

Billing and Reporting

Account Number	Field Number (Bottle Label ID)	Report to Address (Non-DNR only)		
DNR User ID	Report To Name	City	State	ZIP
Date Results Needed (mm/dd/yyyy)		Report to Email (Non-DNR only)		

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)	End Date (mm/dd/yyyy)	End Time
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Sample Type

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #)	Sample Address or Location Description		
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)	

Sample Details

Sample Description / Device Description		
Enforcement? <input type="radio"/> Yes <input type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/>	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.		
Is Sample Disinfected? <input type="radio"/> Yes <input type="radio"/> No	Grant or Project Number	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
If yes, how?		

Analyses Requested

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD ₅ Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD ₅ Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD ₅ Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyl A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

Solids

% Sand, Silt, Clay

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Solids	
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

60 ml Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO ₂ +NO ₃ as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO ₂) as Nitrogen

Quart Mason Jar

Oil Grease (3 qts) pH (waste only)

250 ml Metals Bottle (Acidify w/ Nitric Acid)

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO ₃	<input type="checkbox"/> Silver
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO ₂ + NO ₃ as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

250 ml Round Bacteria Bottle

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

Sample Temp _____ °C

Iced

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.
Additional parameters or instructions to laboratory:

Test Request – Inorganic Surface Water & Microbiology

Form 4800-024 (R 7/14)

Field Parameters - Optional

Only fill out if directed by your project coordinator.

Temperature - Sample (°C)	___ . ___	Gage Height (ft)	_____ . ___
Temperature - Ambient Air (°C)	___ . ___	Flow (cfs)	_____ . ___
DO (mg/l)	___ . ___	Flow (MGD)	_____ . ___
% Saturation	_____ . ___	Depth to Groundwater	_____ . ___
pH (su)	___ . ___	<small>ft or m</small>	_____ . ___
Secchi Depth (feet or meters)	_____ . ___	Turbidity (NTU)	_____ . ___
Secchi Depth Hit Bottom?	<small>ft or m</small>	Transparency Tube (cm)	_____ . ___
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nitrates (mg/l)	_____ . ___
Cloud Cover (%)	_____		
Cond (µS/CM@25°C)	_____		

Tips

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <http://intranet.dnr.state.wi.us/int/es/science/ls/Forms/Instructions.htm>) for further instructions and definitions.

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to <http://intranet/int/es/science/ls/Account.htm> or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or Project Number field** should include the Lake Planning Grant Number or the Project Number.

Sample Depth – If you sample in a lake, this is required.

Field Parameters – If you do fill this out, the data will go into SWIMS automatically. Please do not re-enter. Also, you must QA the data once it arrives in SWIMS.