

SYNTHETIC ORGANIC ANALYSES

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Section I: To be completed by the Department of Natural Resources/SAMPLER

System Name: _____ System Type: (Check one) MC___ NN___ OC___ TN___
System _____ Region _____
Address: _____ City: _____ County: _____ Code: _____
Entry Point WI Unique
Pws Id#: _____ ID: _____ Well No: _____ DNR Contact: _____

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)

Sampler: Provide information to have results faxed or e-mailed or to change a billing address, if your lab offers these services (leave blank if you don't use these services).
Fax number: _____
E-mail: _____
Billing address: _____

Sample Source:

- ___ W Well
- ___ E Entry Point
- ___ D Distribution System

Sample Type:

- ___ D Compliance Sample
- ___ C Confirmation Sample
- ___ I Investigation Sample
- ___ W Raw Water Sample

Special Instructions: _____

Collect sample between: ___/___/___ and ___/___/___

Section II: To be completed by SAMPLER -- ALL ITEMS REQUIRED

Sample Collection Date ___/___/___ Time: ___ : ___ a.m. p.m.
mm dd yyyy

Address where sample was collected: _____

Monitoring Point ID: _____ Sample Point Description: _____

First Initial and Last Name of Sampler: ___ - _____

Section III: To be completed by LAB. Report test results on back for PWS and electronically to DNR within 10 days per NR 809.80

Check here if some or all of the parameters were analyzed by a subcontracted lab.
NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory ID Number: _____ Laboratory Name: _____

Date Sample Received: ___/___/___ Time Sample Received: ___ : ___ Laboratory Sample ID: _____

Signature of Receiving Lab Official: _____ Date Reported to PWS: ___/___/___

Condition of Sample Upon Receipt: _____

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose.

SYNTHETIC ORGANIC ANALYSES

System Name: _____

This page to be completed by the laboratory performing analysis.

PWS ID: _____

Lab Sample ID: _____

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
46317	ALACHLOR (LASSO)				2	UG/L
39053	ALDICARB (TEMIK)				3	UG/L
82587	ALDICARB SULFONE				2	UG/L
82586	ALDICARB SULFOXIDE				4	UG/L
34680	ALDRIN					UG/L
39033	ATRAZINE				3	UG/L
34247	BENZO (A) PYRENE				0.2	UG/L
77860	BUTACHLOR					UG/L
77700	CARBARYL					UG/L
81405	CARBOFURAN				40	UG/L
39350	CHLORDANE				2	UG/L
39348	CHLORDANE ALPHA					UG/L
39810	CHLORDANE GAMMA					UG/L
77780	CYANAZINE					
39730	2,4-D				70	UG/L
38432	DALAPON				200	UG/L
46373	DEETHYLATRAZINE					UG/L
46374	DEISOPROPYLATRAZINE					UG/L
4442	DIAMINOATRAZINE					UG/L
38760	1,2-DIBROMO-3-CHLOROPROPA				0.2	UG/L
82052	DICAMBA					UG/L
39380	DIELDRIN					UG/L
77903	DI(2-ETHYLHEXYL)ADIPATE				400	UG/L
46312	DI(2-ETHYLHEXYL)PHTHALATE				6	UG/L
81287	DINOSEB				7	UG/L
78885	DIQUAT				20	UG/L
38926	ENDOTHALL				100	UG/L
39390	ENDRIN				2.0	UG/L
46369	ETHYLENE DIBROMIDE (EDB)				0.05	UG/L
39941	GLYPHOSATE (ROUND-UP)				700	UG/L
39410	HEPTACHLOR				0.4	UG/L
39420	HEPTACHLOR EPOXIDE				0.2	UG/L
34688	HEXACHLOROBENZENE				1	UG/L
34386	HEXACHLOROCYCLOPENTADIENE				50	UG/L
82584	3-HYDROXYCARBOFURAN					UG/L
39340	BHC GAMMA (LINDANE)				0.2	UG/L
39051	METHOMYL					UG/L
39480	METHOXYCHLOR				40	UG/L
39356	METOLACHLOR (DUAL)					UG/L
81408	METRIBUZIN (SENCOR)					UG/L
38865	OXAMYL (VYDATE)				200	UG/L
39516	PCB TOTAL				0.5	UG/L
39032	PENTACHLOROPHENOL				1	UG/L
39720	PICLORAM (TORDON)				500	UG/L
30295	PROPACHLOR					UG/L
39760	2,4,5-TP (SILVEX)				50	UG/L
39055	SIMAZINE				4	UG/L
34675	2,3,7,8-TCDD (DIOXIN)				.00003	UG/L
39400	TOXAPHENE				3	UG/L

Approved By: QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____