

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

**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.

**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**

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

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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.**

**Bacteria test costs \$27.00 – We also offer nitrate and fluoride testing for \$27.00 each or all three tests will be performed for a combined fee of \$70.00. (check or cash only)**

**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**

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>
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**Sampling Information**

**Reason for Test:**

<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: _____	

**Sample Location:**

<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?  Yes  No

Public #: \_\_\_\_\_

**Membrane Filter Test**  
MFCC/100 ML= \_\_\_\_\_

**MPN Test (Check One)**

<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

**ONPG- MUG Minimal Medium (Check One)**

<input type="checkbox"/> MPN	<input type="checkbox"/> Presence-Absence
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ONPG=  Positive  Negative  
MUG=  Positive  Negative

**Well Construction Information**

<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven Point
<input type="checkbox"/> Jetted	<input type="checkbox"/> Dug
<input type="checkbox"/> Other: _____	

Remarks: \_\_\_\_\_

**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 \_\_\_\_\_

<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	<table style="width: 100%;"> <tr> <td style="width: 50%;">Date/Time Received</td> <td style="width: 50%;">Lab Sample No.</td> </tr> <tr> <td colspan="2">Date Reported (Bacteriology)</td> </tr> <tr> <td colspan="2">By</td> </tr> </table>	Date/Time Received	Lab Sample No.	Date Reported (Bacteriology)		By	
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