



**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 July 3, Dec. 23-25, and Dec. 30 - Jan 1.

**WELL INFORMATION:**

WI Unique Well Number (if known)  
 \_\_\_\_\_ (ex. SP298)

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 (\_\_\_\_) \_\_\_\_\_

**REQUIRED\***

**SAMPLE(S) COLLECTED**

Date\* \_\_\_\_\_

Time\* \_\_\_\_\_

**SAMPLE(S) TAKEN FROM:**

(if more than one sample check all that apply)

Pressure tank

Kitchen faucet

Bathroom faucet

Outside faucet

Barn

Other \_\_\_\_\_

**BACTERIA SAMPLES WILL NOT  
 BE ACCEPTED ON FRIDAY.**

**CHECK TEST TO RUN:**

Home Package \_\_\_\_\_  Hardness \_\_\_\_\_

Bacteria \_\_\_\_\_  NO<sub>2</sub>+NO<sub>3</sub> \_\_\_\_\_

Metal Package \_\_\_\_\_  Chloride \_\_\_\_\_

pH \_\_\_\_\_  Corrosivity \_\_\_\_\_

Conductivity \_\_\_\_\_  DACT \_\_\_\_\_

Alkalinity \_\_\_\_\_  Other \_\_\_\_\_

Mail Copy to: County Address:

Lab 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.

### METAL PACKAGE



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

**CAUTION: This bottle contains 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 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 a Monday or Tuesday after 2 pm and bring to Spee Dee Delivery, UPS, FedEx, or Dunham.**

**Samples need to be received within 40 hours after collection to run an accurate bacteria.**

- Choose a non-swivel metal faucet. Wash your hands thoroughly with soap and water. Remove any faucet screen or other attachments.
- Flame the cold water faucet with a candle or torch. Heat tip of faucet until it is hot to sterilize the faucet. Be sure only metal parts are contacted by flame.  
*Caution: Some newer faucets are plastic—do not flame!!*
- Run water for 5-10 minutes.
- 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.*
- Slow water down to a pencil width stream and allow to run for another 2 minutes, fill bottle within 1/2 inch from 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.

List Test(s) Requested: \_\_\_\_\_

#### **IF HAND DELIVERING BOTTLES BRING TO:**

Trainer Natural Resources Building, 800 Reserve Street  
Water Testing Lab – Room 200

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

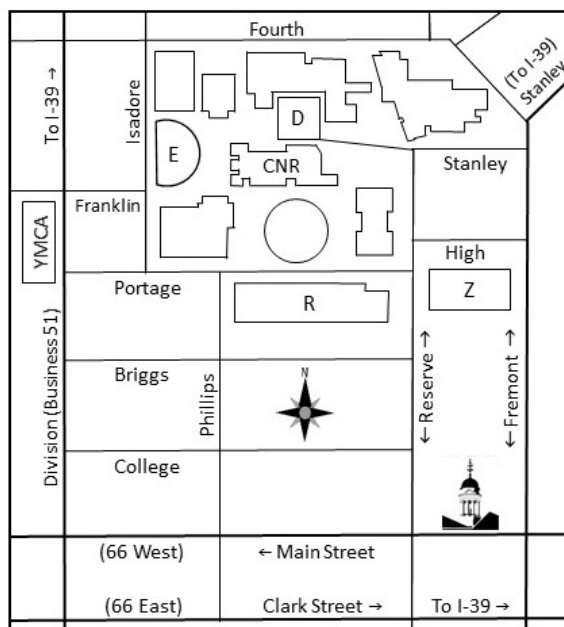
#### **Mail Bottles To:**

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

#### **Make Check 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. All records are kept for 5 years.