

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 |
|-------------------|--------------------|-----------------------|----------|

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 |
|-------------------|-----------|-------|

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

| | | |
|---|---|---|
| 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.