

*Kenosha County Division of Health  
LABORATORY  
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 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 using an insulated carrier containing ice.
  10. 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.  
The lab is closed from Noon to 1:00 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)	<b>LABORATORY USE ONLY</b>	
<b>Sampling Information</b>		<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 received on 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>	
<p><b>Reason for Test:</b></p> <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: _____			
<p><b>Sample Location:</b></p> <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Milkhouse <input type="checkbox"/> Other: _____			
<p>Does the well serve the public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Public #: _____</p>			
<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:			
<p><b>Lab Name</b>                      KENOSHA COUNTY DIVISION                      OF HEALTH LABORATORY                      8600 Sheridan Road Suite 600                      Kenosha, WI 53143                      Phone: 262-605-6705</p>			
<p><b>Lab Cert. #</b>                      WDATCP Cert # 105000029                      WDNR Cert # 230153220</p>		<p>Date/Time Received _____ Lab Sample No. _____</p>	
		<p>Date Reported (Bacteriology) _____ By _____</p>	