

WATER QUALITY PARAMETERS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name: _____ PWS ID: _____
DNR Contact: _____ Region: ___ System Type: MC NN OC TN
System Address: _____ City: _____ County: _____
Entry Point ID: _____ WI Unique Well No: _____ Note: _____

Sampler Contact Info: (Notify DNR Contact of Corrections) 	Sampler: (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____ _____
Sample Source: (Location) <input type="checkbox"/> W - Well Source <input type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	Sample Type: (Check Only One) <input type="checkbox"/> D - Compliance Sample <input type="checkbox"/> C - Confirmation Sample <input type="checkbox"/> I - Investigation Sample <input type="checkbox"/> W - Raw Water Sample

Special Instructions: _____
Collect Sample between: _____ and _____

Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)

Sample Collection Date: ___ / ___ / ___ (mm/dd/yyyy) Time: ___ : ___ a.m. p.m.
Address where sample was collected: _____
Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink): _____
First Initial and Last Name of Sampler: ___ - _____ Sampler Phone: _____

Section III: To be completed by LAB. Report 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: _____ Laboratory Name: _____
Date Sample Received: ___ / ___ / ___ Time: ___ : ___ Lab 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. Reference Requirement #40755041.

WATER QUALITY PARAMETERS System Name: _____

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
1104	ALUMINUM TOTAL RECOVERABLE					MG/L
1214	ALUMINUM ICP TOTAL RECOVERABLE					MG/L
1105	ALUMINUM TOTAL					MG/L
916	CALCIUM TOTAL					MG/L
940	CHLORIDE					MG/L
* 50060	CHLORINE TOTAL RESIDUAL FIELD					MG/L
50066	COMBINED AVAILABLE CHLORINE					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
1045	IRON ICP					MG/L
74010	IRON					MG/L
1055	MANGANESE					MG/L
* 671	PHOSPHATE ORTHO - UNFILTERED, NO DIGEST OR HYDROL					UG/L
* 400	PH FIELD					SU
665	PHOSPHORUS, TOTAL					UG/L
* 955	SILICA DISS FIELD					MG/L
956	SILICA TOTAL					MG/L
945	SULFATE TOTAL					MG/L
946	SULFATE DISS					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: _____