Form 3300-51 Rev. 08/12

Time Received

Sample ID

a.m

Public Water Supply

DNR Drinking Water Program Southeast Region Headquarters 2300 N. Dr. Martin Luther King, Jr. Dri

Overgrown

Chlorine Present

WI Bacteriological Certification Number

BACTERIOLOGICAL ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB) Milwaukee, WI 53212 Take 1 Sample per Month Section I: System Information (to be completed by Department of Natural Resources/SAMPLER) System Type: MC System Name: WESTCHESTER LAKES SUBDIVISION (Check one) County; 46 - Ozaukee Region System City: MEQUON Code: 2 Address: PWS 1D#: 24607946 DNR Contact: WASHINGTON METHU (414) 263-8695 Sampler Phone/Name/Address (Notify DNR Contact of Corrections) Sampler If the laboratory has the ability to fax or e-mail results to you and (262) 246-4646 you would like the lab to do that, please provide the appropriate WEISS, ED - LAYNE NORTHWEST information (leave blank if you prefer a paper copy): W229 N5005 DUPLAINVILLE RD Fax number: E-mail: PEWAUKEE WI 53072 Sample Type (check one only): Sample Source (location): X D - Distribution System X D - Routine Distribution Compliance and Follow-ups N - New Construction C - Check; Taken at same location as Unsafe Sample I - Investigation Unsafe Sample Collection Date: / / W - Well W - (Raw) Water Unsafe Sample ID: WI Unique Well No: R - Repeat Entry Point ID: Special Instructions: SAMPLES MUST BE ANALYZED WITHIN 30 HOURS OF 05/01/2014 and 05/31/2014 Collect sample between: COLLECTION. SEE SAMPLING INSTRUCTIONS ON BACK. ALL ITEMS REQUIRED) Section II: Sample Information (to be completed by SAMPLER Sample Collection Date: 05/06/2014 p.m. mm dd Address where sample was collected (example: "114 Water Street"): Location of sample tap (example: "Laundry Tap"): Hydrany Monitoring Point ID: Name of Sampler: Z 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. SDWA Storet Method MRDL Units Code Results Parameter 4.0 MG/L 50060 CHLORINE TOTAL RESIDUAL 4.0 MG/L 50064 CHLORINE FREE AVAIL MG/I COMBINED AVAILABLE CHLORINE 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 Approved Enzyme Substrate Method (Each method requires 100 mL of sample) Safe (Coliform Absent) E*Colite® Chromocult® Colilert® Unsafe (Coliform Present) and: Colilert-18® Coliscan® MI Agar Fecal/E Coli Present Fecal/E Coli Absent Colitag^{1M} Readycult® Colisure® Date PWS Notified of Unsafe Invalid (Submit another Sample) Other: (Print Approved Enzyme Substrate Method) Old Frozen

Comments

Laboratory Phone Number

Lab Accident

Shipping Problem