

WATER QUALITY PARAMETERS

(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 _____ (Check one)
Address: _____ City: _____ County: _____ Region _____
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: FIELD MEASUREMENTS REQUIRED - SEE INSTRUCTIONS ON BACK

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: ___ - _____ Sampler Phone: _____

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.

WATER QUALITY PARAMETERS

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
410	ALKALINITY TOTAL CaCO3					MG/L
1105	ALUMINUM TOTAL					MG/L
916	CALCIUM TOTAL					MG/L
940	CHLORIDE					MG/L
* 50060	CHLORINE TOTAL RESIDUAL FIELD					MG/L
* 50064	CHLORINE FREE AVAIL FIELD					MG/L
95	CONDUCTIVITY AT 25C					UMHO/CM
900	HARDNESS TOTAL CaCO3					MG/L
74010	IRON					MG/L
1055	MANGANESE					MG/L
* 671	PHOSPHATE ORTHO DISS FIELD					UG/L
* 400	PH FIELD					SU
665	PHOSPHORUS, TOTAL					UG/L
* 955	SILICA DISS FIELD					MG/L
945	SULFATE TOTAL					MG/L
* 10	WATER TEMP FIELD					C

***PH, TEMPERATURE, CHLORINE TOTAL RESIDUAL, AND CHLORINE FREE AVAILABLE MUST BE MEASURED IN THE FIELD AND RECORDED ABOVE PRIOR TO SENDING SAMPLE AND SLIP TO LAB.**

SILICA AND ORTHOPHOSPHATES CAN ALSO BE MEASURED IN THE FIELD. IF YOU DO NOT HAVE THE CAPABILITY TO DETERMINE ORTHOPHOSPHATE OR SILICA RESIDUALS IN THE FIELD, YOU MAY SUBMIT THEM TO THE LAB FOR ANALYSIS AS LONG AS YOU ARE MINDFUL OF THE APPROPRIATE SAMPLE PRESERVATION AND HOLDING TIMES.

Approved By: QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____