



LABORATORY WATER TEST REQUEST FORM
Rock County Public Health Dept., PO Box 1088, Janesville, WI 53547-1088
(608) 757-5440
www.co.rock.wi.us/publichealth

Lab Sample No _____
Lab ID# 154077660

PLEASE PRINT

WELL INFORMATION

Street Address: _____
City/Village/Town of: _____
County: _____
Well Construction Date: _____
Wisconsin Unique Well #: _____
PWS ID: _____

Well Construction Information

☐ Drilled ☐ Dug
☐ Well Pit ☐ Unknown
☐ Driven Point ☐ Other _____

OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Results will be emailed: _____

Email Address

If no email, mail results to: ☐ Check if same as owner address.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

SAMPLING INFORMATION

Date Water **Collected**: ____/____/____ Time: ____:____ ☐ AM ☐ PM Collected by: _____
Date Water **Delivered**: ____/____/____ Time: ____:____ ☐ AM ☐ PM Delivered By: _____
Signature: _____

Sample Location

☐ Bathroom Tap ☐ Laundry Sink
☐ Kitchen Tap ☐ Other _____
☐ Pressure Tank

Reason for test

☐ Annual/Routine Test ☐ Pump Work
☐ New Well ☐ Real Estate
☐ Taste or Odor ☐ Infant Use
☐ Previous Unsafe ☐ Other _____

ANALYSIS REQUESTED

☐ Bacteria
(Absent/Present)
OR

This test determines if total coliform bacteria and/or *E.coli* are present in a drinking water sample. Because the presence of even one coliform makes the water unsuitable for consumption, results are reported simply as present or absent. This test would be selected if you are wanting to determine if your well water is suitable to drink. **The sample must be received the same day of collection.**

☐ MPN Bacteria
(Count)

This test provides a count of the number of total coliform bacteria and *E. coli* bacteria present in a water sample. **The sample must be received the same day of collection.**

☐ Nitrate

HEALTH DEPARTMENT USE

LABORATORY RESULTS (LAB USE ONLY)

(Results held on file for (6) years)

☐ Check if sample more than 30 hrs. old but < 48 hrs. old

Total Coliform Bacteria: ☐ Absent ☐ Present **Total Coliform Bacteria Count:** _____ MPN/100mL Date Analyzed: _____ Analyzed By: _____

E. Coli: ☐ Absent ☐ Present **E. Coli Count:** _____ MPN/100mL Date Analyzed: _____ Analyzed By: _____

Nitrate: _____ mg/L Date Analyzed: _____ Analyzed By: _____

Method (Hach 10206) Nitrate LOD = 0.132mg/L (established 4/27/2018)

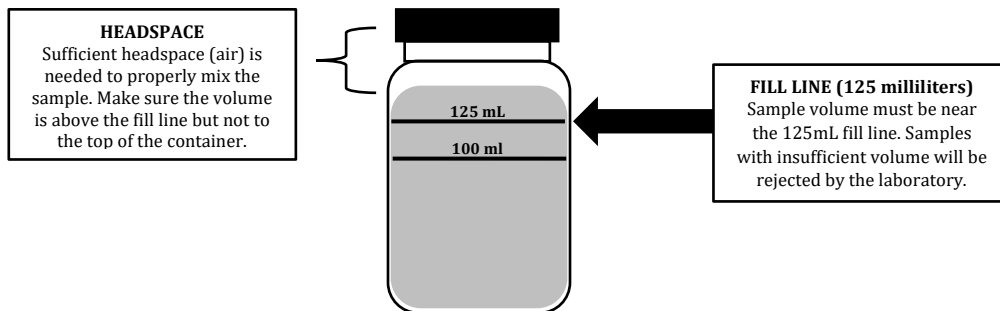
Date Received: ____/____/____ Sample Accepted By: _____
Time: ____:____ ☐ AM ☐ PM Signature: _____
Sample Received on Ice: ☐ Yes ☐ No Title: _____
Sample <48 hrs old: ☐ Yes ☐ No/Rejected Temperature of Sample _____ °C

GIS: _____ Email: _____ Fax: _____ Mail: _____ ☐ Billed

Proper Collection of Drinking Water Samples

Please read through the following instructions completely before collection of water samples.

- 💧 You must use a sample container provided by the Rock County Public Health Department.
- 💧 **Chlorinated Water Samples:** Samples collected from continuously chlorinated water, such as city water supplies, must be collected in a special bottle containing a chlorine neutralizing substance. These special bottles are not appropriate for wells that have been temporarily chlorinated. Temporarily chlorinated wells should be pumped until they are free of chlorine prior to sampling.
- 💧 Bacteria and Nitrate can be tested from one single bottle. (2 bottles if collecting from different taps).
- 💧 Find a proper location to take a sample:
 - ✓ Avoid leaky faucets or one that has just been repaired
 - ✓ If your faucet has screens or aerators these must be removed
- 💧 Sterilize the faucet from which the sample is to be collected in order to eliminate any bacteria present on the faucet which may contaminate your sample. Use an alcohol swab to wipe the inside and outside of the faucet opening. Rinse the outside lip of the faucet well with water.
- 💧 Turn on the cold water and allow the faucet to flow for 2 – 3 minutes in order to clear the line. Reduce the flow to a slow, steady, and sprayless stream in order to collect the sample.
- 💧 Remove the sterility seal from the sample container and discard.
- 💧 Remove the cap from the sample container, taking care not to touch the inside of the lid or the lip of the container.
- 💧 **DO NOT RINSE THE SAMPLE CONTAINER**
- 💧 Fill the sample container only to the neck of the container or the fill line, and seal tightly.



- 💧 Complete the top section of the **WATER TEST REQUEST FORM**. Make sure the collection date and collection time are completed, as these are required fields.
- 💧 Place the sample bottle back in the Styrofoam sleeve. Place the Styrofoam sleeve/bottle in plastic bag provided with a few ice cubes. Do not use commercial frozen ice packs. You should use “wet” ice for transporting your samples.
- 💧 Deliver water sample(s) to the Public Health Department the same day it was drawn. If you are not able to deliver the sample on the same day, please call for special arrangements. See below for a list of days and times that water sample can be delivered to the Public Health Department.

Sample Requirements

- Sample must be delivered to the Health Department the day of collection. Call the Health Department if other arrangements need to be made.
- Sample volume must be near the 125mL fill line
- Free of chlorine
- No heavy silt present. This could result from sediment in the sample or growth of non-harmful bacteria. Disinfect and flush the lines prior to recollecting the sample.
- Form complete/no date discrepancy

WATER SAMPLES ARE ACCEPTED DURING THE FOLLOWING DAYS/TIMES ONLY

NORTH OFFICE (IANESVILLE)

Monday – Wednesday 8:00 AM – 5:00 PM
Thursday 8:00 AM – 12:00 PM

SOUTH OFFICE (BELOIT)

Monday – Thursday 8:00 AM – 9:30 AM

These hours may change during holiday weeks, please call for specific hours.

FEES

Bacteria	\$25.00
MPN Bacteria Count	\$30.00
Nitrate	\$25.00

We accept cash, check or credit/debit* cards

***If using a credit/debit card there is an additional fee from GovPay for use of their services**