



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 _____
 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 _____ NO₂+NO₃ _____
 Metal Package _____ Chloride _____
 pH _____ Corrosivity _____
 Conductivity _____ DACT _____
 Alkalinity _____ Other _____

Mail Copy to:

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, FedX, 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 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

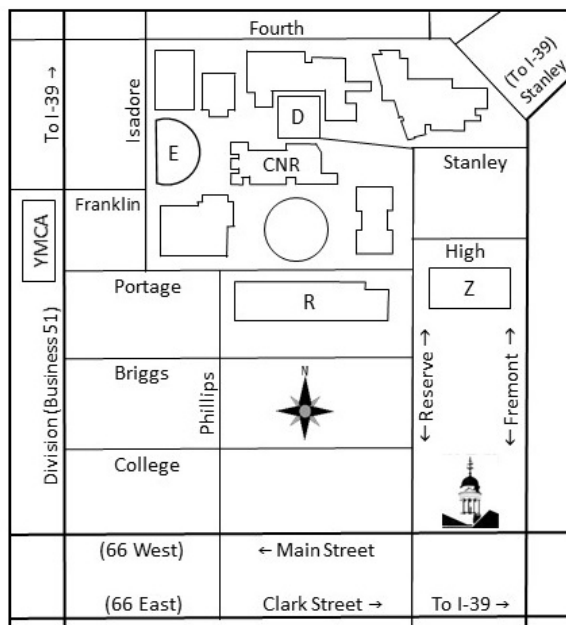
Mail Bottles To:

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.