

WATER TESTING FORM FOR PRIVATE WELL SYSTEMS

Collection Date (MM-DD-YY)	Time	Collected By
Owner's Name		Owner's Telephone Number
Owner's Street Address		Well Address (Street or Legal Description)
City, State, Zip Code		Town or City County

Mail Results To:	
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Approximate Well Construction Date	Wis. Unique Well #	Purchase Order # (if any)
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Sampling Information

Reason for test:

Annual Test Previous Unsafe

Taste/Odor Real Estate

Other Reasons: _____

Sample Location

Bathroom Tap Pressure Tank Tap

Kitchen Tap Milkhouse

Other: _____

Well Construction Information

Drilled Driven Point

Jetted Dug

Other: _____

Other Tests_Comments

/100 mL Coliform

/100 mL E Coli

Laboratory Use Only

Approved Method:

MMO-MUG (Colilert, Colisure, etc.)

Membrane Filter

Multiple Tube Fermentation

Presence/Absence

Other: _____

Laboratory Results

Bacteriological Interpretation

SAFE (Coliform Absent)

UNSAFE (Coliform Present) and:

Fecal/E Coli Present Fecal/E Coli Absent

INVALID (Please submit Another Sample)

Old-OL Frozen-FR

Overgrown - OG Lab Accident-LA

Turbidity-TU Shipping Problems-SP

Chlorine Present-CL

Nitrate: _____ mg/L as N

Fluoride: _____ mg/L



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 New Berlin, WI 53151
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 Toll Free 800 300 6700
 Fax: 262 754 5310

Lab Cert #
MW0168

Report Prepared By: _____

Date/Time Received _____

Lab Sample No. _____

Date Reported _____

Date Received by DNR _____

Wisconsin Department of Natural Resources (www.dnr.wi.gov)