

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

NR Drinking Water Program
Southeast Region Headquarters
400 N. Martin Luther King, Jr. Drive
Milwaukee, WI 53212

Take 1 Sample per Month

8 tap 21.9

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

System Name: PARK PLACE SUBDIVISION System Type: MC NN OC TN
(Check one) Region 2
Address: _____ City: MEQUON County: 46 - Ozaukee Code: 2
PWS ID#: 24600664 DNR Contact: WASHINGTON METHU (414) 263-8695

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)
(414) 308-0024
OPERATIONS MANAGER SARAH NUNN
21500 WEST GOOD HOPE ROAD
LANNON WI 53046

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/Source

Sample Type (check only one)
 D - Routine Distribution
 C* - Check: Same location as Positive "D" Sample
 R* - Repeat: Within 5 connects of Positive "D" Sample
 A - Additional Routine (month following positive "D")
 N - New Construction
 I - Investigation
 W - (Raw) Water
WI Unique Well No: _____
Entry Point ID: _____

***IF THE SAMPLE TYPE IS "C" or "R":**
"D" or "A" Positive Sample Date: ___/___/___ "D" or "A" Positive Sample ID: _____

Special Instructions:
Collect sample between: 06/01/21 and 06/30/21 **SAMPLES MUST BE ANALYZED WITHIN 30 HOURS OF COLLECTION. SEE SAMPLING INSTRUCTIONS ON BACK**

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

Sample Collection Date: 06/27/2021 Time: 12:15 a.m. p.m.
Address where sample was collected (example: 114 Water Street): 303 W. Aster Lane
Approved Monitoring Point ID: D-9 Location of sample tap (example: "Laundry Tap"): Kitchen Sink
Name of Sampler: S Nunn Sampler Phone: 262-253-6613

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 FIELD			4.0	MG/L
50064	CHLORINE FREE AVAIL FIELD			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

TOTAL COLIFORM					E COLI				
Storet	Description	SDWA Method	Result	Units	Storet	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence			/100 ML	99069	Colilert® Presence/Absence			/100 ML
99190	Colisure® Presence/Absence	<u>9223B</u>	<u>A</u>	/100 ML	98931	Colisure® Presence/Absence	<u>9223B</u>	<u>A</u>	/100 ML
99192	Colisure® Quantitray			/100 ML	98929	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML	98932	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML	99743	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML	99188	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML	98930	Colilert®-18 Quantitray			/100 ML
99829	Colitag™			/100 ML	99828	Colitag™			/100 ML
99961	Readycult®	<u>Suburban Laboratories, Inc</u>		/100 ML	99962	Readycult®			/100 ML
99740	E*Colite®	<u>10520 N Baehr Rd. Suite J</u>		/100 ML	99741	E*Colite®			/100 ML
		<u>Mequon, WI 53092</u>							
		<u>DATCP Lab ID # 500360</u>							

6/27/21

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6/28/21