Public Water Supply

DNR Drinking Water Program
Southoast Region Headquarters
2300 N. Dr. Martin Luther King, Jr. Drive
Mitwaukce, Wt 53212

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

DNR Contact: PAT IWANSKI (414) 263-8683 Sampler Phone/Name/Address (Notify DNR Contact of Corrections) (262) 246-4646 KOWALCZYK, DAVE - LAVNE NW W229 N5005 DUPLAINVILLE ROAD PEWAUKEE WI 53072 Sample Source (location): X D - Bustribution System W - Weil W - Weil W - Weil W - Weil W - Rawing Distribution Compliance and Follow-ups C - Check: Taken at same location as Unsafe Sample Unsafe Sample (Diction Date: // W (Raw) Water W - Linique Weil No: Entry Point ID: Special Instructions: Collect sample between: 03/01/2009 and 03/31/2009 Section II: Sample Information (to be completed by SAMPLER) Sample Collection Date: 03 PM 2009 Time: 100 PM 2009 Section II: Sample Information for by System Who Use Continuous Chlorination (to be completed by SAMPLER) Sample Of Sampler: 11 Water Street"): 70	Section I: System Information			YATUFAI KESOUFCES/S	tem Tune			comb Y :
Country 19 Coun	A .			Sys	heck one	IC N	VOC X_F	l'N legion
DNR Contact: PAT IWANSKI (414) 263-8683 Sampler Phone/Name/Address (Notify DNR Contact of Corrections) (262) 246-4646 KOWALCZYK, DAVE - LAYNE NW W229 N5065 DUPLARVILLE ROAD PEWAUKEE WI 53072 X D - Distribution System W - Well C - Chock Taken at same location at Unsafe Sample Unsafe Sample Collection Date: W - Well Unsafe Sample Collection Date: R - Repeat Sample Source (location): R - Repeat C - Chock Taken at same location at Unsafe Sample Unsafe Sample Collection Date: W - Well Unsafe Sample Collection Date: R - Repeat Section IV: Sample Information (to be completed by SAMPLER) Section IV: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER) Section IV: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER) Section IV: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER) Section IV: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER) Section IV: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER) Section IV: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER) Section IV: Systems who do not continuously chlorinate may skip this section IV: Systems who do not continuously chlorinate may skip this section IV: Systems who do not continuously chlorinate may skip this section IV: Systems who do not continuously chlorinate may skip this section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809-80 Sate (Colliform Absen) Date PWS Notified of Unsafe Collients Peal/R Coll Freezer Approved Enzyme Substrate Method (Sach method requires 100 nt. of sample Collients Peal/R Colliform Present) Date PWS Notified of Unsafe Collients Prozen Collients Collients Sample IV: Lab Test Results (to be completed by LAB) Date Received Colli	Address:	Cit	y: MEQUON		County: 46 -	Ozaukee		Code: <u>2</u>
Sampler Phone/Name/Address (Notify DNR Contact of Corrections) Cab) 246-4646				•			•	
Comment Comm		Notify DNR Contact				 _		1
Volume V	-						-mail results to	you and
W229 NS005 DUPLAINVILLE ROAD Fax number: E-mail:	} ' '	·						
Sample Source (location): X D - Distribution System X D - Routine Distribution Compliance and Follow-ups N - New Construction W - Well	KOWALCZYK, DAVE - LAY	NE NW		information	(leave blank	if you pre	fer a paper copy	y):
Sample Source (location): X D - Distribution System X D - Routine Distribution Compliance and Follow-ups C - Check: Taken at same location as Unsafe Sample Unsafe Sample Collection Date: Unsafe Sample Dis R - Repeat Special Instructions: Collect sample between: 03/01/2009 and 03/31/2009 Section II: Sample Information (to be completed by SAMPLER) Sample Collection Date: 03 PM / 2009 Time: - CD Am. Address where sample was collected (example: "14 Water Street"): Name of Sampler Tap"): Name of Sampler Tap"): Name of Sample: - The of "Laudry Tap"): Name of Sample: - The office of the Collection Date: - Office of the Collection Da	W229 N5005 DUPLAINVILL	E ROAD		· ·				[
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R - Repeat WI Unique Well No: Entry Point ID:	W - Well					_		
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Sample Collection Date: 03 PM / Dody Time:		A1			. ·			
Sample Collection Date: 03 Pt 70-04 Time: 150 Pp.m. State State	Section II: Sample Information	n (to be completed by	<u> SAMPLER)</u>					.,
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Storet SDWA MRDL Units	Name of Sampler:	as log - the						
Storet Storet SDWA Method Results MRDL Units	C 4 TW. O Tred Dame	· Ynformation for St	stems Who Use	Continuous Chloris	nation (to be	complete	d by SAMPLE	(R)
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Code Parameter 4.0 MG/L	Storet				Daculto	MRDI.	Units	
Social Childrine Free Avail 4.0 Mg/L 4.0 Mg/L 50066 COMBINED AVAILABLE CHILDRINE 4.0 Mg/L 4.0 Mg/L 4.0 Mg/L 50066 COMBINED AVAILABLE CHILDRINE 4.0 Mg/L				. 14100000	Vesuita		·	1
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				·	,		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						4.0	MG/L]
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Coliferm Absent Approved Enzyme Substrate Method (Each method requires 100 into its samples) Coliferm Absent Coliferm Present and:	Section IV: Lab Test Results	(to be completed by	LAB) Labhas	24 hours to electron	nically repor	t results to	DNK per NK	003.00
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Unsafe (Coliform Present) and: Fecal/E Coli Present	· — ·	•	k ,	C-lilow®	⊏" E*C₀	lite®	Chromod	cult®
Fecal/E Coli Present Fecal/E Coli Absent Colisure® Readycult® Colitag™ Invalid (Submit another Sample) Other: (Print Approved Enzyme Substrate Method) Overgrown Lab Accident Comments Comments Chlorine Present Shipping Problem Comments Comments Laboratory Name FN ASH Date Received Other Date Received Other Comments Comments Date Received Other Date Reported to BWS	Unsafe (Coliform Present)	and:	1 !		پ		Coliscan	1 ®
Date PWS Notified of Unsafe Consumers	Fecal/E Colí Present	<u> </u>		└ /	ш .	_	<u> </u>	
Invalid (Submit another Sample) Old Prozen Overgrown Lab Accident Chlorine Present Shipping Problem Date Received Sample Date Received Date Reported to BWS	_//	Date PWS Notifi	ed of Unsafe	Collanten	L	,		
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Chlorine Present Shipping Problem Laboratory Name EN-ASH Date Received One Received Date Received Date Reported to BWS	1 🔛	-	ent Co	omments			i ime Recei) a.n
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Laboratory Nems EN-ASH 3/4/07 Bate Reported to BWS	Chlorine Present				Sa	mple ID-		
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	WI Bacteriological Certification	Number	Laboratory Phot	ie Number		3/5	109	

Public Water Supply DNR Drinking Water Program Southeast Region Headquarters 2300 N. Martin Lutther King, Jr. Drive ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

filwaukee, WI 53212		Take 1 2	ampie per Month					
Section I: System Information (to be completed by De	partmen	t of Natural Resour	ces/SAMPL	ÉR)	**		
System Name: WESTCHESTER L	AKES SUBDIVISION	1		System Type:	MC	NN	QC X	TN
System		_		(Check one)				Region
Address:	C	ity: ME(NOU	Co	ounty: <u>46 - C</u>)zaukee		Code: 2
PWS ID#: 24607946		DNR C	ontact: Pat Iwanski (<u>(414) 263-86</u>	83			
(Fill in phone and address info	ormation)				Sample			
Layne NW - Dave Kowalczyk			If the laborat you would li inform Fax number E-mail:		do that, ple blank if you	ase provi	de the a	ppropriate
Sample Source (location):	Sample Type (ch	eck only	one)	·····				
X D - Distribution System			Compliance and Fo	llow-mos	N _ New	y·		
				_	_ 14 - 110 M	,		
W - Well	C - Check: Tak	en at san	ne location as Unsafe	Sample	I - Inves	tigation		
	Unsaic San	apie Coli	ection Date://					
		ibie in:				w) Water Unique We		
	R - Repeat					ry Point ID		
A 137			· · · · · · · · · · · · · · · · · · ·			, , , O	<u></u>	<u> </u>
Special Instructions:	/AT /AA 1 AA /A	14 (00						
Collect sample between: 03								
Section II: Sample Information	(to be completed by S	AMPLE	R)					
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Section IV: Lab Test Results (to	he completed by LAR) Lah h	ne 24 hours to electro	onionila van	out vocables (o DATO -	an NID C	000 00
Laboratory Resu			Approved Enzyme Subs					
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, , , , , , , , , , , , , , , , , , ,	1 _	- 1	Colilert®	ΠE	*Colite®		Chromo	ocult®
Unsafe (Coliform Present) and	_		Colilert-18®	一	II Agar	ـــــا	Colisca	
Fecal/E Coli Present	Fecal/E Coli Abs	ent	—— <u> </u>	<u> </u>	-	<u></u>	:	
	Date PWS Notified of	Unsafe	Colisure®	R	.cadycult®		Colitag	TIM
Invalid (Submit another Samp	le)	- 1	Other:			_		
Old	Fro2en	1	(Print App	roved Enzyme Sul	ostrate Method)			
Overgrown	Lab Accident	ľ	Comments			Time	Received	
		_ 1				1/2	ريس.	a.m.
Laboratory Name	Shipping Problem	n Date Red	ceived.		Sample ID			p.m.
[.		3	124/00		7-6	12400	47	
WI Bacteriological Certification Num	ber	Laborate	ry Phone Number		Date Repor	ted to PW	5 /	
					37	26/0	12	

Layne Northwest Pump Report

Date: Checked by: Air line set:	03/24/08 Tim Hackbarth	Location:	Westchester Lakes 1 Mequon	Pump#
Horse Power	Submersible		Full Load Amps: _ Running Volts: _ Control Volts: _	480
Motor RPM				: Top E-W Bottom E-W
Height of water over be Height of water over be Gallons per minute Meter totalizer Elapsed time meter	owls (pumping) 1	106 95 97 @ 6 psi 46500 00 4371.2		
	nents, observations or po	oints on curve:		

Layne Northwest Pump Report

Date: Checked by: Air line set:	03/24/08 Tim Hackbarth	Location:	Westchester Lakes 2 Mequon	Pump#
Pump Type: Submersible Turbine	Submersible		Full Load Amps: _ Running Volts: _ Control Volts: _	480
Motor RPMRunning Amps	3600 22/21/22			op E-W Jottom E-W
Height of water over bo Height of water over bo Gallons per minute Meter totalizer Elapsed time meter	wls (pumping)	ump on alread 80 182 802767 00 125144	y	
	ents, observations or po			

DNR Drinking Water Program Southeast Region Headquarters

Public Water Supply BACTERIOLOGICAL ANALYSIS

2300 N. Dr. Martin Luther King, Jr. Drive (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB) Milwaukee, WI 53212 Take 1 Sample per Month

section I: System Information (system Name: WESTCHESTER	LAKES SUBDIVISION	Syst	em Type: M	C NN	OC X	TN
System	City: MEQUO	(Ch	eck one) County: 46 -	Ozankee		Region
.ddress:						Code: Z
WS ID#: 24607946		R Contact: <u>Pat Iwanski</u>	(414) 263-86	83		
Sampler Phone/Name/Address (Notify DNR Contact of Correcti	ons)	Sam	pler		
(2/2) 246 4646	`	If the laboratory ha	s the ability to	fax or e-	mail results t	to you and
(262) 246-4646	v Agenz	you would like the	lab to do tha	t, please p	rovide the ap	propriate
LAYNE NW - DAVE KOWA	LCZYK		(leave blank i			ру):
W229 N5005 DUPLAINVILL	E ROAD	Fax number:				
PEWAUKEE WI 53072		E-mail:	. <u>.</u>			
Sample Source (location):	Sample Type (check one X D - Routine Distribution C	only):	e N.	New Cor	struction	
X D - Distribution System	C - Check: Taken at same 1					
W - Well		ion Date://		Investigat	ion	
w - well				- (Raw) W	/ater	
	R - Repeat		—- w	I Unique	Well No:	
			. Er	atry Point	ID:	
Special Instructions:						<u> </u>
	02/01/2008 and 02/29/2008			_		
	n (to be completed by SAMPLEI					<u> </u>
	111 / 70	15 Dam				
Sample Collection Date: 02/	1412008 Time: 4	12 [p.m.		11	•	
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ddress where sample was coller	ited (example: "114 Water Speer) <u>> _ </u>		, - <u></u> - , , ,	· · · · · · · · · · · · · · · · · · ·	
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example: "D-11" or "Laundry T Name of Sampler:	it Information for Systems Who	Use Continuous Chlorin	ation (to be o	ompleted	by SAMPI	ER) orted
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Section IV: Lab Test Results Section IV: Lab Test Results Laboratory E Safe (Coliform Absent) Unsafe (Coliform Present) Fecal/E Coli Present Old Overgrown	ap"): It Information for Systems Who is chlorination, the chlorine residuntinuously chlorinate may skip to the complete of th	Use Continuous Chloring that level at the time this his section. SDWA Method has 24 hours to electron Approved Enzyme Substration Colliert® Colliert® Colliert® Colliert® Colliert ® Colliert ® Colliert ® Colliert ® Colliert ® Colliert ®	Results Results ically report ate Method (Ea E*Coli MI Ag Ready	MRDL 4.0 4.0 4.0 ch method ite® ar cult®	Units MG/L MG/L MG/L DNR per N requires 100 r Chron Colisc Colita	TR 809.80 nL of sample cocult® can® gTM
Example: "D-11" or "Laundry T Name of Sampler: Section III: System Test Result If your system uses continuous below. Systems who do not co Storet Code Paramete 50060 CHLORINE TO 50064 CHLORINE TO 50066 COMBINED A Section IV: Lab Test Results Laboratory B Safe (Coliform Absent) Unsafe (Coliform Present) Pecal/E Coli Present Invalid (Submit another St	ap": It Information for Systems Who is chlorination, the chlorine residuntinuously chlorinate may skip to the complete of the	Use Continuous Chlorin hal level at the time this his section. SDWA Method has 24 hours to electron Approved Enzyme Substra Colilert® Colilert® Colisure® Other: (Frint Approved Comments	Results Results ically report ate Method (Ea E*Coli MI Ag Ready	MRDL 4.0 4.0 4.0 ite®	Units MG/L MG/L MG/L DNR per N requires 100 r Chron Colisc Colita	TR 809.80 IL of sample cocult® can® gTM
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NR Drinking Water Program outheast Region Headquarters

Laboratory Name
N-ASH
WI Bacteriological Certification Number

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

	to be completed by Department of Na	tural Resources/SAMPL	ER)		·	
stem Name: WESTCHESTER L	AKES SUBDIVISION	System Type: (Check one)	MC	NN_	oc_x	
System Adress:	City: MEQUON	•	untv: 4	6 - Ozau)	kee	Region Code: 2
		Pat Iwanski (414) 263-86				Code. <u>-</u>
WS ID#: 24607946	DIAR Colliant.	V OF THERMAN (414) 503-00				
(Fill in phone and address info	ormation)			pler	. (1 3-	** *****
ayne NW - Dave Kowalczyk	•	If the laboratory has the a you would like the lab to				
ayne it was pare howardly a		information (leave)				
•		Fax number:	4			
		E-mail:				
Sample Source (location):	Sample Type (check only one)			•	•	
X D - Distribution System	X D - Routine Distribution Comp	liance and Follow-ups	N -	New		
W - Well	C - Check: Taken at same locat	tion as Unsafe Sample	 T_1	Investigat	ion	
97 - 77 - 74	Unsafe Sample Collection I	Date:/		_		
	Unsafe Sample ID:	· · · · · · · · · · · · · · · · · · ·	_ w	- (Raw) V WI Unio	Vater ₃e Well No: _	
	R - Repeat			Entry Po	·	
(.) Y4					The state of the s	
pecial Instructions: Collect sample between:01	/01/08 and 01/31/08					
	(to be completed by SAMPLER)	· · · · · · · · · · · · · · · · · · ·				<u>.</u>
		~ Dk				
ample Collection Date: O(/,	25/2005/ Time: /0:05	5 2 a.m. p.m.		,		•
mm Adress where sample was collec	ted (example: 114 Water Street):	7105 Lasa	Jak.	te l	•	
Acritoring/Sample Plan II) and I	ocation				: ::::::::::::::::::::::::::::::	
(example: "D-11" or "Laundry T	Location Distribution for	icet				
Name of Sampler:	backbarth					
	Information for Systems Who Use Co	ontinuous Chlorination (t	o be co	mpleted	by SAMPL	ER)
Etton in: System rest Result.	s chlorination, the chlorine residual le	evel at the time the sample	e was c	ollected	must	-
It your system uses continuous he reported below. Systems w	ho do not continuously chlorinate ma	y skip this section.				
	•					i
•	•					
		DWA .	. i .			
Storet Code Parameter	Me	OWA ethod Result	s M	ORDL 40	Units MO/I	
Storet Code Parameter 50060 CHLORINE TOT.	AL RESIDUAL		s M	4.0	MG/L MG/L	
Storet Code Parameter 50060 CHLORINE TOT. 50064 CHLORINE FREI	AL RESIDUAL		s M	4.0	MG/L	
Storet Code Parameter 50060 CHLORINE TOT. 50064 CHLORINE FRE 50066 COMBINED AV	Me AL RESIDUAL È AVAIL AILABLE CHLORINE	ethod Result		4.0 4.0 4.0	MG/L MG/L MG/L	000 00
Storet Code Parameter 50060 CHLORINE TOT. 50064 CHLORINE FRE. 50066 COMBINED AV. ection IV: Lab Test Results (to	AL RESIDUAL E AVAIL AILABLE CHLORINE b be completed by LAB) Lab has 24 in	ethod Result	ort res	4.0 4.0 4.0	MG/L MG/L MG/L MG/L NR per NR	809.80 of sample)
Storet Code Parameter 50060 CHLORINE TOT. 50064 CHLORINE FREI 50066 COMBINED AV. ection IV: Lab Test Results (to	AL RESIDUAL E AVAIL AILABLE CHLORINE b be completed by LAB) Lab has 24 in	ethod Result	ort res	4.0 4.0 4.0	MG/L MG/L MG/L MG/L NR per NR	809.80 of sample)
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Storet Code Parameter 50060 CHLORINE TOT. 50064 CHLORINE FREE 50066 COMBINED AV ection IV: Lab Test Results (to Laboratory Res Safe (Coliform Absent) Unsafe (Coliform Present) an Fecal/E Coli Present	AL RESIDUAL E AVAIL ALABLE CHLORINE De completed by LAB) Lab has 24 hands d: Fecal/E Coli Absent Date PWS Notified of Unsafe	nours to electronically represented Enzyme Substrate Method Colliert®	oort res (Each i	4.0 4.0 4.0 sults to D method req	MG/L MG/L MG/L MG/L NR per NR uires 100 mL	nocult®
Storet Code Parameter 30060 CHLORINE TOT. 50064 CHLORINE FRE. 50066 COMBINED AV. ection IV: Lab Test Results (to Laboratory Res Safe (Coliform Absent) Unsafe (Coliform Present) an	AL RESIDUAL E AVAIL ALABLE CHLORINE De completed by LAB) Lab has 24 hands d: Fecal/E Coli Absent Date PWS Notified of Unsafe	nours to electronically reported Enzyme Substrate Method Colliert®	eort res (Each r E*Colite MI Agar Readyce	4.0 4.0 4.0 4.0 sults to D method req	MG/L MG/L MG/L MG/L NR per NR uires 100 mL Chron Colisc	nocult®
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Storet Code Parameter 50060 CHLORINE TOT. 50064 CHLORINE FRE. 50066 COMBINED AV. ection IV: Lab Test Results (to Laboratory Res Laboratory Res Unsafe (Coliform Absent) Unsafe (Coliform Present) an Fecal/E Coli Present Invalid (Submit another Sam	AL RESIDUAL E AVAIL ALLABLE CHLORINE De completed by LAB) Lab has 24 hands Approved: Fecal/E Coli Absent Date PWS Notified of Unsafe ple) Frozen	nours to electronically reported Enzyme Substrate Method Colliert®	eort res (Each r E*Colite MI Agar Readyce	4.0 4.0 4.0 4.0 sults to D method req	MG/L MG/L MG/L MG/L NR per NR uires 100 mL Chron Colise	nocult© can® 3g ^{rm}

Laboratory Phone Number

DNR Drinking Water Program Southeast Region Headquarters

Public Water Supply BACTERIOLOGICAL ANALYSIS

2300 N. Dr. Martin Luther King, Jr. Drive (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB) Take 1 Sample per Month Mílwaukee, WI 53212

Section 1: System Information			Tomas			
System Name: WESTCHESTE			stem Type: N	1C N	√ oc <u>x</u>	-Region
System Address:	_City: MEQUO	ON CO	Check one) County: 46 -	Ozaukee		Code: 2
PWS ID#: 24607946	, , , , , , , , , , , , , , , , , , ,	R Contact: Pat Iwansl	a (414) 263-8	683		•
	(Notify DNR Contact of Correct			npler		
	(2.00.00)	If the laboratory			-mail results t	to you and
(262) 246-4646		you would like the	he lab to do the	at, please r	provide the ap	propriate
LAYNE NW - DAVE KOWA	LCZYK	information	n (leave blank	if you pref	er a paper co	py):
W229 N5005 DUPLAINVILI	LE ROAD	Fax number:	-			
PEWAUKEE WI 53072		E-mail:	<u> </u>			
Sample Source (location): X D - Distribution System	Sample Type (check on X D - Routine Distribution C		ups N	- New Co	nstruction	Į
A D'Elistriculon System	C - Check: Taken at same	-	·	•		
W - Well		tion Date://		-Investiga	non	
	Unsafe Sample ID:		. W	' - (Raw) ¥		1
	R - Repeat				Well No:	
			·	ntry Point	ID:	
Special Instructions:				~		
-	01/01/2008 and 01/31/2008	, ,			•	
	on (to be completed by SAMPLE					
	(4	OC 154 a.m.				,
Sample Collection Date: 17-/	247007 Time: 10					
Sample Collection Date: 17/	dd yyyy	-761/	1.00			
Address where sample was colle	ctcd (example: "IIA-Water Street"):	AATCIVI.	<u></u>	<u> </u>	<u></u>
Monitoring/Sample Plan IO and						
(example: "D-11" or "Laundry _p 7	(ap'')			· · · · · · · · · · · · · · · · · · ·	*	
Name of Sampler:	lan Kbar the					
Section III. System Test Resul	It Information for Systems Who	Use Continuons Chlori	nation (to be	completed	l by SAMPL	ER)
Section III. System Test Resul	It Information for Systems Who	Use Continuous Chlori ual level at the time thi	nation (to be s sample was	completed collected	l by SAMPL must be repo	ER) orted
Section III: System Test Result If your system uses continuou		nal level at the time thi	nation (to be s sample was	completed collected	l by SAMPL must be repo	ER) orted
Section III: System Test Result If your system uses continuou	It Information for Systems Who s chlorination, the chlorine resid	nal level at the time thi	nation (to be s sample was	completed collected	l by SAMPL must be repo	ER) orted
Section III: System Test Result If your system uses continuous below. Systems who do not co	It Information for Systems Who s chlorination, the chlorine resid	ual level at the time thi his section.	nation (to be s sample was	completed collected	l by SAMPL must be repo	ER)
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Section III: System Test Result If your system uses continuous below. Systems who do not continuous Storet Code Parametroscopic CHLORINE To	It Information for Systems Who s chlorination, the chlorine resident intinuously chlorinate may skip to er OTAL RESIDUAL	ual level at the time thi his section. SDWA	s sample was	eoliceted	Units MG/L MG/L	ER)
Section III: System Test Result If your system uses continuous below. Systems who do not consider the system of the systems who do not consider the systems where the systems which is specifically also shown the systems where the	It Information for Systems Who s chlorination, the chlorine resident intinuously chlorinate may skip to er OTAL RESIDUAL	ual level at the time thi his section. SDWA	s sample was	MRDL 4.0	Units	ER)
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Storet Code Paramete 50060 CHLORINE TO 50064 CHLORINE FI 50066 COMBINED A Section IV: Lab Test Results Laboratory F Safe (Coliform Absent) Fecal/E Coli Present	er OTAL RESIDUAL REE AVAIL AVAILABLE CHLORINE (to be completed by LAB) Lab Result and: Fecal/E Coli Absent Date PWS Notified of Unsafe	SDWA Method has 24 hours to electro Approved Enzyme Substa Colilert® Colisure®	Results Results nically report rate Method (Ea	MRDL 4.0 4.0 4.0 results to	Units MG/L MG/L DNR per N requires 100 m Chrome	R 809.80 L of sample) ocult®
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DNR Drinking Water Program Southeast Region Headquarters Public Water Supply
BACTERIOLOGICAL ANALYSIS

2300 N. Dr. Martin Luther King, Jr. Drive (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB) Milwaukee, WI 53212 Take 1 Sample per Month

Section I: System Information (to be completed by Department	t of Natural Resource	s/SAMPLER)		
System Name: WESTCHESTER LAKES SUBDIVISION		City: MEQUO	N	
PWS ID#, 24607946 County: 46 - Ozaukee	Region Code: 2	Creatorn Tyme:		N_OCX TN_
DNR Contact: Pat Iwanski (414) 263-8683		(CHCOK OILC)		
Sampler Phone/Name/Address (Notify DNR Contact of Correct	ions)	Sar	npler	
	If the laborator	ry has the ability	to fax or e	-mail results to you and
(262) 246-4646 LAYNE NW - DAVE KOWALCZYK	you would like	e the lab to do th	at, please	provide the appropriate
				fer a paper copy):
W229 N5005 DUPLAINVILLE ROAD				
PEWAUKEE WI 53072	E-mail:			
Sample Source: Sample Type (check on X D - Routine Distribution C	Compliance and Follow	1_		nstruction
C - Check: Taken at same Unsafe Sample Collect			Investiga	tion
Unsafe Sample Conce		W	' - (Raw) \	
R - Repeat			_	Well No:
	· · · · · · · · · · · · · · · · · · ·	E	ntry Point	: ID:
Special Instructions:				
Collect sample between: 12/01/2007 and 12/31/2007	<u> </u>			<u></u>
Section II: Sample Information (to be completed by SAMPLE				<u>.</u>
Sample Collection Date: 1 04 / 200 Time: 1 Address where sample was collected (example: "114 Water Street"	p.m.	antern	e er skr <u>jit</u> g e	
	1 0			
Community III 11" or III or III or III or III	Ta-p		.	,
Name of Sampler: The Kb arth				
Section III: System Test Result Information for Systems Who	Use Continuous Chlo	rination (to be	complete	i by SAMPLER)
If your system uses continuous chlorination, the chlorine resid below. Systems who do not continuously chlorinate may skip	ual level at the time t	his sample was	collected	must be reported
		———		
Storet	SDWA Method	70	MBDC	YYmian
Code Parameter		Results	MRDL 4.0	Units MG/L
50060 CHLORINE TOTAL RESIDUAL 50064 CHLORINE FREE AVAIL			4.0	MG/L
50064 CHLORINE FREE AVAII. 50066 COMBINED AVAILABLE CHLORINE			4.0	MG/L
	r.			DATE ATT 000 00
Section IV: Lab Test Results (to be completed by I.AB) Lab	has 24 hours to elect	ronically report	results to	DNK per NK 809.80
Laboratory Result Safe (Coliform Absent)	Approved Enzyme Su	bstrate Method (E	ach method	requires 100 mL of sampl
Unsafe (Coliform Present) and:	Colliert®	E*Col	ite®	Chromocult®
Fecal/E Coli Present Fecal/E Coli Absent	Colilert-18®	MI Ag	gar	Coliscan®
/ / Date PWS Notified of Unsafe	Colisure®	Ready	cult®	Colitag TM
	Other:			
Invalid (Submit another Sample)		proved Enzyme Substra	nte Method)	
Old Frozen	Comments			Time Received
Overgrown Lab Accident Chlorine Present Shipping Problem			·	15:00 X P.
Laboratory Name Date Received	00/07	Sar	mple ID	0805
CULLEN-ASH 290	Phone Number	Da	te Reported	l φ PWS
WI Bacteriological Certification Number Laboratory	- accept 1 Types of the contract of the contra	\	11/4	1:07

Layne Northwest Pump Report

Date: Checked by: Air line set:	I IM Hackbarth	Location:	Westchester Lakes 1 Mequon	Pump#
Pump Type: Submersible Turbine Horse Power	Submersible		Full Load Amps: Running Volts: Control Volts:	480 120
Motor RPM Running Amps	3600 16-14-14		Vibration Check	
Height of water over be Height of water over be Gallons per minute Meter totalizer Elapsed time meter	owls (pumping) 1	106 95 97 @ 6 psi 4547500 4362.3		
·		oints on curve: kmps 26, 26, 25 kmps 26, 25, 26		

Public Water Supply

DNR Drinking Water Program
Southeast Region Headquarters
2300 N. Dr. Martin Luther King, Jr. Drive
Milwaukee, 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: WESTCHESTER LAKES SUBDIVISION		City: MEQUON	1	
		20000		A OC V TNI
	Kegion Codo. <u>1</u>	(Check one) M	C N.	N OC <u>X</u> _ TN
DNR Contact: Pat Iwanski (414) 263-8683		8		
Sampler Phone/Name/Address (Notify DNR Contact of Correction			ıpler	west wanted to you and
(262) 246-4646	If the laboratory	/ nas the ability to	t please	e-mail results to you and provide the appropriate
LAYNE NW - DAVE KOWALCZYK	informati	on (leave blank i	f vou pre	fer a paper copy):
W229 N5005 DUPLAINVILLE ROAD	Fax number:			
PEWAUKEE WI 53072	E-mail:			
Sample Source: Sample Type (check one or	njy):			
X D - Distribution System X D - Routine Distribution Com	pliance and Follow-	ups N -	New Co	nstruction
C - Check: Taken at same loc			Investiga	tion
W - Well Unsafe Sample Collection			- (Raw) \	X/ater
Unsafe Sample ID: R - Repeat				Well No:
K - Repost			try Point	
Special Instructions:				
Collect sample between: 11/01/2007 and 11/30/2007	~~			
Section II: Sample Information (to be completed by SAMPLER)				•
	Zam.	· · · · · · · · · · · · · · · · · · ·		
Sample Collection Date: 18 / 64 2007 Time: 10	> (g) a.m. → p.m.			•
mm dd yyyy Address where sample was collected (example: "114 Water Street"):		antern		and the second s
and the contract of the contra	<u> </u>	713.4.7		
(example: "D-11" or "Laundry Tap"):				
Name of Sampler:				•
Section III: System Test Result Information for Systems Who Use	Continuous Chlor	ination (to be c	omplete	by SAMPLER)
If your system uses continuous chlorination, the chlorine residual	level at the time th	is sample was c	ollected	must be reported
below. Systems who do not continuously chlorinate may skip this	section.	-		
Storet	SDWA			
Code Parameter	Method	Results	MRDL	Units
50060 CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064 CHLORINE FREE AVAIL			4.0	MG/L MG/L
50066 COMBINED AVAILABLE CHLORINE			4.0	WEGIL
Section IV: Lab Test Results (to be completed by J.AB) Lab has	24 hours to electro	onically report	results to	DNR per NR 809.80
				requires 100 mL of sample)
Safe (Coliform Absent)				Chromocult®
Unsafe (Coliform Present) and:	Colilert®	E*Colite		
Fecal/E Coli Present Fecal/E Coli Absent	Colilert-18®	Mĭ Aga		Coliscan®
	Colisure®	Readycu	nitæ	☐ Colitag [™]
Invalid (Submit another Sample)	Other:			_
Old Prozen	(Print Appr	oved Enzyme Substrate	Method)	1 / 1
Overgrown Lab Accident Co	omments			Time Received
Chlorine Present Shipping Problem		•		160 D p.m.
Laboratory Name Date Received	5/07	Samp	ole ID سبر	1/0806
WI Bacteriological Certification Number Laboratory Phon	ne Number	Date	Reported	to PWS

Public Water Supply
Southeast Region Headquarters
BACTERIOLOGICAL ANALYSIS
2300 N. Dr. Martin Luther King, Jr. Drive (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)
Milwaukee, WI 53212
Take 1 Sample per Month

Section I: System Information (to be co	ompleted by Departmen	t of Natural Resour	ces/SAMPLER	1	***************************************	
System Name: WESTCHESTER LAK	ES SUBDIVISION		City: MEQU			
PWS ID#: 24607946 County: 4	l6 - Ozaukee	Region Code: 2	System Type:		````	
DNR Contact: Pat Iwanski (414) 263-8	1683		(Check one)	MC	NN OC <u>X</u>	TN
Sampler Phone/Name/Address (Notify I	NR Contact of Correct	tions)	Si	ampler		
(262) 246-4646		If the laborate	ory has the abilit			to you and
LAYNE NW - DAVE KOWALCZYK		you would lil	ke the lab to do	that, pleas	se provide the a	ppropriate
W229 N5005 DUPLAINVILLE ROAI		informs	ation (leave blan	ık if you p	refer a paper c	opy):
PEWAUKEE WI 53072	• · · · · · · · · · · · · · · · · · · ·	E-mail:	·		w	ж
	Sample Type (check on					
	- Routine Distribution C	compliance and Follo	w-ups]	N - New C	Construction	
	- Check: Taken at same	location as Unsafe Sa	mpic —	- Investig		
W - Well	Unsafe Sample Collect	tion Date://_		_	_	
R	Unsafe Sample ID: Repeat	· · · · · · · · · · · · · · · · · · ·		W - (Raw) Wt Union) Water ic Well No:	
				WI Omqu Entry Poir		
Special Instructions:				LILLY I OH	<u> </u>	
Collect sample between: 10/01/20	007 and 10/31/2007					
Section II: Sample Information (to be c	ompleted by SAMPLE	<u>R)</u>			-	1116,-
Samula Collection Date: 8 9 (DV 2006)	7 Time: 9.50	s a.m.				
Sample Collection Date: <u>b q / 24 pos</u>		p.m.				
Address where sample was collected (exam	ple: "14 Water Street")	704 La	terr la			
Monitoring/Sample Plan ID and Location					· · · · · · · · · · · · · · · · · · ·	
(example: "D-11" or "Laundry Tap"):	houndry for	<u> </u>				
Name of Sampler:		·				,
Section III: System Test Result Informa	tion for Systems Who L	se Continuous Chlo	rination (to be	complete	d by SAMPLI	PD)
11 your system uses continuous chiorinat	ion, the chlorine residu	al level at the time th	his sample was	collected	must be repor	rted
below. Systems who do not continuously	chlorinate may skip th	is section.	-			
	<u> </u>					•
Storet Portugeter		SDWA				Ī .
Code Parameter 50060 CHLORINE TOTAL RESID		Method	Results	MRDL	Units	
50064 CHLORINE FREE AVAIL	UAL			4.0	MG/L	
50066 COMBINED AVAILABLE (CHLORINE	··		4.0	MG/L MG/L	- I
777 V V M				·		
Section IV: Lab Test Results (to be com	pleted by LAB) Lab ha	as 24 hours to electr	onically report	results to	DNR per NR	809.80
Laboratory Result Safe (Coliform Absent)		Approved Enzyme Sub-	strate Method (Ea	ch method	requires 100 ml	of sample)
Unsafe (Coliform Present) and:		Colilert®	E*Coli	te®)	Chromoc	- · 14/8\
Fecal/E Coli Present	fecal/E Coli Absent	Colilert-18®	MI Age		=	
	PWS Notified of Unsafe	Colisure®			Coliscan	
Invalid (Submit another Sample)	Wo Rounce of Cheare		Readyo	unos	Colitag ^{TA}	a.
	_	Other:	oved Enzyme Substrate	· k 5-45-35	-	
	Frozen	omments	Oved Enzyme Suostrate	, Method)	Tm:	
	rao vycinent	on the constant			Time Receiv	red a.m.
	Shipping Problem				[3 ∞	p.m.
Lab CULTEN-ASH 290	Date Received	107	Sam	ple ID	2406	
WI Bacteriological Certification Number	Laboratory Pho	ne Number	Date	Reported t	io PWS,	
<u> </u>				9/2	6/07	