

WATER TESTING FORM FOR PRIVATE WATER

Collection Date (MM-DD-YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected by:	Phone #:
Send results to: <input type="checkbox"/>	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:		
	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: <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: _____		Well Construction Information: <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: <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: _____ <div style="text-align: center; background-color: #cccccc; padding: 2px;">OFFICE USE ONLY</div>		Test Request: <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 \$29 (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>	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> BILL <input type="checkbox"/> Credit Card Check # _____ <i>2.5% fee applied to credit card transactions</i>		Laboratory Results Bacteriological Interpretation: <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	
La Crosse County Health Laboratory 300 4 th St N, La Crosse WI 54601 Lab Cert # 013		Date/Time Received:	
Lab Sample Number:		Date/Time Reported:	