

**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	<b>TEST(s) REQUESTED ---- PLEASE INCLUDE PAYMENT</b> <b>CALL FOR INFORMATION ON ADDITIONAL TESTS. PRICES BELOW ARE RETAIL.</b>	
Well Construction Date (if known)		Wis. Unique Well # (if known)		
<b>SAMPLING INFORMATION</b>				
Sample Source	Non-Drinking Water			
Drinking Water				
Reason for Test				
Annual Test	Taste or Odor			
Previous Unsafe	Real Estate			
New Baby/Pregnancy	MUST USE DNR FORM Pumpwork/New well			
Air BnB/VRBO Requirement	Investigation			
Other:				
Sample Location				
Bathroom Tap	Pressure Tank Tap			
Kitchen Tap	Outside Faucet			
Reverse Osmosis	Yard Hydrant			
Other:				
Comments:	<b>CUSTOMER NOTIFIED OF UNSAFE</b>			
	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	ppm
	Other:		Reason	
<b>Pure Water Labs</b>			Date/Time/INTL Rec'd	
924 Development Dr. Suite C Lodi, WI 53555 WDATCP Lab ID# 105-449		325 S. Park St. Reedsburg, WI 53959 WDATCP Lab ID# 105-540	Date/Time/INTL Tested	
Telephone # (608) 225-3621		Dennis R. Crow, Lab Director	Date/Time/INTL Reported	
www.purewaterlaboratories.com		Revised 01/20/2026 JS	Sample received at lab by: (CIRCLE ONE)	
			SPECIAL DEL	PURPLE MTN
			PWL PK UP	PWL SPEC COL
				UPS/Fed-Ex
				Drop-Off Box
				Other
				Walk In
<b>LAB NUMBER</b>				