

Water Testing Form for Private Water Systems

Please return samples on
 Mon, Tues, Wed or Thur
 Please return form with samples.



Collection Date (MM-DD-YY)	Time am pm	Collected By	
Owner's Name	Owner's Telephone Number ()	Name of Business/Establishment	
Owner's Street Address		Well Address (Street or Legal Description)	
City	State	ZIP Code	Town or City County
Mail Results To:		This form is not to be used for Public Water Compliance Samples. ACHHD will retain water samples for a period of 5 years after the test is completed.	
Approx. Well Completion Date	Wis. Unique Well # PWS ID #	Laboratory Use Only Colisure	
Sampling Information <input type="checkbox"/> Annual Test <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> New Well* <input type="checkbox"/> Pump Work <input type="checkbox"/> Taste or Odor <input type="checkbox"/> Real Estate Other Reasons: _____ Sample Location: <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Milkhouse Other: _____		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 <input type="checkbox"/> Invalid (Submit another sample) <input type="checkbox"/> Old sample-OL <input type="checkbox"/> Overgrown-OG <input type="checkbox"/> Turbidity-TU <input type="checkbox"/> Chlorine Present-CL <input type="checkbox"/> Frozen-FR <input type="checkbox"/> Lab Accident-LA <input type="checkbox"/> Shipping Problem-SP	
Well Construction Information <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Dug Other: _____			
Check tests done: Bacteria <input type="checkbox"/> Nitrate <input type="checkbox"/>		Date / Time Received	
Lab Lab Cert.# 257274 Ashland County Health Department 630 Sanborn Avenue Ashland, WI 54806 (715)682-7028		Lab Sample ID No.	
		Date Reported	Lab tech Initial