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State of Wisconsin
Department of Natural Resources
and Laboratory of Hygiene

Test Request – Inorganic Surface Water & Microbiology

Form 4800-024 (R 7/14)

Billing and Reporting

Account Number	Field Number (Bottle Label ID)	Report to Address (Non-DNR only)		
LM021				
DNR User ID	Report To Name	City	State	ZIP
SMITHA1	Alex Smith			
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

Sample Type: (select one)

- ◉ SU Surface Water
- ◯ NP Storm Water
- ◯ EF Effluent (Treated Wastewater)
- ◯ IF Influent (Untreated wastewater)
- ◯ D Public Drinking Water
- ◯ MW Monitoring Well
- ◯ PO Private Well
- ◯ 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	
493114	Bone Lake - South Of Large Island	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)
49 - Polk	2628100	

Sample Details

Sample Description / Device Description

Enforcement? ◯ Yes ◯ No
If yes, include chain of custody form.

Is Sample Disinfected? ◯ Yes ◯ No
If yes, how? _____

If Field QC Sample (select one):
◯ Duplicate ◯ Blank ◯ _____

Grant or Project Number
LPL-1568-15

Depth of Sample: _____ ◯ ft ◯ m ◯ in ◯ cm

Or Top and Bottom of Sample Interval:
_____ - _____ ◯ ft ◯ m ◯ in ◯ cm

Analyses Requested

If field 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)

- ☐ Alkalinity, pH, Conductivity
- ☐ BOD5 Dissolved
- ☐ BOD5 Total (900 ml needed)
- ☐ CBOD5 Total (carbonaceous)
- ☐ Chloride
- ☐ Chlorophyl A (if Field Filtered, give ml __ __ __ __ __ filtered)
- ☐ Color
- ☐ Fluoride
- ☐ MBAs Screening
- ☐ pH only (non compliance)
- ☐ Sulfate
- ☐ Turbidity
- ☐ _____

Solids

- ☐ Suspended Sediment
- ☐ Total Dissolved Solids
- ☐ Total Solids
- ☐ Total Volatile Solids (includes total solids)
- ☐ % Sand, Silt, Clay
- ☐ Total Suspended Solids (500 ml needed)
- ☐ Total Vol. Susp. Solids (includes Total Susp. Solids)

60 ml Bottle (No chemical preservation)

☐ Sample field filtered? (Check box if yes)

- ☐ Orthophosphate
- ☐ Silica
- ☐ NO2+NO3 as Nitrogen (drinking water)
- ☐ Nitrite (NO2) as Nitrogen

Quart Mason Jar

- ☐ Oil Grease (3 qts)
- ☐ pH (waste only)

250 ml Metals Bottle (Acidify w/ Nitric Acid)

☐ Sample field filtered? (Check box if yes)

☐ Low Level Metals. Note: Clean sampling with special bottles

☐ TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

- ☐ Aluminum
- ☐ Antimony
- ☐ Arsenic
- ☐ Barium
- ☐ Beryllium
- ☐ Boron
- ☐ Cadmium
- ☐ Calcium
- ☐ Chromium, Total
- ☐ Cobalt
- ☐ Copper
- ☐ Hardness-as CaCO3
- ☐ Iron
- ☐ Lead
- ☐ Magnesium
- ☐ Manganese
- ☐ Mercury
- ☐ Molybdenum
- ☐ Nickel
- ☐ Potassium
- ☐ Selenium
- ☐ Silver
- ☐ Sodium
- ☐ Strontium
- ☐ Thallium
- ☐ Titanium
- ☐ Vanadium
- ☐ Zinc
- ☐ _____
- ☐ _____

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

☐ Sample field filtered? (Check box if yes)

- ☐ Tot.-Phosphorus
- ☐ Ammonia-N
- ☐ NO2 + NO3 as Nitrogen
- ☐ COD
- ☐ Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)
- ☐ Total Kjeldahl-N
- ☐ Total Nitrogen

250 ml Round Bacteria Bottle

- ☐ E. coli by MPN, non-potable
- ☐ Enterococci by MPN, non-potable

For lab use:
Sample Temp _____ °C
☐ 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

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	ft or m __ __ __ __ __ . __ __
pH (su)		__ __ . __	Turbidity (NTU)	__ __ __ . __ __
Secchi Depth (feet or meters)	ft or m	__ __ __ . __	Transparency Tube (cm)	__ __ __ __ . __ __
Secchi Depth Hit Bottom?		☐ Yes ☐ No	Nitrates (mg/l)	__ __ __ __ __ __ __
Cloud Cover (%)		__ __ __		
Cond (µS/CM@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.