

*Kenosha County Division of Health  
Health Clinic  
8600 Sheridan Road  
Kenosha, WI 53143  
Phone (262) 605-6705*

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DIRECTIONS FOR COLLECTING A WATER SAMPLE FOR  
BACTERIOLOGY  
(Total Coliforms)

**Note:** If the well has been temporarily chlorinated, it is necessary to pump until it is free of chlorine before sampling.

1. Keep sample bottle closed until it is to be filled.
  2. Use cold water faucet. (NO SWIVEL OR SWING FAUCETS). Avoid water softener faucet, if possible.
  3. Remove Faucet attachments such as a screen or aerator.
  4. Sterilize metal taps by heating with a flame (butane lighter, propane torch, etc.) **Do not flame plastic faucets or faucets containing internal plastic parts!**
  5. Open tap fully and let water run for 5 minutes.
  6. Take care not to touch the top of the bottle or the inside of the cap. Fill sterile sample bottle to the shoulder.
  7. Replace cap securely.
  8. Transfer samples to laboratory using an insulated carrier containing ice.
  9. Please PRINT top and left portions of the other side of this form in BLACK INK, and return with water sample.
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Return sample, **within 24 hours** of collection, to laboratory address listed above. Old samples will not be analyzed.

**The laboratory will accept water samples:  
Monday through Thursday 8:00 a.m. – 4:00 p.m.**

NO SAMPLES WILL BE ACCEPTED ON FRIDAYS OR THE DAY BEFORE A HOLIDAY.

A verbal report may be obtained by calling the lab, after 3:00 p.m. the following day.  
A written report will be mailed.

## WATER TESTING FORM FOR PRIVATE WATER SYSTEMS

Collection Date (MM-DD-YY) ____/____/____	Time am <input type="checkbox"/> pm <input type="checkbox"/>	Collected By	License # (if pump installer or well driller)
Owner's Name		Owner's Telephone Number (____) _____	
Owner's Street Address		Well Address (Street or Legal Description)	
Cty, State, Zip Code		Town or City	County
<b>Mail Results To:</b>	Name		Send copy of results to DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		Test Requested: <input type="checkbox"/> Bacteriology <input type="checkbox"/> Nitrate <input type="checkbox"/> Fluoride
	City	State	Zip Code
Approximate Well Construction Date: _____		Wis. Unique Well # _____ (if known)	<p style="text-align: center;"><b>LABORATORY USE ONLY</b></p> <p><b>Membrane Filter Test</b> MFCC/100 ML= _____</p> <p><b>MPN Test (Check One)</b>  <input type="checkbox"/> Five Tube    <input type="checkbox"/> Ten Tube  <input type="checkbox"/> One Tube    <input type="checkbox"/> Presence-Absence  Presumptive 24 hours _____  Presumptive 48 hours _____  Coliform Group _____ Confirmed</p> <p><b>ONPG- MUG Minimal Medium (Check One)</b>  <input type="checkbox"/> MPN    <input type="checkbox"/> Presence-Absence  ONPG= <input type="checkbox"/> Positive    <input type="checkbox"/> Negative  MUG= <input type="checkbox"/> Positive    <input type="checkbox"/> Negative</p> <p style="text-align: center;"><b>Laboratory Results</b></p> <p><b>Bacteriological Interpretation</b>  <input type="checkbox"/> SAFE (Coliform Absent)  <input type="checkbox"/> UNSAFE (Coliform Present)  <input type="checkbox"/> Invalid - Please Submit Another Sample.</p> <p style="text-align: center;"><b>Nitrate</b></p> <p><b>Nitrate:</b> _____ mg/L as N  A Nitrate level of <i>less than 10 mg/L as N</i> is within the Drinking Water Standard set for this substance.  Sample surrounded by ice <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, sample temperature _____  Date Reported _____  By _____</p> <p style="text-align: center;"><b>Fluoride</b></p> <p><b>Fluoride:</b> _____ mg/L  Date Reported _____  By _____</p>
<b>Sampling Information</b>			
<b>Reason for Test:</b> <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 <input type="checkbox"/> Other Reasons: _____			
<b>Sample Location:</b> <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Milkhouse <input type="checkbox"/> Other: _____			
Does the well serve the public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Public #: _____			
<b>Well Construction Information</b>			
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Dug <input type="checkbox"/> Other: _____			
Remarks:			
<b>Lab Name</b> KENOSHA COUNTY DIVISION OF HEALTH LABORATORY 8600 Sheridan Road Suite 600 Kenosha, WI 53143 Phone: 262-605-6705		<b>Lab Cert. #</b> WDATCP Cert # 105000029 WDNR Cert # 230153220	
Date/Time Received		Lab Sample No.	
Date Reported (Bacteriology)		By	