Dept. of Natural Resources
Bureau of Drinking Water
P.O. Box 7921
Madison WI 53707

Public Water Supply
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PFAS ANALYSIS
(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)	**Sample Type:** (Check Only One)
___ W - Well Source	___ D - Compliance Sample
___ E - Entry Point	___ C - Confirmation Sample
___ D - Distribution System	___ I - Investigation Sample
	___ 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: _____

PFAS ANALYSIS System Name: _____

To be completed by the laboratory performing analysis. PWS ID: _____   Lab Sample ID: _____

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
* 99597	PFOA				70	NG/L
* 99598	PFOS				70	NG/L
97433	11-CHLOROEICOSAFLUORO-3-OXAUNDECANE-1-SULFONIC ACID					NG/L
97434	4,8-DIOXA-3H-PERFLUORONONANOIC ACID					NG/L
97415	4:2 FLUOROTELOMER SULFONIC ACID					NG/L
97414	6:2 FLUOROTELOMER SULFONIC ACID					NG/L
97413	8:2 FLUOROTELOMER SULFONIC ACID					NG/L
97432	9-CHLOROHEXADECAFLUORO-3-OXANONANE-1-SULFONIC ACID					NG/L
97435	HEXAFLUOROPROPYLENE OXIDE DIMER ACID					NG/L
97436	N-ETHYL PERFLUOROOCTANESULFONAMIDO-ACETIC ACID					NG/L
97437	N-METHYL PERFLUOROOCTANESULFONAMIDO-ACETIC ACID					NG/L
99987	PERFLUORO-N-BUTANESULFONIC ACID					NG/L
99991	PERFLUORO-N-BUTANOIC ACID					NG/L
99996	PERFLUORO-N-DECANOIC ACID					NG/L
99998	PERFLUORO-N-DODECANOIC ACID					NG/L
99989	PERFLUORO-N-HEPTANESULFONIC ACID					NG/L
99994	PERFLUORO-N-HEPTANOIC ACID					NG/L
99988	PERFLUORO-N-HEXANESULFONIC ACID					NG/L
99993	PERFLUORO-N-HEXANOIC ACID					NG/L
99995	PERFLUORO-N-NONANOIC ACID					NG/L
99992	PERFLUORO-N-PENTANOIC ACID					NG/L
99924	PERFLUORO-N-TETRADECANOIC ACID					NG/L
99923	PERFLUORO-N-TRIDECANOIC ACID					NG/L
99997	PERFLUORO-N-UNDECANOIC ACID					NG/L
97425	PERFLUOROPENTANESULFONIC ACID					NG/L
95507	NONAFLUORO-3,6-DIOXAHEPTANOIC ACID					NG/L
95504	PERFLUORO(2-ETHOXYETHANE)SULFONIC ACID					NG/L
95501	PERFLUORO-4-METHOXYBUTANOIC ACID					NG/L
95498	PERFLUORO-3-METHOXYPROPANOIC ACID					NG/L

*The full suite of PFAS contaminants listed under EPA Method 537.1 or EPA Method 533 must be analyzed as part of the perfluoro-n-octanoic acid (PFOA) and perfluoro-n-octanesulfonic acid (PFOS) analysis. Any detection of any other PFAS contaminant identified as part of the analysis must also be reported to the DNR as specified under NR 809.207(2), Safe Drinking Water, Wis. Adm. Code.

Approved By: QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____