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 3-4, Thanksgiving eve & day, 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_____  (section) (town) (range)
1/4  1/4

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____________________

SAMPLE(s) COLLECTED

Date* _____________________
Time*_____________________

!!!!!  REQUIRED  !!!!!

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_________
☐ NO2+NO3__________
☐ Metal Package_____  ☐ Chloride_____
☐ pH_______________  ☐ Corrosivity_____
☐ Conductivity_______  ☐ DACT___________
☐ Alkalinity_________  ☐ Other__________

Mail Copy to:

LIMS Number___________
Lab Number_____________
Date Received____________
Date Reported____________

MAIL RESULT TO:
Last Name________________________
First Name_______________________
Address__________________________
City_____________________________
State_________Zip________________
Phone (________)_________________

!!!!!  REQUIRED  !!!!!
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 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

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.