

R Drinking Water Program
theast Region Headquarters
0 N. Martin Luther King, Jr. Drive
waukee, WI 53212

Public Water Supply BACTERIOLOGICAL ANALYSIS (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Take 1 Sample per Month

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

System Name: SQUIRES GROVE System Type: MC NN OC TN
(Check one) Region
Address: _____ City: ELM GROVE County: 68 - Waukesha Code: 2
WS ID#: 26802017 DNR Contact: CHARLES CZARKOWSKI (414) 263-8628

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)
(920) 960-7486
DOUGLASS, FRED - MUNICIPAL W & P
1212 STORBECK DRIVE
WAUPUN WI 53963

Sampler
If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy):
Fax number: _____
E-mail: _____

Sample Source (location):
 D - Distribution System
 W - Well

Sample Type (check only one)
 D - Routine Distribution Compliance and Follow-ups N - New
 C - Check: Taken at same location as Unsafe Sample I - Investigation
Unsafe Sample Collection Date: / /
Unsafe Sample ID:
 R - Repeat W - (Raw) Water
WI Unique Well No:
Entry Point ID:

Special Instructions:
Collect sample between: 10/01/10 and 10/31/10

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

Sample Collection Date: 10/26/10 Time: 4:15 a.m. p.m.
Address where sample was collected (example: 114 Water Street): 15270 BRIARIDGE CT
Monitoring Point ID: _____ Location of sample tap (example: "Laundry Tap"): HYDRANT SAMPLE TAP
Name of Sampler: F. DOUGLASS

Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

If your system uses continuous chlorination, the chlorine residual level at the time the sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet Code	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064	CHLORINE FREE AVAIL			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80

Laboratory Results
 Safe (Coliform Absent)
 Unsafe (Coliform Present) and:
 Fecal/E Coli Present Fecal/E Coli Absent
Date PWS Notified of Unsafe: / /
 Invalid (Submit another Sample)
 Old Frozen
 Overgrown Lab Accident
 Chlorine Present Shipping Problem

Approved Enzyme Substrate Method (Each method requires 100 mL of sample)
 Colilert® E*Colite® Chromocult®
 Colilert-18® MI Agar Coliscan®
 Colisure® Readycult® Colitag™
 Other: _____
(Print Approved Enzyme Substrate Method)

Comments: _____ Time Received: 08:00 a.m. p.m.

Lab: _____ Date Received: 10/27/10 Sample ID: 1010-608
Water Quality Testing Services
a division of Northern Lake Service
2420 N Grandview Blvd
Waukesha, WI 53188
Lab Id. 105000479 Phone: 262.547.3406
Client: 22200 Date Reported to PWS: 10/28/10
Project: 15429
Sample: 589281

