



Instructions:

- Step-by-step directions for collecting your water sample(s) are on the back of this form.
- Please fill out this form as completely as possible, if you do not know the answer to a question leave that section blank.
- Be sure to fill in the sampling date, time and legal description.
- Bacteria samples not accepted on any Friday or Jan 18, March 25-26, May 31, July 5, Sept 6, Nov 24-26, Dec 23-24 and Dec 30-31, 2021.

WELL INFORMATION:

WI Unique Well Number (if known):
 _____ (5 or 6 digits)

Address _____

City _____

State _____ Zip _____

County _____

Town _____

Legal Description

_____ Sec _____ T _____ R _____
 1/4 1/4 (section) (town) (range)

Year well installed _____

Casing Diameter: (check one)

3" or less 4-9" 10-18" 18+"

Total well depth _____ ft

Depth of casing _____ ft

Depth to water _____ ft

SOURCE:

(complete only if not a private well)

Municipal Spring

Other _____

TREATMENT SYSTEM(S) OWNED:

(check all that apply)

Water softener Reverse Osmosis

Carbon filter Neutralizer

Particle filter Iron filter

Other _____

PROBLEMS OBSERVED:

(check all that apply)

Color Taste Odor

Corrosion Health None

Other _____

LAST DATE TESTED: (check one)

Never Unknown

Less than 1 year 1-2 years

2-5 years 5-10 years

Greater than 10 years

REASON FOR TESTING:

Curious about water quality

Suspect water quality problems

Regularly test my well

Required by lending institution

Retest of positive bacteria test

Retest following well disinfection

Infant/pregnant woman or daycare

Other _____

MAIL RESULT TO:

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Email: _____

!!!! REQUIRED !!!!

SAMPLE(S) COLLECTED

Date* _____

Time* _____

BACTERIA SAMPLES ARE NOT ACCEPTED ON FRIDAY.

SAMPLE(S) TAKEN FROM:

(if more than one sample check all that apply)

Pressure tank

Kitchen faucet

Bathroom faucet

Outside faucet

Barn

Other _____

CHECK TEST TO RUN:

Home Package _____ Hardness _____

Bacteria _____ NO₂+NO₃ _____

Metal Package _____ Chloride _____

pH _____ Corrosivity _____

Conductivity _____ DACT _____

Alkalinity _____ Other _____

Mail Copy to:

LIMS Number _____

Date Received _____

Date Reported _____

COLLECTING AND SUBMITTING YOUR SAMPLE

IF YOU ARE TAKING MORE THAN ONE TYPE OF SAMPLE YOU MUST SAMPLE IN THE FOLLOWING ORDER!
 Results will be mailed within 10 working days from date received, they may take longer due to **COVID**.
IF MAILING ONLY METAL PACKAGE OR DACT JUST SEND LEAST EXPENSIVE WAY - NO RUSH.

METAL PACKAGE



This sample should be taken first thing in the morning, before any water is run!!!

CAUTION: This bottle contains 3 drops of a strong acid which acts as a preservative.

DO NOT rinse the bottle or you will lose the preservative.

- Choose a faucet in your home (kitchen) which supplies most of your drinking water.
- Turn the faucet on to a trickle and run the water for only 5-10 seconds.
- Fill the Metals Package bottle to within ¼ inch from the top. **DO NOT ALLOW TO OVERFLOW!!**
If you splash acid on yourself, rinse affected area for 5 minutes under cold water.
- Replace cap **TIGHTLY**, dry the bottle, and reattach red tape around cover.



HOMEOWNERS PACKAGE → BACTERIA SAMPLES WILL NOT BE ACCEPTED ON FRIDAY!
 (Drop-off hours: 7:45 a.m. to 3:30 p.m.)

Sample on Mon or Tues after 2 pm and send OVERNIGHT by Spee-Dee Delivery, UPS, Fed Ex or USPS
Taking the sample early afternoon helps to ensure that your sample is viable when we receive it.

Bacteria

Nitrate
 Alkalinity
 pH
 Chloride
 Conductivity
 Corrosivity
 T. Hardness

Samples need to be received within 40 hours after collection to run bacteria accurately.

- Choose a faucet where water is not softened or otherwise treated.
- Remove any faucet screens, aerators, or other attachments.
- Wash your hands thoroughly with soap and water.
- Run the **COLD** water on high for at least 10 to 15 minutes.
- Slow the water stream down until it is about the size of a pencil.
- Carefully remove the cover of the Homeowners Package sample bottle. Do not let fingers or anything else touch the mouth of the bottle or inside of the cap. *Do not rinse bottle.*
- Fill the bottle 1 inch from the top. Avoid splashing.
- Replace cap **TIGHTLY**, check for leaks.



DIAMINOCHLOROTRIAZINE (DACT)

- Run water for 5-10 minutes.
- Rinse the container 3 times with tap water.
- Fill the bottle to within ½ inch from the top.
- Replace cap **TIGHTLY**, check for leaks.

IF HAND DELIVERING BOTTLES BRING TO:

Trainer Natural Resources Building (CNR), 800 Reserve St.
 Water Testing Lab – Room 200

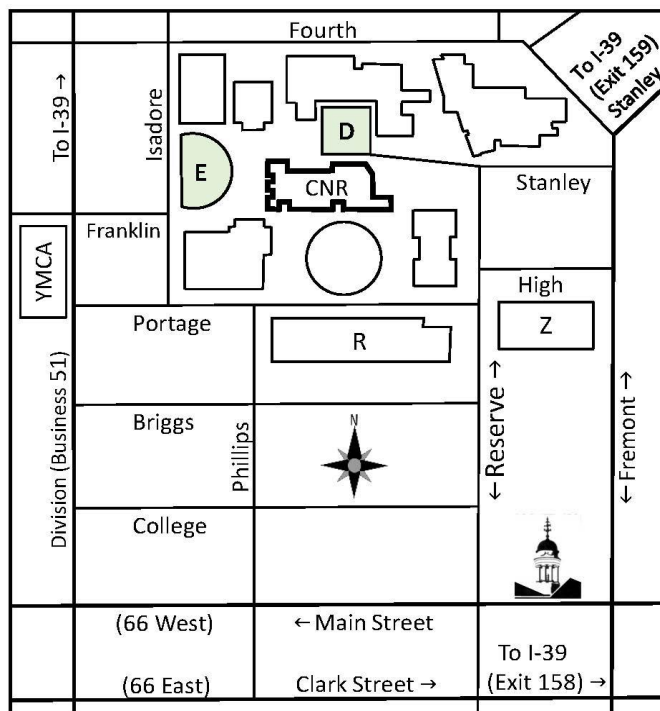
Parking in Lots: D and E (put flashers on)
 Metered Parking R and Z

Mail Bottles To:

Water & Environmental Analysis Lab
 UW-Stevens Point
 College of Natural Resources (CNR), Room 200
 800 Reserve Street
 Stevens Point, WI 54481

SEND CHECK WITH SAMPLE PAYABLE TO:

Water & Environmental Analysis Lab or **WEAL**



DISCLAIMER

The analyses run on your samples only cover some of the more common water quality characteristics. Safe levels of these chemicals or bacteria do not guarantee that your water is free of all toxic chemicals. If you suspect gasoline residues, pesticides, or other trace chemicals you would need to request additional analyses. Please call the lab or your Extension office for more information.