State of Wisconsin Department of Natural Resources and Laboratory of Hygiene

Test Request – Inorganic Surface Water & Microbiology Form 4800-024 (R 7/14)

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: SU Surface Water NP Storm Water EF Effluent (Treated Wastewater) IF Influent (Untreated wastewater) SE Sediment SE Sediment SE Sediment SL Sludge SO Soil TI Tissue 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? Yes No	Billing and Reporting										
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If yes, include chain of custody form. Is Sample Disinfected? Yes No Grant or Project Number Or Top and Bottom of Sample Interval: If yes, how? Analyses Requested If led filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle. Plastic Quart Bottle (No chemical preservation) Sample field filtered? (Check box if yes) Color Sample field filtered? (Check box if yes) Low Level Metals. Note: Clean sampling with special bottles Call Recoverable metals will be run unless otherwise instructed. Malkalinity, pH, Conductivity Color BODS Dissolved Fluoride MBAs Screening Antimony Hardness-as CaCO3 Silver CBODs Total (goo ml needed) MBAs Screening Antimony Hardness-as CaCO3 Silver Chlorophyl A (if Field Filtered, Turbidity Boron Manganese Titanium Color Total Vol. Susp. Solids (includes Total Solids Total Vol. Susp. Solids (includes Total Solids Total Vol. Susp. Solids (includes Total Susp. Solids (includes total solids) On the lid of the sample bottle (Acidify w Nitric Acid) Sample field filtered? (Check box if yes) Cadmium Magnesium Thallium Boron Manganese Titanium Cadmium Mercury Vanadium Calcium Molybdenum Zinc Cramium Mercury Vanadium Calcium Molybde		cription									
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Oil Grace (2 ats) DH (waste only)					250 ml Round B	acteria	Bottle	For lab use:			
☐ Uil Grease (3 qts) ☐ ☐ ☐ Enterococci by MPN, non-potable ☐ ☐ Iced	<u> </u>				E. coli by	MPN, no	on-potable	_ ' '——			
	Uil Grease (3 qts)				Enteroco	cci by M	PN, non-potable	non-potable 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 7/14)

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)	· _	ft or m Turbidity (NTU) .	
Secchi Depth (feet or meters)	·	Transparency Tube (cm)	
Secchi Depth Hit Bottom?	ft or m Yes No	Nitrates (mg/l)	
Cloud Cover (%) Cond (µS/CM@25°C)			
Cond (µ5/Civi@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.