



# LABORATORY WATER TEST REQUEST FORM

Rock County Health Dept., PO Box 1088, Janesville, WI 53547-1088  
(608) 757-5440

Lab Sample No. \_\_\_\_\_

Lab ID# 154077660

Collection \_\_\_\_\_  AM  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_/\_\_\_\_  PM Collected by: \_\_\_\_\_  
Month Day Year

Owner's Name _____ (Please print)	
Address _____	Well Address (if different than owner address) _____
City _____ State _____ Zip _____	
Phone _____	City/Village/Town _____ County _____

RESULTS WILL BE EMAILED: _____ EMAIL ADDRESS	If no e-mail address, mail results to: <input type="checkbox"/> Check if same as "owner address" Name _____ Address _____ City _____ State _____ Zip _____
--	---

Well Construction Date: _____ Wisconsin Unique Well#: _____ <b>PWS ID:</b> _____  <b>SAMPLING INFORMATION</b>  Chlorine Residual in Sample <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Reason for test:</b> <input type="checkbox"/> Annual/Routine Test <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> New Well <input type="checkbox"/> Pump Work <input type="checkbox"/> Taste or Odor <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Reasons <input type="checkbox"/> Infant Use  <b>Sample Location:</b> <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Laundry Sink <input type="checkbox"/> Other _____  <b>WELL CONSTRUCTION INFORMATION</b> <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Well Pit <input type="checkbox"/> Dug <input type="checkbox"/> Other <input type="checkbox"/> Unknown <b>Remarks:</b> _____ _____ _____	<b>TEST REQUESTED</b>  <input type="checkbox"/> Bacteriology ____ Bottles <input type="checkbox"/> (Sodium Thiosulfate Bottle) <input type="checkbox"/> Nitrate ____ Bottles  <b>LABORATORY RESULTS (LAB USE ONLY)</b> (Results held on file for five (5) years)  <b>Coliform Test by (Colisure MMO-MUG)</b> <input type="checkbox"/> Safe Bacteriologically <input type="checkbox"/> Unsafe Bacteriologically  <b>Fecal Coliform (E. Coli-by Colisure MMO-MUG)</b> <input type="checkbox"/> Absent <input type="checkbox"/> Present Date Tested _____ <input type="checkbox"/> Check if sample is more than 30 hrs old but < 48 hrs old.  <b>Nitrate Test (Method SM4500-NO3-D)</b> _____ mg/L Date tested _____  Nitrate LOD = 0.058 mg/L (Established April 12, 2016)
---	--

Water sample delivered to Health Department by: (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

### FOR DEPARTMENT USE

Date received _____	Acid preservative _____ Yes _____ No
Time _____ A.M. _____ P.M.	Preserved in the field _____ Yes _____ No
Specimen accepted by _____	Specimen received on ice _____ Yes _____ No
Signature _____	Type H2SO4 _____ Yes _____ No
Title _____	Preserved in the lab _____ Yes _____ No

GIS \_\_\_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_ Mail \_\_\_\_\_ Invoice \_\_\_\_\_

Cash \_\_\_\_\_  
Chk# \_\_\_\_\_