TOTAL ORGANIC CARBON (CFE)
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB) 09/16

Section I: To be completed by the Department of Natural Resources/SAMPLER

System Name: _____________________________  System Type: MC  NN  OC  TN  (Check one) 
System Address: _____________________________  City: _____________________________  County: _____________________________  Region Code: _____________________________
Pws Id#: _____________________________  Entry Point ID: _____________________________  WI Unique Well No: _____________________________  DNR Contact: _____________________________

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

Sampler: Provide information to have results faxed or e-mailed or to change a billing address, if your lab offers these services (leave blank if you don't use these services).

Fax number: _____________________________
E-mail: _____________________________
Billing address: _____________________________

Sample Source:  Sample Type:

___ W  Well  ___ D  Compliance Sample
___ E  Entry Point  ___ C  Confirmation Sample
___ D  Distribution System  ___ I  Investigation Sample

___ W  Raw Water Sample

Special Instructions:

Collect sample between: ___ / ___ / ___ and ___ / ___ / ___

Section II: 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 Point ID: _______  Sample Point Description: _____________________________

First Initial and Last Name of Sampler: _______  Sampler Phone: _____________________________

Section III: To be completed by LAB.  Report test results on back for PWS and electronically to DNR within 10 days per NR 809.80

Check here if some or all of the parameters were analyzed by a subcontracted lab.

NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory Name:
Laboratory ID Number: _______  Sample ID: _______  Date Received to PWS: _______ / _______ / _______
Date Sample Received: _______ / _______ / _______

Signature of Receiving Lab Official: _____________________________  Date Reported to PWS: _______ / _______ / _______

Condition of Sample Upon Receipt: _____________________________

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.
# TOTAL ORGANIC CARBON (CFE)

System Name: ____________________________

This page to be completed by the laboratory performing analysis.

PWS ID: ____________________________

Lab Sample ID: ____________________________

<table>
<thead>
<tr>
<th>Storet Code</th>
<th>Parameter</th>
<th>SDWA Method</th>
<th>MDL</th>
<th>Results</th>
<th>MCL</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>680</td>
<td>CARBON TOTAL ORGANIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MG/L</td>
</tr>
</tbody>
</table>

Approved By:  QA Officer: ____________________________  Date: ____________

Laboratory Manager: ____________________________  Date: ____________

Comments: ____________________________

12/07/16