

CHAIN OF CUSTODY / LABORATORY REPORT

COLLECTION DATE 6-11-26	COLLECTION TIME 4:00 PM	COLLECTED BY DR	LICENSE # (REQUIRED FOR PUMP INSTALLERS/AMT. DRILLERS) 5823
OWNER'S NAME MacPherran		OWNER'S TELEPHONE NUMBER	
WELL ADDRESS (STREET OR LEGAL DESCRIPTION) 125 Sunnyside Ct		OWNER'S ADDRESS 125 Sunnyside Ct	
WELL CITY, STATE, ZIP Williams Bay, WI 53171		REPORT RESULTS TO DNR? YES ☐ NO ☐	
OWNER'S EMAIL ADDRESS Fixin2kds@yahoo.com		TOWN OR CITY	COUNTY Walworth
NAME Rock-Well		TELEPHONE	
ADDRESS 4720 S. Beaumont Ave		FAX	
CITY, STATE, ZIP Wausauville, WI 53157		SAMPLE ID	
SEND INVOICE TO:			
WELL COMPLETION DATE		W/ UNIQUE WELL #	
SAMPLING INFORMATION			
SAMPLE SOURCE: ☒ DRINKING WATER ☐ NON-DRINKING WATER			
REASON FOR TEST:			
☐ ANNUAL TEST ☐ PREVIOUS UNSAFE ☐ NEW WELL* ☒ PUMP WORK* ☐ TASTE OR ODOR ☐ REAL ESTATE ☐ OTHER REASONS:			
*LABS ARE REQUIRED TO SEND OUT THE TEST RESULTS FOR COLIFORM BACTERIA, NITRATE, AND ARSENIC ANALYSIS MAY BE REQUIRED			
SAMPLE LOCATION:			
☐ BATHROOM TAP ☒ PRESSURE TANK TAP ☐ KITCHEN TAP ☐ OUTSIDE FAUCET ☐ OTHER:			
DOES THE WELL SERVE THE PUBLIC? ☐ YES ☒ NO			
IS THIS A COMPLIANCE SAMPLE? ☐ YES ☒ NO			
WELL CONSTRUCTION INFO:			
☒ DRILLED ☐ DRIVEN POINT ☐ LETTED ☐ DUG ☐ OTHER:			
TG ANALYTICAL LABORATORIES PO BOX 170, N1022 QUALITY DRIVE GREENVILLE, WI 54942			
LAB #105-482 WDNR CERTIFIED LAB #445169340			
APPROVED METHOD:		LABORATORY USE ONLY	
☐ MNO-MUG (COLLETT, COLISURE, ETC.) ☐ MEMBRANE FILTER ☐ MULTIPLE TUBE FERMENTATION ☐ PRESENCE/ABSENCE ☐ OTHER		☐ SAFECOL (FROM ABSENT) ☐ UNSAFE (COLIFORM PRESENT) AND: ☐ FECAL E. COLI ☐ PRESENT ☐ FECAL E. COLI ABSENT	
BACTERIOLOGICAL INTERPRETATION			
INVALID (PLEASE SUBMIT ANOTHER SAMPLE)			
☐ OLD-OL ☐ FROZEN-FR ☐ OVERGROWN-OS ☐ LAB ACCIDENT-LA ☐ TURBIDITY-TU ☐ SHIPPING PROBLEMS-SP ☐ CHLORINE PRESENT-CL			
WAS SAMPLE RECEIVED ON ICE? ☐ YES ☐ NO			
TEMPERATURE: _____ mg/L AS N			
NITRATE: _____ mg/L			
ARSENIC: _____ µg/L			
DATE/TIME RECEIVED			

COMMON TESTING

Inorganics continued

	SELECT	LAB ONLY	
Total coliform & E-coli Bacteria			Phosphorus (Oitro)
Quant - Tray			Phosphorus (Total)
ANIONS			Potassium
Fluoride			Selenium
Nitrate			Silicon
Nitrite			Silver
METALS			Sodium
Arsenic			Strontium
Copper			Sulfate
Lead			Sulfur Bacteria
OTHER AVAILABLE TESTING			Tannin/Lignins
			Thallium
BACTERIA			Total Dissolved Solids
Sulfur Bacteria			Vanadium
Iron Bacteria			Zinc
INORGANICS			
Alkalinity			
Ammonium			
Antimony			
Asbestos			
Atrazine			
Barium			
Beryllium			
Bromide			
Cadmium			
Calcium			
Chloride			
Chlorine			
Chromium			
Cobalt			
Hardness			
Iron			
Iron bacteria			
Lead			
Magnesium			
Manganese			
Mercury (total)			
Molybdenum			
Nickel			
pH			
Phosphate			

TESTING FOR NITRATE

Annual well Test

Health & Well Safety Test

Water Quality Test

Corrosivity Index Test

Other Tests/ Comments

Annual well Test

Health & Well Safety Test

Water Quality Test

Corrosivity Index Test

Other Tests/ Comments

Annual well Test

Health & Well Safety Test

Water Quality Test

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Health & Well Safety Test

Rec: 06-12-2026 1400
 18 CS TC/EB/GP/PS
 QT ID: 20283338