

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE**

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

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

This lab form must be filled out with date, time and name of collector

<b>LABORATORY REPORT</b>					
Collection Date	Time	A.M. P.M.	Collected By:	License Number	
Owner's Name			Telephone #		
Owner's Address			Well Address (Street or Legal Description)		
City	State	Zip	Town or City	County	
Invoice to (if different than owner)			Telephone # (if different than above)		
Address			Email Address (results and invoice can be sent by email if desired)		
City	State	Zip	<b>TEST(s) REQUESTED*</b>		
Well Construction Date (if known)			Wis. Unique Well # (if known)		
<b>SAMPLING INFORMATION</b>			<p align="center"><i>CALL FOR INFORMATION ON ADDITIONAL TESTS</i></p> <p>Coliform &amp; E. Coli Bacteria (Standard presence/absence) _____</p> <p>Coliform &amp; E. Coli Bacteria Count (additional fee**) _____</p> <p>Nitrate NO3-N _____ Arsenic _____ Atrazine _____</p> <p>Lead _____ Hardness _____ Iron _____</p> <p>pH _____ TDS (Total Dissolved Solids) _____</p> <p>Manganese _____ Nitrites _____ Fluoride _____</p> <p>Copper _____ Other: _____</p>		
<p><b>Sample Source</b></p> <p>_____ Drinking Water                      _____ Non-Drinking Water</p>			<b>LABORATORY RESULTS (LAB USE ONLY)</b>		
<p><b>Reason for Test</b></p> <p>_____ Annual Test                      _____ Taste or Odor</p> <p>_____ Previous Unsafe                      _____ Real Estate</p> <p>_____ Other: _____ Investigation</p>			<b>Coliform Bacteria Test Enzymatic Substrate Colilert</b>		
<p><b>Sample Location</b></p> <p>_____ Bathroom Tap                      _____ Pressure Tank Tap</p> <p>_____ Kitchen Tap                      _____ Outside Faucet</p> <p>_____ Reverse Osmosis                      _____ Yard Hydrant</p> <p>_____ Other: _____</p>			<p><b>Coliform</b>                      <b>Confirmed UV</b></p> <p>_____ Coliform Present                      _____ E. Coli Present</p> <p>_____ Coliform Absent                      _____ E. Coli Absent</p>		
<b>SOURCE WATER INFORMATION</b>			<p>Quantit-Tray Using Colilert:</p> <p>Result: _____ MPN _____</p> <p align="center">(Most Probable Number)**</p> <p>_____ Total Coliform ABSENT</p> <p>_____ Total Coliform PRESENT</p> <p>_____ E. coli PRESENT</p> <p>_____ INVALID                      Reason _____</p>		
<p>_____ Drilled Well                      _____ Driven Point Well (Sand Point)</p> <p>_____ Jetted Well                      _____ Dug Well</p> <p>_____ Pit Well                      _____ Municipal Well</p> <p>_____ Basement Well                      _____ Surface Water</p>			<b>CUSTOMER NOTIFIED OF UNSAFE</b>		
<p>Comments:</p>			<p>Date _____ Time _____ INTL _____</p> <p>Nitrate NO3-N _____ ppm                      <b>Lead</b> _____ ppb</p> <p>Arsenic _____ ppb                      <b>TDS</b> _____ ppm</p> <p>Hardness _____ grains                      <b>Atrazine</b> _____ ppb</p> <p>Iron _____ ppm                      <b>Fluoride</b> _____ ppb</p> <p>Manganese _____ ppm                      <b>pH</b> _____</p> <p>Other: _____</p>		
<p><b>Water Compliance Specialists, Inc.</b>                  924 Development Dr. Suite C                  P.O. Box 135 - Lodi, WI 53555                  Telephone # (608) 225-3621  <a href="http://www.testh2o.com">www.testh2o.com</a>                  Dennis R. Crow, Lab Director                  WDATCP Laboratory ID# 105-000449</p>			<p align="center"><b>LABORATORY RESULTS</b></p> <p align="right">Date/Time/INTL Received _____</p> <p align="right">Date/Time/INTL Tested _____</p> <p align="right">Date/Time/INTL Reported _____</p>		
<p align="center"><b>WATER COMPLIANCE SPECIALISTS, INC.</b></p>			<p>Sample received at lab by: (CIRCLE ONE)    PO Box    Walk In    Drop-Off Box</p> <p>SPECIAL DEL    GOLD CROSS    UPS    WCS SC    Other</p> <p align="center">WCS PK UP</p>		
<p><b>LAB NUMBER</b></p>			<p>_____</p>		