a sample:
 - ✓ Cold water kitchen tap recommended
 - ✓ Avoid leaky faucets or one that has just been repaired
 - ✓ If your faucet has screens or aerators these must be removed
- 💧 Sterilize the faucet from which the sample is to be collected in order to eliminate any bacteria present on the faucet which may contaminate your sample. Use an alcohol swab to wipe the inside and outside of the faucet opening. Rinse the outside lip of the faucet well with water.
- 💧 Turn on the cold water and allow the faucet to flow for 2 – 3 minutes in order to clear the line. Reduce the flow to a slow, steady, and sprayless stream in order to collect the sample.
- 💧 Remove the sterility seal from the sample container and discard.
- 💧 Remove the cap from the sample container, taking care not to touch the inside of the lid or the lip of the container.
- 💧 **DO NOT RINSE THE SAMPLE CONTAINER**
- 💧 Fill the sample container only to the neck of the container or the fill line, and seal tightly.



- 💧 Complete the top section of the **WATER TEST REQUEST FORM**. Make sure the collection date and collection time are completed, as these are required fields.
- 💧 Place the sample bottle in the plastic bag provided with a few ice cubes. Do not use commercial frozen ice packs. You should use “wet” ice for transporting your samples.
- 💧 Deliver water sample(s) to the Public Health Department the same day it was drawn. If you are not able to deliver the sample on the same day, please call for special arrangements. See below for a list of days and times that water sample can be delivered to the Public Health Department.

Sample Requirements

- *Sample must be delivered to the Health Department the day of collection. Call the Health Department if other arrangements need to be made.*
- *Sample volume must be above the 125mL fill line*
- *Free of chlorine*
- *No heavy silt present. This could result from sediment in the sample or growth of non-harmful bacteria. Disinfect and flush the lines prior to recollecting the sample.*
- *Form complete/no date discrepancy*

WATER SAMPLES ARE ACCEPTED DURING THE FOLLOWING DAYS/TIMES ONLY

Monday – Wednesday 8:00 AM – 5:00 PM
Thursday 8:00 AM – 12:00 PM

NO SAMPLES ACCEPTED ON FRIDAYS

These hours may change during holiday weeks, please call for specific hours.

FEES

Bacteria \$28.00
MPN Bacteria Count \$33.00
Nitrate \$28.00

We accept cash, check or credit/debit* cards

*If using a credit/debit card there is an additional fee from GovPay for use of their services