

Billing and Reporting			
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				
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
	<input type="radio"/> D Public Drinking Water	<input type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

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? <input type="radio"/> Yes <input type="radio"/> No	If Field QC Sample (select one):	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	<input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/>	
Is Sample Disinfected? <input type="radio"/> Yes <input type="radio"/> No	Grant or Project Number	Or Top and Bottom of Sample Interval:
If yes, how? _____		_____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> 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)		
<input type="checkbox"/> Sample field filtered? (Check box if yes)		
<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color	
<input type="checkbox"/> BOD ₅ Dissolved	<input type="checkbox"/> Fluoride	
<input type="checkbox"/> BOD ₅ Total (900 ml needed)	<input type="checkbox"/> MBAs Screening	
<input type="checkbox"/> CBOD ₅ Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)	
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate	
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity	
Solids		
<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay	
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)	
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)	
<input type="checkbox"/> Total Volatile Solids (includes total solids)		
60 ml Bottle (No chemical preservation)		
<input type="checkbox"/> Sample field filtered? (Check box if yes)		
<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO ₂ +NO ₃ as Nitrogen (drinking water)	
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO ₂) as Nitrogen	
Quart Mason Jar		
<input type="checkbox"/> Oil Grease (3 qts)	<input type="checkbox"/> pH (waste only)	
250 ml Metals Bottle (Acidify w/ Nitric Acid)		
<input type="checkbox"/> Sample field filtered? (Check box if yes)		
<input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles		
<input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)		
Total recoverable metals will be run unless otherwise instructed.		
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO ₃	<input type="checkbox"/> Silver
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>
250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)		
<input type="checkbox"/> Sample field filtered? (Check box if yes)		
<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO ₂ + NO ₃ as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		
250 ml Round Bacteria Bottle		
<input type="checkbox"/> E. coli by MPN, non-potable	For lab use:	
<input type="checkbox"/> Enterococci by MPN, non-potable	Sample Temp _____ °C	
	<input type="checkbox"/> 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)	___ . ___	<small>ft or m</small>	_____ . ___
Secchi Depth (feet or meters)	_____ . ___	Turbidity (NTU)	_____ . ___
Secchi Depth Hit Bottom?	<small>ft or m</small>	Transparency Tube (cm)	_____ . ___
	<input type="checkbox"/> Yes <input type="checkbox"/> 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.