

**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
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**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
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**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**

Enforcement? <input type="radio"/> Yes <input type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/>	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.		
Is Sample Disinfected? <input type="radio"/> Yes <input type="radio"/> No	Grant or Project Number	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
If yes, how?		

**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)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD <sub>5</sub> Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD <sub>5</sub> Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD <sub>5</sub> Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyl A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

% Sand, Silt, Clay

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Solids	
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**60 ml Bottle** (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) 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.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<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)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> 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**

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C

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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.