

CHAIN OF CUSTODY

TESTS cont'd

If you need data submitted to the DNR, do not use this form.
Visit www.cleanwatertesting.com for correct lab slip.

COLLECTION DATE	COLLECTION TIME	AM PM	COLLECTED BY
OWNER NAME			OWNER TELEPHONE NUMBER
OWNER ADDRESS			WELL ADDRESS (If different than owner's)
OWNER CITY, STATE, ZIP CODE			WELL CITY/STATE/ZIP CODE (If different than owner's)

SEND RESULTS TO:
(Note: Results are only sent to the party who paid for them.)

NAME	TELEPHONE
ADDRESS	CELL PHONE
CITY/STATE/ZIP CODE	E-MAIL

REASON FOR TEST: <input type="checkbox"/> Annual Test <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> Taste or Odor <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Reasons: _____ WI Unique Well #: _____	SAMPLE LOCATION: <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Outside Faucet <input type="checkbox"/> Other: _____ Relinquished By _____ Date/Time _____
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LAB USE ONLY

<p style="text-align: center;">ENZYMATIC SUBSTRATE METHOD</p> MMO-MUG CONFIRMED UV Coliform Present _____ E.Coli Present _____ Coliform Absent _____ E.Coli Absent _____	<p style="text-align: center;">BACTERIOLOGICAL RESULTS</p> SAFE (Coliform Absent) _____ UNSAFE (Coliform Present) _____ AND Fecal/E Coli Pres _____ Fecal/E Coli Absent _____ CUSTOMER NOTIFIED OF UNSAFE _____ _____ INVALID Reason _____
# of Bottles: _____ Preservative: NONE / HNO3 / H2SO4 / Thio Shipping Condition: Iced _____ Amb. _____ Arrival Temperature (degrees Celcius): _____ pH _____ Turbidity _____ Sample Filtered in Field: Yes / No Circle One: Composite / Grab	Method of Shipment: _____ Received By: _____ Tested By: _____ Reported By: _____

Clean Water Testing, LLC PO Box 2217, 1990 Prospect Ct., Appleton WI 54914 Michael A. Hanten, Lab Director	WI Dept of Ag Lab ID # 105 000291 WI DNR Lab ID # 445126660
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INSTRUCTIONS

Step 1. Please complete the Chain of Custody.

Step 2. Select the tests which you would like run on the water sample.

Step 3. Collect water sample (please see the back of this form for instructions).

Step 4. RETURN SAMPLES ASAP (within 30 hours).

For more details or further clarification, please see cleanwatertesting.com or call **1-800-801-7590**.

TESTS REQUESTED

PACKAGES
(Multiple bottles/special bottles may be required)

Basic Annual Testing Package
Home Safety Package
Well Water Quality Package
Comprehensive Water Package
Complete Water Package
Mineral Scan
Volatile Organic Chemical Test (VOC)
Triazine Screen
Pesticide Screen

INDIVIDUAL TESTS

Alkalinity
Aluminum
Antimony
Arsenic
Barium
Beryllium
Boron
Cadmium
Calcium
Chloride

Chromium
Cobalt
Coliform Bacteria*
Quanti Tray Option (count method)
Conductivity
Copper
Fluoride
Hardness
Iron
Iron Bacteria
Lead
Magnesium
Manganese
Mercury (total)
Molybdenum
Nickel
Nitrate
Nitrite
pH
Phosphate
Phosphorus (Total)
Potassium
Selenium
Silicon
Silver
Sodium
Strontium
Sulfate
Sulfur Bacteria
Tannins
Thallium
Total Dissolved Solids
Turbidity
Zinc

OTHER

*Coliform Bacteria reports as "PRESENT" or "ABSENT."
Quanti Tray reports count of coliform bacteria.

Please select test here----->