



WATER TEST REQUEST FORM

**Wisconsin State
Laboratory of Hygiene**
 http://www.slh.wisc.edu/ehd
 Environmental Health Division
 2601 Agriculture Drive
 P.O. Box 7996
 Madison, WI 53707-7996
 (608)224-6202 (800)442-4618

Only the total coliform test will be performed on this sample. Kit expires January 1, 2019

Total Coliform/*E. coli*

Report to:

(Please print clearly or use your address label)

Name: _____

PO Box: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

A copy of your report will be mailed to the above address.

Copies of this report will also be sent to the Sauk County Health Department, Department of Health Services and DNR

Customer ID: DH060F2018



(PROFILE: 85684)



Reason for test:

Investigation (I) Other (O)

Well Information (if known):

Complete this section ONLY if you have a well

Unique Well # _____ Example : AB123

Well Construction Date: _____

Drilled (D) Jetted (J)

Driven Point (W) Dug (G)

Other (X) _____

(Check if same as Report/Bill name and address)

Owner Name: _____

Owner Address: _____

Owner City: _____

Owner State: _____ ZIP: _____

Owner Phone: _____

(circle one)

Collection Date: ___/___/___ **Time** ___:___ (am/pm)

Collected By: _____

County: SAUK

Professional License #: _____

Address Sampled: (Check if same as Report/Bill name and address)

(If private well, also complete Well Information section)

Sample Source:

- | | |
|---|--|
| <input type="checkbox"/> Kitchen Tap (PK) | <input type="checkbox"/> Bathroom Tap (PT) |
| <input type="checkbox"/> Pressure Tank Tap (PP) | <input type="checkbox"/> Milk House (PM) |
| <input type="checkbox"/> Basement Tap (PE) | <input type="checkbox"/> Laundry Tap (PL) |
| <input type="checkbox"/> Sample Faucet (PD) | <input type="checkbox"/> Outside Tap (PH) |
| <input type="checkbox"/> Other (PO) _____ | <input type="checkbox"/> Spring (PS) |

(Laboratory Use Only)

TOTAL COLIFORM RESULTS (Bacteriological)

- SAFE
- UNSAFE
- E. COLI ABSENT E. COLI PRESENT

Attention: Important Shipping Information
Be sure to ask when your package will arrive at the lab.

Use the Red and White label for commercial delivery service.
 United Parcel Service 800-742-5877 FedEx 800-463-3339
 Dunhams 800-236-7127 Spee-Dee 715-341-4960

Use the Orange label for US Postal Service. Included is a priority mail sticker or envelope. Some Wisconsin regions are standard 2-day delivery to the lab, for other areas the priority only guarantees it will arrive within 3 days, most arrive in 1-2 days.

US Postal Service 1-800-282-0519

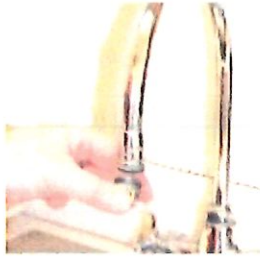
Collecting Samples for Total Coliform



Step 1 Locate a sampling tap near the well. The pressure tank tap is a good location. A kitchen tap may also be used for sampling.



Step 2 **DO NOT** use a leaky tap or outside tap.



Step 3 Remove the tap screen or aerator if sampling from a standard household tap. If the water no longer comes out of tap in a stream but dribbles back, use another tap.



Step 4 Sterilize opening of metal tap or pressure tank tap with a flame (butane lighter, propane torch etc.) Heat until tap is hot. **DO NOT FLAME** chrome, plastic taps or taps with plastic internal parts..



Step 5 Remove sample bottle from Styrofoam shipper. Remove sterility seal. **DO NOT** touch the bottle lip or the inside of cap.



Step 6 Let the cold water run for 5 minutes. **DO NOT** change the flow rate or shut off the tap or wipe end of tap or bump the neck on swing faucets. **Fill the bottle to about 1.0 inch from the top** and securely tighten cap.



Step 7 Write your name on the side of the sample bottle with a waterproof pen. Complete the lab test request form with a ballpoint or waterproof pen. Indicate the desired tests on the form. **Remember to fill in the collection date and time.**



Step 8 Place the sample bottle in the zip-lock bag. **Do NOT** put request form in the bag. Squeeze out excess air. Close zip-lock bag. Place sample and request form in shipper. Place return mailing label on the outside of the shipper. Secure shipper with two rubber bands as pictured.

Kit content:

- Styrofoam shipper
- Sterile bottle (non-thiosulfate)
- Test request form
- Zip-lock bag
- 2 Rubber bands
- U.S. Mail return label
- Priority Mail label
- Commercial carrier return label

- **Warning:** The water sample must be analyzed within 48 hours of collection. Check with your local post office or commercial carrier. Some areas of the state have higher shipping rates.