

**Payment must be included with sample to be tested**

**SAMPLING INSTRUCTIONS ON REVERSE SIDE**

**\*Some tests require special bottles (please call for details)**

**Please fill out yellow highlighted sections below**

**LABORATORY TEST REQUEST FORM**

Collection Date	Time	A.M	Collected by:
P.M.			
Owner's Name		Telephone #	
Owner's Address		Well Address: (if different)	
City	State	Zip	Town or City
County			
Email Address (results will be emailed)		NO THANKS, I DON'T WANT AN ANNUAL REMINDER WHEN IT'S TIME TO TEST MY WATER	
Invoice to (if different than owner)		Telephone # (if different than above)	
Address			
City	State	Zip	<b>TEST(s) REQUESTED ---- PLEASE INCLUDE PAYMENT</b> <b>CALL FOR INFORMATION ON ADDITIONAL TESTS. PRICES BELOW ARE RETAIL.</b>
Well Construction Date (if known)		Wis. Unique Well # (if known)	
<b>SAMPLING INFORMATION</b>			
Sample Source	Non-Drinking Water		
Drinking Water			
Annual Test			
Previous Unsafe			
New Baby/Pregnancy			
Air BnB/VRBO Requirement			
MUST USE DNR FORM			
Pumpwork/New well			
Investigation			
Other:			
Sample Location	Pressure Tank Tap		
Bathroom Tap	Outside Faucet		
Kitchen Tap	Yard Hydrant		
Reverse Osmosis			
Other:			
Comments:			
<b>CUSTOMER NOTIFIED OF UNSAFE</b>			
Date		Time	INTL
Nitrate NO3-N		ppm	Lead
Arsenic		ppb	TDS
Hardness		grains/ppm	Atrazine
Iron		ppm	Nitrite
Manganese		ppb	pH
Other:		Reason	
Date/Time/INTL Rec'd			
Date/Time/INTL Tested			
Date/Time/INTL Reported			
Sample received at lab by: (CIRCLE ONE)			
SPECIAL DEL		PURPLE MTN	UPS/Fed-Ex
PWL PK UP		PWL SPEC COL	Drop-Off Box
Other Walk In			
<b>LAB NUMBER</b>			
924 Development Dr. Suite C Lodi, WI 53555 WDATCP Lab ID# 105-449 Lodi Telephone # (608) 225-3621 www.purewaterlaboratories.com		325 S. Park St. Reedsburg, WI 53959 WDATCP Lab ID# 105-540 Reedsburg Dennis R. Crow, Lab Director Revised 12/9/2025 JS	