



**Wisconsin State
Laboratory of Hygiene**

http://www.slh.wisc.edu/ehd
Environmental Health Division
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996
(608)224-6202 (800)442-4618

ATRAZINE TEST REQUEST FORM

Atrazine Screen in Water by Immunoassay

Report/Bill to:

(Please print clearly or use your address label)

Name: «MAILNAME» _____

PO Box: «POBOX» _____

Address: «STREET» _____

City: «CITY» _____

State: «STATE» _____ Zip: «ZIP» _____

Phone: «PHONE» _____

Check *one* report option:

E-mail Address _____

Dedicated FAX Number _____

US Mail: the P.O. Box or Address line from above will be used

If none of the options above are selected, a printed report will be sent by US mail.

Customer ID : «ID» _____

Land Use: (circle One)

Farm Inactive Farm

Rural Parcel of Land Subdivision

Other (O) _____

Well Information:

Complete this section ONLY if you have a well

Unique Well # _____ Example : AB123

Number of wells on Property _____

Government Lot Number (if known) _____

Well Construction Date: _____

Drilled (D) Jetted (J)

Driven Point (W) Dug (G)

Surface Water Other (X) _____

Township name: _____

Town : (T) _____ N Range: _____ (R) (east / west, circle one)

Section number: _____ ¼ Section: _____

¼-¼ Section: _____ County name: _____

(circle one)

Collection Date: __/__/____ **Time** __:__(am/pm)

Collected By: _____

County: _____

Professional License #: _____

Address Sampled: (Check if same as **Report/Bill** name and address)

(If private well, also complete **Well Information** section)

Sample Source:

Kitchen Tap (PK) Bathroom Tap (PT)

Pressure Tank Tap (PP) Milk House (PM)

Basement Tap (PE) Laundry Tap (PL)

Sample Faucet (PD) Outside Tap (PH)

Other (PO) _____ Spring (PS)

Well Owner Information:

(Check if same as **Report/Bill** name and address)

Owner Name: _____

Owner Address: _____

Owner City: _____

Owner State: _____ ZIP: _____

Attention: Important Shipping Information
Be sure to ask when your package will arrive at the lab.

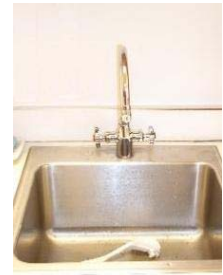
Use the Red and White label for commercial delivery service.
United Parcel Service 800-742-5877 FedEx 800-463-3339
Dunhams 800-236-7127 Spee-Dee 715-341-4960

Use the Orange label for US Postal Service. Included is a priority mail sticker or envelope. Some Wisconsin regions are standard 2-day delivery to the lab, for other areas the priority only guarantees it will arrive within 3 days, most arrive in 1-2 days.
US Postal Service 608-246-1220

Collecting Samples for Atrazine



Step 1 This bottle (plastic tube with blue cap) can only be used for atrazine analysis.



Step 2 Fill the sample bottle from any tap that is not served by a water treatment device such as a water softener, carbon filter or reverse osmosis filter.



Step 3 Write your name on the side of the sample bottle with a waterproof pen. Complete the lab test request form with a ballpoint or waterproof pen. Indicate the desired tests on the form. **Remember to fill in the collection date and time.**



Step 4 Place the sample bottle in the zip-lock bag. **Do NOT** put request form in the bag. Squeeze out excess air. Close zip-lock bag. Place sample and request form in shipper. Place return mailing label on the outside of the shipper. Secure shipper with two rubber bands as pictured.

Kit content:

- | | | |
|-----------------------------------|--------------------|----------------------------------|
| •Styrofoam shipper | •Test request form | •U.S. Mail return label |
| •Sterile bottle (non-thiosulfate) | •Zip-lock bag | •Priority Mail label |
| | •2 Rubber bands | •Commercial carrier return label |

Form Revised: 04/11/06

All wells drilled by professional well drillers after 1986 should have had a unique well number assigned at the time of well construction. The well numbers may be located on the well cap, the pressure tank, on the pipes near the pressure tank or on the circuit breaker box that controls the well pump. The tags are of a similar material to the tags on auto license plates. They have a silver background with red, black or black and red lettering. If you do not have a well number, one will be assigned and returned with your lab report.

Instructions For collecting a sample for atrazine analysis.

1. This bottle (plastic tube with blue cap) can only be used for atrazine analysis.
2. If you have not prepaid for this test choose a method of payment from the **Payment** section.
3. Write your name or place a personal address label, on the sample bottle.
4. Fill the sample bottle from any tap that is not served by a water treatment device such as a water softener, carbon filter or reverse osmosis filter.
5. Pack the sample into the plastic bag and then into the foam shipping container. Place the lab slip in the shipping container, but not inside the plastic bag. Secure the foam-shipping container with two rubber bands (see Fig. 4). Attach the appropriate return address label (either U.S. Mail or U.P.S.). Attach sufficient postage to the outside of the shipping container and mail promptly.
6. Finish completing the **Atrazine Test Request** form on the reverse side of this sheet. It is your samples lab slip.
7. Allow up to two weeks for sample analysis.