Dept. of Natural Resources
Bureau of Drinking Water
P.O. Box 7921
Madison WI 53707

RAW WATER BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 5744
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Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name: _____ PWS ID: _____

DNR Contact: _____ Region: ___ System Type: ☐MC ☐NN ☐OC ☐TN

System Address: _____ City: _____ County: _____

Entry Point ID: _____ WI Unique Well No: _____ Note: _____

Sampler Contact Info: (Notify DNR Contact of Corrections)

Sampler: (Leave Blank If You Don't Use These Services)
Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services
Fax Number: _____
Email: _____
Billing Address: _____

Sample Source: (Location)

- X W - Well Source
- ___ E - Entry Point
- ___ D - Distribution System

Sample Type: (Check Only One)

- ___ 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")
- ___ N - New Construction
- ___ I - Investigation
- X W - (Raw) Water

***IF THE SAMPLE TYPE IS "C" or "R":** "D" or "A" Positive
"D" or "A" Positive Sample Date: ___/___/_____ Sample ID: _____

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: _____

Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink): _____

First Initial and Last 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 the sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet		Parameter	SDWA Method	Results	MRDL	Units
50060		CHLORINE TOTAL RESIDUAL FIELD			4.0	MG/L
50064		CHLORINE FREE AVAIL FIELD			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

TOTAL COLIFORM

Storet	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence			/100 ML
99190	Colisure® Presence/Absence			/100 ML
99192	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML
99829	Colitag™			/100 ML
99961	Readycult®			/100 ML
99740	E*Colite®			/100 ML

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Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence			/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than $10 nor more than $5000, or by a fine of not less than $10 nor more than $100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose. Reference Requirement #23970965.

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

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: ___ / ___ / _____