

CHAIN OF CUSTODY / LABORATORY REPORT				COMMON TESTING			Inorganics continued			
COLLECTION DATE	COLLECTION TIME	AM PM	COLLECTED BY	LISCENCE # (REQUIRED FOR PUMP INSTALLERS/WELL DRILLERS)	SELECT	LAB ONLY	Phosphorus (Ortho)			
OWNER'S NAME				OWNER'S TELEPHONE NUMBER			Phosphorus (Total)			
WELL ADDRESS (STREET OR LEGAL DESCRIPTION)				OWNER'S ADDRESS			Potassium			
WELL CITY, STATE, ZIP				REPORT RESULTS TO DNR?			ANIONS			
OWNER'S EMAIL ADDRESS				TOWN OR CITY		COUNTY		Selenium		
SEND INVOICE TO:	NAME			TELEPHONE			Fluoride			
	ADDRESS			FAX			Nitrate			
	CITY, STATE, ZIP			SAMPLE ID			Nitrite			
WELL COMPLETION DATE		WI UNIQUE WELL #		LABORATORY USE ONLY						
SAMPLING INFORMATION				APPROVED METHOD:						
SAMPLE SOURCE:				<input type="checkbox"/> MMO-MUG (COLILERT, COLISURE, ETC.) <input type="checkbox"/> MEMBRANE FILTER <input type="checkbox"/> MULTIPLE TUBE FERMENTATION <input type="checkbox"/> PRESENCE/ABSENCE <input type="checkbox"/> OTHER						
REASON FOR TEST:				LABORATORY RESULTS						
<input type="checkbox"/> DRINKING WATER <input type="checkbox"/> NON-DRINKING WATER  ANNUAL TEST                  PREVIOUS UNSAFE NEW WELL*                    PUMP WORK* TASTE OR ODOR              REAL ESTATE OTHER REASONS: _____				BACTERIOLOGICAL INTERPRETATION						
*LABS ARE REQUIRED TO SEND DNR THE TEST RESULTS. COLIFORM BACTERIA, NITRATE, AND ARSENIC ANALYSIS MAY BE REQUIRED				<input type="checkbox"/> SAFE (COLIFOM ABSENT) <input type="checkbox"/> UNSAFE (COLIFORM PRESENT) AND: <input type="checkbox"/> FECAL E.COLI PRESENT <input type="checkbox"/> FECAL E.COLI ABSENT						
SAMPLE LOCATION:				INVALID (PLEASE SUBMIT ANOTHER SAMPLE)						
BATHROOM TAP              PRESSURE TANK TAP KITCHEN TAP                 OUTSIDE FAUCET OTHER: _____				<input type="checkbox"/> OLD-OL <input type="checkbox"/> FROZEN-FR <input type="checkbox"/> OVERGROWN-OG <input type="checkbox"/> LAB ACCIDENT- LA <input type="checkbox"/> TURBIDITY-TU <input type="checkbox"/> SHIPPING PROBLEMS- SP <input type="checkbox"/> CHLORINE PRESENT-CL						
DOES THE WELL SERVE THE PUBLIC?    YES    NO				WAS SAMPLE RECEIVED ON ICE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
PUBLIC FACILITY(PWS)#: _____				TEMPERATURE _____						
IS THIS A COMPLIANCE SAMPLE?    YES    NO				NITRATE: _____ mg/L AS N						
WELL CONSTRUCTION INFO:				ARSENIC: _____ µg/L						
DRILLED                      DRIVEN POINT JETTED                         DUG OTHER: _____				DATE/TIME RECEIVED						
TG ANALYTICAL LABORATORIES PO BOX 170, N1022 QUALITY DRIVE GREENVILLE, WI 54942				LAB SAMPLE NUMBER						
LAB #105-452 WDNR CERTIFIED LAB #445158340				DATE REPORTED						
				DATE RECEIVED BY DNR						
							OTHER AVAILABLE TESTING			
							BACTERIA			
							INORGANICS			
							TESTING PACKAGES			
									SELECT	
							Annual well Test (Total Coliform and E-coli, Nitrate, Arsenic)			
							Health & Well Safety Test (Annual well test in addition to Bromide, Chloride, Copper, Fluoride, Lead, Nitrite, Phosphates, Sulfates)			
							Water Quality Test (Health and well safety package in addition to Hardness, Iron, Manganese, pH, tannings, and Total Dissolved Solids)			
							Corrosivity Index Test (Evaluation of the corrosive properties of water based on the Langlier Saturation Index "LSI" and the Ryznar Stability Index "RSI")			
							Other Tests/ Comments			
							Total Dissolved Solids			
							Vanadium			
							Zinc			
							Sulfate			
							Sulfur Bacteria			
							Tannin/Lignins			
							Strontium			
							Silicon			
							Silver			
							Sodium			
							Copper			
							Lead			
							Mercury (total)			
							Molybdenum			
							Nickel			
							pH			
							Phosphate			