

✱ Ephraim Well Water Testing

STATE-CERTIFIED IN BACTERIOLOGICAL ANALYSIS OF POTABLE WELLWATER

Located @ 10285 Town Line Drive, Ephraim WI 54211

Phone (920) 854-4991

Certified License Number 105-299

Cost - \$30.00 [Instructions on the reverse side]

Bacteriological Analysis Only:

Sample Information	Laboratory Use
Sample Type: (Check One) <input type="checkbox"/> Annual test <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Reason: _____	<i>(This section is to be completed by the lab)</i> IDEXX Colilert-18 & Quanti-Tray 200 Results Total Coliform Negative: <input type="checkbox"/> Positive: <input type="checkbox"/>
Collection Site: (Check One) <input type="checkbox"/> Kitchen Tap (cold water) <input type="checkbox"/> Outside Tap <input type="checkbox"/> Other (specify): _____	E.C. Media Fecal/E Coli Negative: <input type="checkbox"/> Positive: <input type="checkbox"/> Positive results will be notified by phone and mail. Negative results will be notified by mail.
Collection Date: _____ Collection Time: _____ Note: Must be delivered to the lab within 24hrs of collection time Sampler's Name: _____ Well Owner's Name: _____ Additional names: _____ Address of Well: _____ Phone Number: () - _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> SAFE: <input type="checkbox"/> UNSAFE: <input type="checkbox"/> </div> Date Received: _____ Time Received: _____ Initials of Recipient: _____
Address where results should be mailed. (Please Print clearly)	Payment Information For office use only Pd. _____ Bill _____ Ck # _____
Name: _____ Address: _____ City/State/Zip _____	Quanti Tray Counts 200 MPN <input type="checkbox"/> 2000 MPN <input type="checkbox"/> Coliform: Lg. _____ Sm. _____ MPN _____ E Coli: Lg. _____ Sm. _____ MPN _____