State of Wisconsin
Department of Natural Resources
and Laboratory of Hygiene

## Test Request – Inorganic Surface Water & Microbiology Form 4800-024 (R 8/15)

Billing and Reporting									
Account Number Field Number (Bottle Label ID)				Report to Add	ress (Non-DNF	R only)			
DNR User ID	Report To I	Name			City		State ZIP		
Date Results Needed (mm/dd/yyyy)					Report to Ema	ail (Non-DNR o	nly)		
Date and Time of Sample C	Collection								
Date (mm/dd/yyyy)	Time (24-h	r clock) End	Date (mm/dd/yyyy)	) End	Time				
Sample Type									
Sample Type: OSU Surface V (select one)	Vater (	NP Storm Water	OEF Effluent (T	reated Wast	ewater)	IF Influent (Unt	reated wastewater)		
	king Water (	MW Monitoring Well	OPO Private W	ell	$\bigcirc$	SE Sediment			
⊖SL Sludge	(	⊖SO Soil	○TI Tissue		$\bigcirc$				
Who collected the sample									
Collected By Name		Telephone		Email					
Where the completives call	laatad								
Where the sample was coll Station ID (STORET #)		ss or Location Descriptior	1						
		···· ··· ··· ··· ··· ··· ··· ·							
County	Waterbody ID	(WBIC)		Point / Outf	all (or SWIMS	Fieldwork Seq N	lo)		
Sample Details									
Sample Description / Device Des	cription								
		If Field OC Complex (agle							
Enforcement? OYes ON		If Field QC Sample (sele		Depth of Sample:					
If yes, include chain of custody for	~	Ouplicate Blank Grant or Project Number			and Bottom of S	Sample Interval:			
Is Sample Disinfected?	s ()No	Grant of Project Number			-		⊃m ⊖in ⊝cm		
If yes, how?						On (			
Analyses Requested If field filtered, indicate by checkin	a the bey on the	his shoot and noting on	of o main Maria la l			- : - N			
the lid of the sample bottle.		is sheet and noting on	250 ml Metals I	-	-	-			
Plastic Quart Bottle (No chemic	al preservation	)		Sample field filtered? (Check box if yes)					
Sample field filtered? (Check	box if yes)			Low Level Metals. Note: Clean sampling with special bottles					
Alkalinity, pH, Conductivity Color				TCLP (Toxicity Characteristic Leaching Procedure - use mason jar) Total recoverable metals will be run unless otherwise instructed.					
BOD5 Dissolved			Aluminum						
BOD <sub>5</sub> Total (900 ml needed) MBAs Screening			Antimony						
CBOD <sub>5</sub> Total (carbonaceous) pH only (non compliance)			Arsenic		Iron		Sodium		
Chloride Sulfate			Barium	Barium Lead Strontium					
Chlorophyl A (if Field Filtered, Turbidity			Beryllium	Beryllium Magnesium Thallium					
give ml filtered)			Boron	Boron Manganese Titanium					
Solids % Sand, Silt, Clay									
Suspended Sediment			-v   <u>□</u>						
Total Dissolved Solids				Chromium, Total					
Total Solids Susp. Solids				Cobalt Dotassium					
Total Volatile Solids (includ	es total solids)		250 ml Nutrien	•	•	,			
60 ml Bottle (No chemical prese	rvation)				heck box if yes $\Box NO_2 + NO_2$		Total Kioldobl N		
Sample field filtered? (Check	,		TotPhosp			3 as Nitrogen	Total Kjeldahl-N		
Orthophosphate	NO2+NO3	as Nitrogen (drinking wate				preserve in 60 r			
Silica	_	2) as Nitrogen	250 ml Round		-	For lab use:			
250 ml Glass Am	ber (Acidify w	/Sulfuric Acid)		y MPN, non-			Temp °C		
		DOC			, non-potable				

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:

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Only fill out if directed by your project coordinator.					
·	Gage Height (ft)				
·	Flow (cfs)				
·	Flow (MGD)				
	Depth to Groundwater				
	ft or m				
· ·	Transparency Tube (cm)				
Tt or m	Nitrates (mg/l)				
		Gage Height (ft)			

Tips

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <u>http://intranet.dnr.state.wi.us/int/es/science/ls/Forms/Instructions.htm</u>) 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 <a href="http://intranet/int/es/science/ls/Account.htm">http://intranet/int/es/science/ls/Account.htm</a> 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.