

# TRIAZINE 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: \_\_\_\_\_

<b>Sampler Phone/Name/Address (Notify DNR Contact of Corrections)</b>	<b>Sampler:</b> 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.  
mm dd yyyy  p.m.

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.

**TRIAZINE 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
46492	TRIAZINE SCREEN					UG/L

Approved By: QA Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_