PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Payment must be included with sample to be tested.

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

Please fill out yellow highlighted sections below

LABORATORY REPORT

Collection Date	Time	Collected By	DNR Pump Installer/Well Driller License Number
	A.M / P.M.		

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

Well Construction Date (if known)	Wis. Unique Well # (if known)

SAMPLING INFORMATION

Sample Source

_____ Drinking Water _____ Non-Drinking Water

Reason for Test

_____ Annual Test _____ Taste or Odor

_____ Previous Unsafe _____ Real Estate

_____ Investigation

Other: _____

Sample Location

_____ Bathroom Tap _____ Pressure Tank Tap

_____ Kitchen Tap _____ Outside Faucet

_____ Reverse Osmosis _____ Yard Hydrant

Other: _____

SOURCE WATER INFORMATION

_____ Drilled Well _____ Driven Point Well (Sand Point)

_____ Jetted Well _____ Dug Well

_____ Pit Well _____ Municipal Well

_____ Basement Well _____ Surface Water

Comments:

Pure Water Labs LLC
924 Development Dr. Suite C
P.O. Box 135 - Lodi, WI 53555
Telephone # (608) 225-3621
www.purewaterlaboratories.com
Dennis R. Crow, Lab Director
WDATCP Laboratory ID# 105-449 Lodi

325 S. Park St.
Reedsburg, WI 53959
WDATCP Laboratory ID# 105-540 Reedsburg

Pure Water Labs

TEST(s) REQUESTED*

CALL FOR INFORMATION ON ADDITIONAL TESTS

_____ **Coliform & E. Coli Bacteria (Standard presence/absence)**

_____ Coliform & E. Coli Bacteria Count (additional fee**)

_____ Nitrate NO3-N _____ Arsenic _____ Atrazine

_____ Lead _____ Hardness _____ Iron

_____ pH _____ TDS (Total Dissolved Solids)

_____ Manganese _____ Nitrites (uncommon)

_____ Copper _____ Other: _____ Fluoride

LABORATORY RESULTS (LAB USE ONLY)

Coliform Bacteria Test Enzymatic Substrate Colilert or Colitag

Coliform	**Confirmed UV**
_____ Coliform Present	_____ E. Coli Present
_____ Coliform Absent	_____ E. Coli Absent

Quanti-Tray Using Colilert or Colilert-18:

Result: MPN _____ (Most Probable Number)**

_____ Total Coliform ABSENT

_____ Total Coliform PRESENT

_____ E. coli PRESENT

_____ INVALID Reason _____

CUSTOMER NOTIFIED OF UNSAFE

Date _____ Time _____ INTL _____

Nitrate NO3-N	_____	ppm	**Lead**	_____	ppb
Arsenic	_____	ppb	**TDS**	_____	ppm
Hardness	_____	grains	**Atrazine**	_____	ppb
Iron	_____	ppm	**Fluoride**	_____	ppb
Manganese	_____	ppb	**pH**	_____	
Other:	_____				

Date/Time/INTL Received

Date/Time/INTL Tested

Date/Time/INTL Reported

Sample received at lab by: (CIRCLE ONE) PO Box Walk In Drop-Off Box

SPECIAL DEL PURPLE MTN UPS PWL SC Other

PWL PK UP

LAB NUMBER

Revised 02/13/2025 JS