

CHAIN OF CUSTODY/LABORATORY REPORT

Instructions

Tests Continued ...

LAB USE

COLLECTION DATE	COLLECTION TIME	AM PM	COLLECTED BY	Lic. # (FOR PUMP INSTALLERS/WELL DRILLERS)
OWNER'S NAME			OWNER'S TELEPHONE NUMBER	
OWNER'S ADDRESS			WELL ADDRESS (STREET OR LEGAL DESCRIPT)	
OWNER'S CITY, STATE, ZIP CODE			TOWN OR CITY	COUNTY
SEND INVOICE TO:	NAME		TELEPHONE	
	ADDRESS		FAX	
	CITY, STATE, ZIP		E-MAIL	

Step 1. Please complete the Chain of Custody to the best of your knowledge. You may not be able to fill in all of the blanks. Samples cannot be processed without the COLLECTION DATE, COLLECTION TIME, OWNERS NAME, OWNERS ADDRESS, TELEPHONE NUMBER, and TESTS REQUESTED.

Step 2. Select the tests which you would like run on the water sample you are submitting by placing a check left of the test or package listed below. If you are not sure what to run please see the price list or cleanwatertesting.com for further details. If there is something that you need tested and it is not listed, write the test name in the "Other" box.

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

Step 4. RETURN SAMPLES ASAP (within 30 hours). Nitrate, nitrite, lead and copper samples should be returned on ice if sample is for State required testing. For more details or further clarification please see cleanwatertesting.com or call 1-800-801-7590.

Please select test here----->

Well Completion Date	WI Unique Well #
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TESTS RESULTS - LAB USE ONLY

SAMPLING INFORMATION

SAMPLE SOURCE:

Drinking Water Non-Drinking Water

REASON FOR TEST:

Annual Test Previous Unsafe

New Well* Pump Work*

Taste or Odor Real Estate

Other Reasons: _____

* Labs are required to send DNR the test results.

SAMPLE LOCATION:

Bathroom Tap Pressure Tank Tap

Kitchen Tap Outside Faucet

Other: _____

Does the well serve the public? YES NO

Public Facility (PWS) #: _____

Well Construction Info:

Drilled Driven Point

Jetted Dug

Other _____

Enzymatic Substrate Method

MMO-MUG CONFIRMED UV

Coliform Present _____ E.Coli Present _____

Coliform Absent _____ E.Coli Absent _____

Membrane Filtration Method

Coliform _____/100ml

Non-Coliform _____/100ml

CONFIRMATION: EC W/MUG _____ LT _____ BG _____

BACTERIOLOGICAL RESULTS

SAFE (Coliform Absent)

UNSAFE (Coliform Present) and

Fecal/E Coli Pres Fecal/E Coli Absent

CUSTOMER NOTIFIED OF UNSAFE _____

INVALID Reason _____

COMPOSITE / GRAB

pH _____ Turbidity _____

Preservative: NONE / HNO₃ / H₂SO₄

Shipping Condition: Iced _____ Amb. _____

Arrival Temperature (degrees Celcius) _____

Sample Filtered in Field: Yes / No

TESTS REQUESTED

*PACKAGES	LAB USE
<input type="checkbox"/> Basic Annual Testing Package	
<input type="checkbox"/> Home Safety Package	
<input type="checkbox"/> Well Water Quality Package	
<input type="checkbox"/> Comprehensive Water Package	
<input type="checkbox"/> Complete Water Package	
<input type="checkbox"/> Mineral Scan	
<input type="checkbox"/> Volatile Organic Chemical Test (VOC)	
<input type="checkbox"/> Triazene Screen	
<input type="checkbox"/> Pesticide/Herbicide Screen	

INDIVIDUAL TESTS

<input type="checkbox"/> Alkalinity	
<input type="checkbox"/> Aluminum	
<input type="checkbox"/> Antimony	
<input type="checkbox"/> Arsenic	
<input type="checkbox"/> Barium	
<input type="checkbox"/> Beryllium	
<input type="checkbox"/> Boron	
<input type="checkbox"/> Bromide	
<input type="checkbox"/> Cadmium	
<input type="checkbox"/> Calcium	
<input type="checkbox"/> Chloride	

<input type="checkbox"/> Chlorine	
<input type="checkbox"/> Chromium	
<input type="checkbox"/> Cobalt	
<input type="checkbox"/> Coliform Bacteria**	
<input type="checkbox"/> Quanti Tray Option	
<input type="checkbox"/> Copper	
<input type="checkbox"/> Fluoride	
<input type="checkbox"/> Hardness	
<input type="checkbox"/> Iron	
<input type="checkbox"/> Iron Bacteria	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Lithium	
<input type="checkbox"/> Magnesium	
<input type="checkbox"/> Manganese	
<input type="checkbox"/> Mercury (total)	
<input type="checkbox"/> Molybdenum	
<input type="checkbox"/> Nickel	
<input type="checkbox"/> Nitrate	
<input type="checkbox"/> Nitrite	
<input type="checkbox"/> pH	
<input type="checkbox"/> Phosphorus (Ortho)	
<input type="checkbox"/> Phosphorus (Total)	
<input type="checkbox"/> Potassium	
<input type="checkbox"/> Selenium	
<input type="checkbox"/> Silicon	
<input type="checkbox"/> Silver	
<input type="checkbox"/> Sodium	
<input type="checkbox"/> Strontium	
<input type="checkbox"/> Sulfate	
<input type="checkbox"/> Sulfur Bacteria	
<input type="checkbox"/> Tannin/Lignins	
<input type="checkbox"/> Thallium	
<input type="checkbox"/> Total Disolved Solids	
<input type="checkbox"/> Vanadium	
<input type="checkbox"/> Zinc	
OTHER	

Relinquished by _____ Date/Time _____	Received by _____
Method of shipment: _____	Reported by _____
Tested 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

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