



How to Fill Out Your Lab Slip

(All text in blue are required fields)

NOTE: The "Lab Slip" is the form accompanying your Test Kit received from Clean Water Testing.

COLLECTION DATE

The date that you are collecting the water sample.

COLLECTION TIME

The exact time of when you took the water sample. All tests are time sensitive.

COLLECTED BY

The name of who collected the sample.

Lic. #

For pump installers, well drillers, plumbers, etc. This section will not apply to most individuals.

OWNERS NAME

Name of the person/persons that owns the property where the sample was collected

OWNERS ADDRESS

Fill in the street address of the owner

OWNERS CITY, STATE, ZIP CODE

Fill in the remainder of the owners address

OWNERS TELEPHONE NUMBER

Fill in the telephone number of the owner. This number is required. If sample is bacteriologically unsafe Clean Water Testing is required to notify the owner as soon as it is known.

WELL ADDRESS (STREET OR LEGAL DESCRIPTION)

Fill in address of the well if it is different than the owners address

TOWN OR CITY

If you live outside of city limits please write your townships name. If you are located within a cities limits please write the name of the city.

COUNTY

Fill in the name of the county.



"SEND INVOICE TO"

(If information is the same as owner's information above, write "SAME")

Left Side Column

NAME – person who will be receiving the bill

ADDRESS – location of where you would like the results and invoice to go.

CITY, STATE, ZIP - location of where you would like the results and invoice to go.

Right Side Column

TELEPHONE – Phone number of person receiving invoice

FAX – If you would like us to fax the results please include fax number

E-MAIL- If you would like us to e-mail the results to you please include e-mail address

Well Completion Date You only need to fill this in if the sample is being submitted because it is new well or pump work has been done.

WI Unique Well # The Wisconsin Department of Natural Resources started assigning Unique Well numbers to all wells in the state in the late 1980's. If your well was constructed after that time period you may find a sticker in your well records, on your electrical fuse box, or around the pressure tank piping. The number should have 2 letters followed by 3 numbers.

Lower Left hand box

SAMPLING INFORMATION

CWT PICK UP

Check only if Clean Water Testing is picking up the sample (only available in Northeastern WI)

SAMPLE SOURCE

If what you are sampling supplies the water you drink check DRINKING WATER. If the water you're testing is not drinking water check NON-DRINKING WATER.

REASON FOR TEST:

Check the correct reason for taking your test.

SAMPLE LOCATION:

Check the location that you collected your sample from.



DOES THE WELL SERVE THE PUBLIC?

If you are a public facility, check that you serve the public. Most wells do not serve the public. If you are a public facility please enter your PWS number.

COMMENTS

If you have any special instruction please make note of them here.

TESTS REQUESTED

Clean Water Testing will make no assumptions about what you would like run on your sample. Please check what tests you would like us to run or we cannot process your samples!

Please see WHAT TO TEST FOR section for further details

RETURN THE SAMPLES ASAP (within 30 hours). Nitrates, nitrites and metals should be returned on ice if sample is for State required testing.