

Public Water Supply  
**BACTERIOLOGICAL ANALYSIS**  
**(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)**  
Take 1 Sample per Month

Form 3300-51  
Rev. 03/12

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

System Name: WASHINGTON METHU WASTEWATER TREATMENT PLANT System Type: MC ☐ NN ☐ OC ☒ TN ☐  
(Check one) County: 46 - Ozaukee Region: 2  
Address: MEQUON DNR Contact: WASHINGTON METHU (414) 263-8695  
PWS ID#: 24607946

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)

(262) 246-4646  
WEISS, ED - LAYNE NORTHWEST  
W229 N5005 DUPLAINVILLE RD  
PEWAUKEE WI 53072

**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 one only):**

☒ D - Routine Distribution Compliance and Follow-ups  
☐ C - Check: Taken at same location as Unsafe Sample  
Unsafe Sample Collection Date:   /  /    
Unsafe Sample ID:     
☐ R - Repeat

☐ N - New Construction

☐ I - Investigation

☐ W - (Raw) Water

☐ WI Unique Well No:   

Entry Point ID:   

**Special Instructions:**

Collect sample between: 11/01/2013 and 11/30/2013

**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: 11/04/2013 Time: 3:30 ☐ a.m. ☒ p.m.  
mm dd yyyy

Address where sample was collected (example: "114 Water Street"): Hydrant at 7311 Lafayette Pl.

Monitoring Point ID:    Location of sample tap (example: "Laundry Tap"): Hydrant sitting sample faucet

Name of Sampler: Ed Weiss

**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 this 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 AVAILABLE			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**

<b>Laboratory Results</b> <input checked="" type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent Date PWS Notified of Unsafe: <u>  </u> / <u>  </u> / <u>  </u> <input type="checkbox"/> Invalid (Submit another Sample) <input type="checkbox"/> Old <input type="checkbox"/> Frozen <input type="checkbox"/> Overgrown <input type="checkbox"/> Lab Accident <input type="checkbox"/> Chlorine Present <input type="checkbox"/> Shipping Problem		<b>Approved Enzyme Substrate Method (Each method requires 100 mL of sample)</b> <input type="checkbox"/> Colilert® <input type="checkbox"/> E*Colite® <input type="checkbox"/> Chromocult® <input type="checkbox"/> Colilert-18® <input type="checkbox"/> MI Agar <input type="checkbox"/> Coliscan® <input checked="" type="checkbox"/> Colisure® <input type="checkbox"/> ReadyCult® <input type="checkbox"/> Colitag™ <input type="checkbox"/> Other: _____ (Print Approved Enzyme Substrate Method)	
Laboratory Name: <u>CULLEN-ASH</u>		Date Received: <u>11/14/13</u>	Sample ID: <u>1440405</u>
WI Bacteriological Certification Number: <u>  </u>		Laboratory Phone Number: <u>  </u>	Date Reported to PWS: <u>11/15/13</u>