

WATER TESTING FORM FOR PRIVATE WATER

(yellow highlighted areas must be filled out)

Collection Date (MM-DD-YY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Collected by:	Phone #:
Send results to:	Send results via: <input type="checkbox"/> Mail <input type="checkbox"/> Call <input type="checkbox"/> Fax <input type="checkbox"/> E-mail			
	Applicable Phone/Fax/E-mail:			
	<input type="checkbox"/>	Submitter Name		<input type="checkbox"/> Called _____
	Street Address			
City, State, Zip Code				
<input type="checkbox"/>	Client Name (if different from submitter)		<input type="checkbox"/> Called _____	
	Street Address			
	City and County			
<input type="checkbox"/>	Well Owner Name (if different from above)		<input type="checkbox"/> Called _____	
	Well Address			
	City and County			
Sampling Information - Reason for Test:		Well Construction Information:		
<input type="checkbox"/> Annual Test <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> Taste or Odor <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Reasons: _____		<input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Other: _____ WI Unique Well # (if known): _____		
Sample Location:		Test Request:		
<input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Outside Faucet <input type="checkbox"/> RO System <input type="checkbox"/> Other: _____		<input type="checkbox"/> Bacteria test \$27 (P/A Enzyme Substrate) <input type="checkbox"/> Nitrate test \$27 (4500 NO ₃ D) <input type="checkbox"/> Lead test \$31 (Requires additional sample) <input type="checkbox"/> Metals test \$105 (Requires additional sample) <input type="checkbox"/> Arsenic test \$31 (Requires additional sample) <input type="checkbox"/> Homeowners package \$100 (Includes Bacteria, Nitrate, Lead, Arsenic) <input type="checkbox"/> Other _____ <i>If rush, additional fees will apply</i>		
OFFICE USE ONLY				
Payment Method:		Laboratory Results		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Bill <input type="checkbox"/> Credit Card Check # _____ <small>2.5% fee applied to credit card transactions</small>		Bacteriological Interpretation:		
La Crosse County Health Laboratory 300 4th St N, La Crosse WI 54601 Lab Cert # 013		<input type="checkbox"/> SAFE (Coliform Absent) <input type="checkbox"/> UNSAFE (Coliform Present) and:		
		<input type="checkbox"/> Fecal/E coli Present <input type="checkbox"/> Fecal/E coli Absent		
		Nitrate: _____ mg/L as N Lead: _____ µg/L Arsenic: _____ µg/L		
		Date/Time Received:		
Lab Sample Number:		Date/Time Reported:		