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

| | | |
|---|--|---|
| 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) | | |
| <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> Suspended Sediment | <input type="checkbox"/> % Sand, Silt, Clay | |
| <input type="checkbox"/> Total Dissolved Solids | <input type="checkbox"/> Total Suspended Solids (500 ml needed) | |
| <input type="checkbox"/> Total Solids | <input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids) | |
| <input type="checkbox"/> Total Volatile Solids (includes total solids) | | |
| 60 ml Bottle (No chemical preservation) | | |
| <input type="checkbox"/> 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 | |
| 250 ml Glass Amber (Acidify w/Sulfuric Acid) | | |
| <input type="checkbox"/> TOC | <input type="checkbox"/> DOC | |
| 250 ml Metals Bottle (Acidify w/ Nitric Acid) | | |
| <input type="checkbox"/> Sample field filtered? (Check box if yes) | | |
| <input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles | | |
| <input type="checkbox"/> 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) | | |
| <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> E. coli by MPN, non-potable | For lab use: | |
| <input type="checkbox"/> Enterococci by MPN, non-potable | Sample Temp _____ °C | |
| | <input type="checkbox"/> 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 8/15)

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.