

3/5/09

DNR Drinking Water Program
Southeast Region Headquarters
1300 N. Martin Luther King, Jr. Drive
Milwaukee, WI 53212

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

Form 3300-51
Rev. 10/07

Take 1 Sample per Month

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

System Name: WESTCHESTER LAKES SUBDIVISION System Type: MC ☐ NN ☐ OC ☒ TN ☐
(Check one) Region: 2
Address: _____ City: MEQUON County: 46 - Ozaukee
PWS ID#: 24607946 DNR Contact: Pat Iwanski (414) 263-8683

(Fill in phone and address information) <u>Layne NW - Dave Kowalczyk</u>		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): <input checked="" type="checkbox"/> D - Distribution System <input type="checkbox"/> W - Well	Sample Type (check only one) <input checked="" type="checkbox"/> D - Routine Distribution Compliance and Follow-ups <input type="checkbox"/> N - New <input type="checkbox"/> C - Check: Taken at same location as Unsafe Sample <input type="checkbox"/> I - Investigation Unsafe Sample Collection Date: <u> </u> / <u> </u> / <u> </u> Unsafe Sample ID: <u> </u> <input type="checkbox"/> R - Repeat <input type="checkbox"/> W - (Raw) Water WI Unique Well No: _____ Entry Point ID: _____	

Special Instructions:

Collect sample between: 03/01/08 and 03/31/08

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 03/24/2008 Time: 10:15 ☒ a.m. ☐ p.m.
mm dd yyyy
Address where sample was collected (example: 114 Water Street): Near 7105 Pumhouse
Monitoring/Sample Plan ID and Location
(example: "D-11" or "Laundry Tap"): Sample faucet
Name of Sampler: T. Hunkler

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 <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		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <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>3/24/08</u>	Sample ID: <u>762406</u>
WI Bacteriological Certification Number: <u>230</u>		Laboratory Phone Number: _____	Date Reported to PWS: <u>3/26/08</u>

Layne Northwest Pump Report

Date: 03/24/08
Checked by: Tim Hackbarth
Air line set:

Owner: Westchester Lakes 1
Location: Mequon
Static:

Pump#

Pump Type:
Submersible _____ **Submersible**
Turbine _____
Horse Power _____

Full Load Amps:	
Running Volts:	480
Control Volts:	120

Motor RPM 3600
Running Amps _____

Vibration Check:

Top N-S	_____	Top E-W	_____
Bottom N-S	_____	Bottom E-W	_____

Height of water over bowls (static).....	106
Height of water over bowls (pumping)....	95
Gallons per minute.....	197 @ 6 psi
Meter totalizer.....	46500 00
Elapsed time meter.....	4371.2

Additional notes, comments, observations or points on curve:

Booster 1	2226.6 Hrs
Booster 2	2560.9 Hrs

Layne Northwest Pump Report

Date: 03/24/08 Owner: Westchester Lakes 2 Pump# _____
 Checked by: Tim Hackbarth Location: Mequon
 Air line set: _____ Static: _____

Pump Type:
Submersible _____ **Submersible**
Turbine _____
Horse Power _____

Full Load Amps:	
Running Volts:	480
Control Volts:	120

Motor RPM	3600
Running Amps	22/21/22

Vibration Check:

Top N-S	_____	Top E-W	_____
Bottom N-S	_____	Bottom E-W	_____

Height of water over bowls (static).....	<u>pump on already</u>
Height of water over bowls (pumping)....	<u>80</u>
Gallons per minute.....	<u>182</u>
Meter totalizer.....	<u>802767 00</u>
Elapsed time meter.....	125144

Additional notes, comments, observations or points on curve:

DNR Drinking Water Program
Southeast Region Headquarters
2300 N. Dr. Martin Luther King, Jr. Drive
Milwaukee, WI 53212

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BACTERIOLOGICAL ANALYSIS
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Rev. 10/07

Take 1 Sample per Month

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

System Name: WESTCHESTER LAKES SUBDIVISION System Type: MC ☐ NN ☐ OC ☒ TN ☐
(Check one) County: 46 - Ozaukee Region: 2
City: MEQUON Code: 2

PWS ID#: 24607946

DNR Contact: Pat Iwanski (414) 263-8683

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

(262) 246-4646
LAYNE NW - DAVE KOWALCZYK
W229 N5005 DUPLAINVILLE ROAD
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: 02/01/2008 and 02/29/2008

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 02/14/2008 Time: 8:45 ☒ a.m. ☐ p.m.
mm dd yyyy

Address where sample was collected (example: "114 Water Street"): Near 7105 Lafayette

Monitoring/Sample Plan ID and Location (example: "D-11" or "Laundry Tap"): Sample Tap

Name of Sampler: Handwritten Name

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 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 Result <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		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <input type="checkbox"/> Colilert® <input type="checkbox"/> E*Colite® <input type="checkbox"/> Chromocult® <input type="checkbox"/> Colilert-180® <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>COLEEN-ASH 290</u>		Comments: _____	Time Received: <u>1500</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
WI Bacteriological Certification Number: _____	Date Received: <u>2/14/08</u>	Sample ID: <u>751424</u>	Date Reported to PWS: <u>2/15/08</u>
Laboratory Phone Number: _____			

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

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Rev. 10/07

Take 1 Sample per Month

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

System Name: WESTCHESTER LAKES SUBDIVISION System Type: MC NN OC X TN
(Check one) Region
Address: City: MEQUON County: 46 - Ozaukee Code: 2
PWS ID#: 24607946 DNR Contact: Pat Iwanski (414) 263-8683

(Fill in phone and address information)

Layne NW - Dave Kowalczyk

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):

X D - Distribution System
 W - Well

Sample Type (check only one)

X 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: 01/01/08 and 01/31/08

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 01/25/2008 Time: 10:05 ☒ a.m. ☐ p.m.
mm dd yyyy

Address where sample was collected (example: 114 Water Street): Near 7105 Lafayette

Monitoring/Sample Plan ID and Location (example: "D-11" or "Laundry Tap"): Distribution faucet

Name of Sampler: T. Harkbath

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 <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		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <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: <u> </u> (Print Approved Enzyme Substrate Method) Comments <u> </u> Time Received <u>16:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	
Laboratory Name CULLEN-ASH 290	Date Received <u>1/25/08</u>	Sample ID <u>742502</u>	
WI Bacteriological Certification Number	Laboratory Phone Number	Date Reported to PWS <u>1/28/08</u>	

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: WESTCHESTER LAKES SUBDIVISION System Type: MC ☐ NN ☐ OC ☒ TN ☐
(Check one) Region
Address: City: MEQUON County: 46 - Ozaukee Code: 2

PWS ID#: 24607946

DNR Contact: Pat Iwanski (414) 263-8683

Sampler Phone/Name/Address (Notify DNR Contact of Corrections) (262) 246-4646 LAYNE NW - DAVE KOWALCZYK W229 N5005 DUPLAINVILLE ROAD 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: _____
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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: 01/01/2008 and 01/31/2008

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 12/24/2007 Time: 10:05 ☒ a.m. ☐ p.m.
mm dd yyyy

Address where sample was collected (example: "114 Water Street"): 7011 Eastern

Monitoring/Sample Plan ID and Location (example: "D-11" or "Laundry Tap"): Laundry

Name of Sampler: J. K. Barth

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 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 Result <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		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <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)	
Comments: _____		Time Received: <u>14:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	
Laboratory Name CULLEN-ASH 290	Date Received <u>12/24/07</u>	Sample ID <u>732406</u>	
WI Bacteriological Certification Number	Laboratory Phone Number	Date Reported to PWS <u>12/27/07</u>	

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: WESTCHESTER LAKES SUBDIVISION

City: MEQUON

PWS ID#: 24607946

County: 46 - Ozaukee

Region Code: 2

System Type:

(Check one) MC ☐ NN ☐ OC ☒ TN ☐

DNR Contact: Pat Iwanski (414) 263-8683

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

Sampler

(262) 246-4646

LAYNE NW - DAVE KOWALCZYK

W229 N5005 DUPLAINVILLE ROAD

PEWAUKEE WI 53072

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:

☒ 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: 12/01/2007 and 12/31/2007

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 11 06 2007 Time: 11 : 30 ☒ a.m. ☐ p.m.

Address where sample was collected (example: "114 Water Street"): 7011 - Leonteen

Monitoring/Sample Plan ID and Location (example: "D-11" or "Laundry Tap"): Laundry tap

Name of Sampler: Frank Barth

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 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 Result <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 <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 Date PWS Notified of Unsafe: <u> </u>		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <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: <u> </u> (Print Approved Enzyme Substrate Method)	
Laboratory Name CULLEN-ASH 290		Date Received <u>11/8/07</u>	
WI Bacteriological Certification Number		Laboratory Phone Number	
		Sample ID <u>720805</u>	
		Date Reported to PWS <u>11/9/07</u>	

Layne Northwest Pump Report

Date: 11/08/07
Checked by: Tim Hackbarth
Air line set:

Owner: Westchester Lakes 1
Location: Mequon
Static: _____

Pump# _____

Pump Type:
 Submersible _____ Submersible _____
 Turbine _____
Horse Power _____

Full Load Amps:	
Running Volts:	480
Control Volts:	120

Motor RPM	3600
Running Amps	16-14-14

Vibration Check:

Top N-S	_____	Top E-W	_____
Bottom N-S	_____	Bottom E-W	_____

Height of water over bowls (static).....	106
Height of water over bowls (pumping)....	95
Gallons per minute.....	197 @ 6 psi
Meter totalizer.....	4547500
Elapsed time meter.....	4362.3

Additional notes, comments, observations or points on curve:

Booster 1	2223.5 Hrs	Amps 26, 26, 25
Booster 2	2559.4 Hrs	Amps 26, 25, 26

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

Form 3300-51
Rev. 10/05

Take 1 Sample per Month

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

System Name: WESTCHESTER LAKES SUBDIVISION City: MEQUON
PWS ID#: 24607946 County: 46 - Ozaukee Region Code: 2 System Type:
(Check one) MC ☐ NN ☐ OC ☒ TN ☐
DNR Contact: Pat Iwanski (414) 263-8683

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

(262) 246-4646
LAYNE NW - DAVE KOWALCZYK
W229 N5005 DUPLAINVILLE ROAD
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:

☒ 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: 11/01/2007 and 11/30/2007

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 11 / 08 / 2007 Time: 10 : 45 ☒ a.m.
☐ p.m.

Address where sample was collected (example: "114 Water Street"): 7011 Lantern

Monitoring/Sample Plan ID and Location (example: "D-11" or "Laundry Tap"): Laundry tap

Name of Sampler: T. Jackburda

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 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 Result <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 <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		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <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"/> Rcadycult® <input type="checkbox"/> Colitag™ <input type="checkbox"/> Other: _____ (Print Approved Enzyme Substrate Method)	
Laboratory Name		Date Received <u>10/8/07</u>	Sample ID <u>710806</u>
WI Bacteriological Certification Number		Laboratory Phone Number	Date Reported to PWS <u>10/10/07</u>

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: WESTCHESTER LAKES SUBDIVISION

City: MEQUON

PWS ID#: 24607946

County: 46 - Ozaukee

Region Code: 2

System Type:

(Check one) MC ☐ NN ☐ OC ☒ TN ☐

DNR Contact: Pat Iwanski (414) 263-8683

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

(262) 246-4646

LAYNE NW - DAVE KOWALCZYK

W229 N5005 DUPLAINVILLE ROAD

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:

☒ 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: 10/01/2007 and 10/31/2007

Section II: Sample Information (to be completed by SAMPLER)

Sample Collection Date: 09/24/2007 Time: 9:05 ☒ a.m. ☐ p.m.

mm dd yyyy

Address where sample was collected (example: "114 Water Street"): 704 Lantern Lane

Monitoring/Sample Plan ID and Location

(example: "D-11" or "Laundry Tap"): laundry tap

Name of Sampler: CT Black Barth

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 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 Result		Approved Enzyme Substrate Method (Each method requires 100 mL of sample)	
<input checked="" type="checkbox"/> Safe (Coliform Absent)		<input type="checkbox"/> Colilert®	<input type="checkbox"/> E*Colite®
<input type="checkbox"/> Unsafe (Coliform Present) and:		<input type="checkbox"/> Colilert-18®	<input type="checkbox"/> MI Agar
<input type="checkbox"/> Fecal/E Coli Present	<input type="checkbox"/> Fecal/E Coli Absent	<input checked="" type="checkbox"/> Colisure®	<input type="checkbox"/> Readycult®
Date PWS Notified of Unsafe: ____/____/____		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Chromocult®
<input type="checkbox"/> Invalid (Submit another Sample)		<input type="checkbox"/> Coliscan®	
<input type="checkbox"/> Old	<input type="checkbox"/> Frozen	<input type="checkbox"/> Colitag™	
<input type="checkbox"/> Overgrown	<input type="checkbox"/> Lab Accident		
<input type="checkbox"/> Chlorine Present	<input type="checkbox"/> Shipping Problem		
Comments		Time Received	
Laboratory Name: <u>CULLEN-ASH 290</u>		<u>13:00</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date Received: <u>9/24/07</u>		Sample ID: <u>702406</u>	
Laboratory Phone Number: _____		Date Reported to PWS: <u>9/26/07</u>	