|  |  |  |  |
| --- | --- | --- | --- |
| Collection Date: | Time of Collection: | Collected By: | License # (PI-WD MP MPR): |
| Owner’s Name: | Phone Number: | Exact Sample Location: | Well Construction Date: |
| Owner’s Complete Mailing Address: | | Serve the Public? | WI Unique Well # : |
| Well Address (If different from mailing address:  Email address: | | | Copy to DNR? |

Relinquished by: Date/Time Relinquished:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Source** | **Reason For Test** | **Well Construction** | **Test Requested** |
| Drinking Water | Annual Test | Drilled | Total Coliform |
| Ground Water | New Well | Driven | Nitrate\* |
| Other: | Taste or Odor | Dug | Arsenic\* |
|  | Previous Unsafe | Other: | Fluoride\* |
|  | Pump Work |  | Lead\* |
|  | Real Estate |  | Other: |
| \* = Test Performed by Sub-Contractor | | | |

|  |
| --- |
| ***Laboratory Results*** ***Method of Analysis***  \_\_\_ \_**Safe** (Coliform Absent <1 CFU/100mls) MMO-MUG (Colisure)  \_\_\_\_ **Unsafe** (Coliform Present >1 CFU/100mls)  \_\_\_\_\_\_ ***E. coli* Present**  \_\_\_\_\_ ***E. coli* Absent**  **\_\_\_\_\_ Invalid** (Please Submit Another Sample) Comments: |

Sample ID: Temperature Received:

Date and Time Received: Received By:

Date and Time Tested: Tested By:

Date and Time Reported: Reported By:

Instructions for Taking a Water Sample

1. Choose a sample faucet carefully; this is a sensitive and sterile procedure. The sample faucet at your pressure tank is the best choice or any other rigid-all metal faucet is fine. **Do not take the sample through a hose or plastic fitting of any kind.**
2. Wash hands thoroughly with soap and water. Remove any faucet screens or their attachments. Note: Do not use a faucet with an aerator unless the aerator assembly has been removed and do not use a swing faucet unless it is clean and dry at the base.
3. Run water for 5-10 minutes at your sample faucet and at your bathtub or an outside faucet. Turn off your sample faucet but leave the other faucet running. You need to flush out your well and take the sample while the pump is running.
4. Turn the water off.
5. If you have a metal faucet, flame the faucet mouth to “burn the germs” using a propane torch or lighter. Use an alcohol swab on plastic faucets.
6. Turn on the water and let it run for another 5 minutes or until you hear the pump kick on.
7. Carefully remove the cover of the sample bottle. Do not let your fingers touch the mouth or the inside of the bottle or cap. If you must put down the cap, it may be placed top down on a clean surface such as a paper towel.
8. Fill the bottle to the 100ml line marked on the bottle. **Do not rinse out the bottle**. The powder is harmless and is a required part of the analysis.
9. **Keep sample refrigerated or on ice at all times.**
10. Samples must be returned to the lab within 24 hours from the time they were collected. Please complete the lab form as completely as possible and return with the sample.

**NOT: Each test requires an additional container. The Coliform Safe Drinking Water Test must be in a sterile bottle obtained from the lab.**

|  |  |
| --- | --- |
| **Price** | **Analysis** |
| $20.00 | Coliform Safe Drinking Water Test |
| $20.00 | Nitrates |
| $35.00 | Arsenic |
| $20.00 | Fluoride |
| $40.00 | Lead |
| $18.00 | Iron |
| $18.00 | pH |
| $18.00 | Hardness |

We accept Cash or Check made payable to FOX VALLEY QUALITY CONTROL LAB.