

Private Well Bacteriological Analyses Form

(Enclose This Form With Sample)

Owner's Name _____ Owner's Phone Number () _____

Owner's Address _____

City _____ State _____ Zip Code _____

County _____

Collection Date : ____/____/____ Time _____ : _____ (Date and time **MUST** be filled in).

Approx. Well Completion Date _____ (If Known) WI Unique Well # _____ (If Known)

Address where sample was collected (Example: "110 Water Street") _____

Sample Location (Laundry Tap, Kitchen Sink etc) _____

Sample Collected By: _____ Phone #: _____

Sample Source:	Sample Type: (Check Only One)
<input type="checkbox"/> D - (Distribution)	<input type="checkbox"/> J - (Just Curious)
<input type="checkbox"/> W - (Well)	<input type="checkbox"/> N - (New Construction) <input type="checkbox"/> I - (Investigation)
	<input type="checkbox"/> W - (Raw)Water <input type="checkbox"/> R -(Repeat)
	<input type="checkbox"/> C - (Check: Taken at Same Place as Unsafe Sample, If checked fill out info below)
	Unsafe Sample ID: _____
	Unsafe Sample Collection Date: ____/____/____

Laboratory Results	
<input type="checkbox"/> Safe (Coliform Absent)	<input type="checkbox"/> Invalid (Submit Another Sample)
<input type="checkbox"/> Unsafe (Coliform Present) and:	<input type="checkbox"/> Old <input type="checkbox"/> Frozen
<input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent	<input type="checkbox"/> Lab Accident <input type="checkbox"/> Shipping Problem
Date PWS Notified of Unsafe ____/____/____	

Approved Enzyme Substrate Method (Each method requires 100 ml of sample)

<input type="checkbox"/> Colitag	<input type="checkbox"/> Colilert	<input type="checkbox"/> Colilert - 18	<input type="checkbox"/> Colisure	Time Recived _____ :
<input type="checkbox"/> Other	Comments: _____			

Lab Name **Drummond Sanitary District #1** Date Recived ____/____/____ Sampe ID _____

Lab # **105-501** Lab Phone # **(715) 739-6741** E-Reported ____/____/____ : By: _____

Lab has 24 hrs to electronicly report results to DNR per NR 809.80

Bacteriological Water Test Fee \$20.00

Make checks payable to: Drummond Sanitary District #1

Po Box 43 / 52555 Front Ave

Drummond WI 54832