Public Water Supply

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: ____________________________
System Address: ____________________________
PWS ID#: ____________________________
DNR Contact: ____________________________

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

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 one only -- see instructions on back):

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")

Special Instructions:

Collect sample between: ___/___/___ and ___/___/___ 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: mm/dd/yyyy
Time: _______ : _______ a.m. _______ : _______ p.m.
Address where sample was collected (example: "114 Water Street"): ____________________________
Approved Monitoring Point ID: ____________________________
Location of sample tap (example: "Laundry Tap"): ____________________________
Name of Sampler: ____________________________
Sampler Phone: ____________________________

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.

<table>
<thead>
<tr>
<th>Storet Code</th>
<th>Parameter</th>
<th>SDWA Method</th>
<th>Results</th>
<th>MRDL</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>50060</td>
<td>CHLORINE TOTAL RESIDUAL</td>
<td></td>
<td></td>
<td>4.0</td>
<td>MG/L</td>
</tr>
<tr>
<td>50064</td>
<td>CHLORINE FREE AVAIL</td>
<td></td>
<td></td>
<td>4.0</td>
<td>MG/L</td>
</tr>
<tr>
<td>50066</td>
<td>COMBINED AVAILABLE CHLORINE</td>
<td></td>
<td></td>
<td>4.0</td>
<td>MG/L</td>
</tr>
</tbody>
</table>

Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80
INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Routine Distribution Sample
1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).

Additional Routine Sample
1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Additional Routine samples throughout the calendar month following the positive sample collection date, or the date the water is once again served to the public, whichever is later (contact your nearest DNR office for further guidance).

Check Sample
1. Collect sample at the same location as the initial positive sample.
2. Collect within 24 hours of notification of the initial positive sample.

Repeat Sample
1. Collect samples within 5 service connections upstream and downstream of the initial positive sample, unless there is only one service connection (contact your nearest DNR office for further guidance).
2. Collect samples within 24 hours of notification of the initial positive sample.
3. All samples must be collected on the same day unless you have only 1 service connection. Systems with only 1 service connection may alternatively collect the samples (including the Check Sample) over a 3-day period.

New Construction, Raw Water, or Investigation Sample
1. Collect samples as needed or according to DNR staff directive.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.

2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.

3. Remove any faucet aerator, gasket, screen or hose.

4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.

5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.

6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.

7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.

8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and E. Coli bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Milwaukee: (414) 263-8362
Northeast Region, Green Bay: (920) 662-5144
South Central Region, Fitchburg: (608) 275-3294
West Central Region, Eau Claire: (715) 839-3700
Northern Region, Spooner: (715) 635-2101

For laboratory information:

Laboratory ID: ____________________  Laboratory Name: _____________________________________________________
Date Received: ___/___/_______  Time Received: _____ : _____  Laboratory Sample ID: _____________________________
Condition of Sample Upon Receipt: _______________________________________________________
Signature of Receiving Lab Official: _________________________________________  Date Reported to PWS: ___/___/_______

02/26/18