

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

**DIRECTIONS FOR COLLECTING A WATER SAMPLE FOR
BACTERIOLOGY**

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 3 or 4 minutes.
6. Reduce water flow to permit filling bottle without splashing.
7. Take care not to touch the top of the bottle or the inside of the cap. Fill sterile sample bottle to the shoulder.
8. Replace cap securely.
9. Transfer samples to laboratory within 30 hours that sample it collected.
10. Please PRINT top and left portions of the other side of this form in BLACK INK, and return with water sample.

DIRECTIONS FOR COLLECTING A WATER SAMPLE FOR NITRATES (separate collection kit)

1. Collect water sample, filling small collection bottle to shoulder. Securely tighten cap on bottle.
2. Place the capped bottle in a small plastic bag and seal.
3. Place the sealed bottle bag into a larger plastic bag. Add several ice cubes with a little water, and seal the outer bag.
4. Transport the sealed bags inside a Styrofoam box or insulated cooler to the drop off site.

NO SPECIAL PROCEDURES ARE REQUIRED FOR FLUORIDE COLLECTION (same kit as Nitrate)

Fill out the form and bring it with your water in any clean capped container to the drop off site.

DIRECTIONS FOR COLLECTING A WATER SAMPLE FOR ARSENIC (separate kit from bacteria, nitrate & fluoride)

1. Select faucet used for obtaining drinking water (kitchen or bathroom sinks). Water should remain in plumbing 6 – 12 hours before collecting samples.
2. DO NOT use pressure tank sampling tap, an outside tap or laundry tub faucet (contains lead and copper).
3. Turn on cold water, remove cap, place bottle under the stream of water, fill to the shoulder without overflowing, and remove bottle from stream and cap it. DO NOT rinse bottle.
4. Place bottle in insulated carrier with completed information form.

Return sample, **within 24 hours** of collection, to laboratory address listed above. Samples older than 30 hours will not be analyzed.

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

**All three tests (Bacteriology, Nitrates, Fluorides) cost \$30.00 each (\$80.00 for all 3)
Arsenic Test (5-10 day turnaround) cost \$35.00.
Arsenic Test RUSH (2-3 day turnaround) cost \$70.00**

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 PM the following day. A report can be emailed if email is written on water test form. If no email is requested, 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 (____) _____	Email address
Owner's Street Address		Well Address (Street or Legal Description)	
City, State, Zip Code		Town or City	County

Mail Results To:	Name	Send copy of results to DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	
	City	State Zip Code
Test Requested: <input type="checkbox"/> Bacteriology <input type="checkbox"/> Arsenic <input type="checkbox"/> Nitrate <input type="checkbox"/> Arsenic Rush <input type="checkbox"/> Fluoride		

Approximate Well Construction Date: _____	Wis. Unique Well # _____ (if known)	LABORATORY USE ONLY
--	---	----------------------------

Sampling Information

Reason for Test:

Annual Test Previous Unsafe
 New Well Pump Work
 Taste or Odor Real Estate
 Other Reasons: _____

Sample Location:

Bathroom Tap Pressure Tank Tap
 Kitchen Tap Milkhouse
 Other: _____

Does the well serve the public? Yes No

Public #: _____

Well Construction Information

Drilled Driven Point
 Jetted Dug
 Other: _____

Remarks: _____

Membrane Filter Test
MFCC/100 ML= _____

MPN Test (Check One)

Five Tube Ten Tube
 One Tube Presence-Absence

Presumptive 24 hours _____
 Presumptive 48 hours _____
 Coliform Group _____ Confirmed

ONPG- MUG Minimal Medium (Check One)

MPN Presence-Absence
 ONPG= Positive Negative
 MUG= Positive Negative

Laboratory Results

Bacteriological Interpretation

SAFE (Coliform Absent)
 UNSAFE (Coliform Present)
 Invalid - Please Submit Another Sample.

Nitrate

Nitrate: _____ mg/L as N

A Nitrate level of *less than 10 mg/L as N* is within the Drinking Water Standard set for this substance.

Sample surrounded by ice Yes No
 Sample temperature _____ °C
 Date Reported _____ By _____

Fluoride

Fluoride: _____ mg/L

Date Reported _____ By _____

Arsenic

Arsenic: _____ µg/L

Date Reported _____ By _____

Lab Name KENOSHA COUNTY DIVISION OF HEALTH LABORATORY 8600 Sheridan Road Suite 600 Kenosha, WI 53143 Phone: 262-605-6705	Lab Cert. # WDATCP Cert # 105000029 WDNR Cert # 230153220	Date/Time Received	Lab Sample No.
		Date Reported (Bacteriology)	By