


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		Collected by:	
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	TEST(s) REQUESTED ---- PLEASE INCLUDE PAYMENT		
			CALL FOR INFORMATION ON ADDITIONAL TESTS. PRICES BELOW ARE RETAIL.		
Well Construction Date (if known)			Coliform & E. Coli Bacteria (Standard presence/absence) \$45		
Wis. Unique Well # (if known)			Coliform & E. Coli Bacteria Count \$60		
			Nitrate \$40 Manganese \$32 Iron Bacteria \$85		
			Arsenic \$45 TDS (Total Dissolved Solids) \$25		
			Iron \$23 Copper \$60 Atrazine \$110		
			pH \$20 Fluoride \$30 Lead* \$45		
			Hardness \$23 Nitrites* (Uncommon. Must be on ice) \$57		
			Other:		
			*TEST REQUIRES A SPECIAL KIT OR HOLD TIME. PLEASE CALL.		
SAMPLING INFORMATION			LABORATORY RESULTS (LAB USE ONLY)		
Sample Source			Coliform Bacteria Test Enzymatic Substrate Colilert or Colitag		
____ Drinking Water ____ Non-Drinking Water			Coliform		
Reason for Test			Confirmed UV		
____ Annual Test ____ Taste or Odor			____ Coliform Present ____ E. Coli Present		
____ Previous Unsafe ____ Real Estate			____ Coliform Absent ____ E. Coli Absent		
____ New Baby/Pregnancy <small>MUST USE DNR FORM</small> ____ Pumpwork/New well					
____ Air BnB/VRBO Requirement ____ Investigation					
Other: _____					
Sample Location			Quanti-Tray Using Colilert/Colilert-18/Colitag:		
____ Bathroom Tap ____ Pressure Tank Tap			TC Result: _____ MPN/100 mL		
____ Kitchen Tap ____ Outside Faucet			EC Result: _____ MPN/100 mL		
____ Reverse Osmosis ____ Yard Hydrant			(MPN: Most Probable Number)		
Other: _____			____ Total Coliform ABSENT		
			____ Total Coliform PRESENT		
			____ E. coli PRESENT		
			____ INVALID Reason _____		
Comments:			CUSTOMER NOTIFIED OF UNSAFE		
			Date _____ Time _____ INTL _____		
			Nitrate NO3-N _____ ppm Lead _____ ppb		
			Arsenic _____ ppb TDS _____ ppm		
			Hardness _____ grains/ppm Atrazine _____ ppb		
			Iron _____ ppm Nitrite _____ ppm		
			Manganese _____ ppb pH _____		
			Other: _____		
			Date/Time/INTL Rec'd _____		
924 Development Dr. Suite C 325 S. Park St.			Date/Time/INTL Tested _____		
Lodi, WI 53555 Reedsburg, WI 53959			Date/Time/INTL Reported _____		
WDATCP Lab ID# 105-449 Lodi WDATCP Lab ID# 105-540 Reedsburg			Sample received at lab by: (CIRCLE ONE)		
Telephone # (608) 225-3621 Dennis R. Crow, Lab Director			SPECIAL DEL PURPLE MTN UPS/Fed-Ex Other		
			PWL PK UP PWL SPEC COL Drop-Off Box Walk In		
www.purewaterlaboratories.com			LAB NUMBER		

Revised 12/9/2025 JS