


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	A.M.	Collected by:	
			P.M.		
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)		Wis. Unique Well # (if known)		Coliform & E. Coli Bacteria (Standard presence/absence) \$45	
				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		
			Coliform Present		
			Coliform Absent		
Reason for Test			Confirmed UV		
Annual Test Taste or Odor			E. Coli Present		
Previous Unsafe Real Estate			E. Coli Absent		
New Baby/Pregnancy MUST USE DNR FORM 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 WDATCP Lab ID# 105-540			Sample received at lab by: (CIRCLE ONE)		
Telephone # (608) 225-3621 Dennis R. Crow, Lab Director			SPECIAL DEL PURPLE MTN UPS/Fed-Ex Other		
www.purewaterlaboratories.com			PWL PK UP PWL SPEC COL Drop-Off Box Walk In		
Revised 01/20/2026 JS			LAB NUMBER		