

# DISINFECTION BYPRODUCT ANALYSES

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

**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: \_\_\_\_\_

<b>Sampler Contact Info:</b> (Notify DNR Contact of Corrections)		<b>Sampler:</b> (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: _____	
<b>Sample Source:</b> (Location)  ___ W - Well Source  ___ E - Entry Point  ___ D - Distribution System	<b>Sample Type:</b> (Check Only One)  ___ D - Compliance Sample  ___ C - Confirmation Sample  ___ I - Investigation Sample  ___ W - Raw Water Sample		

Special Instructions: \_\_\_\_\_  
Collect Sample between: \_\_\_\_\_ and \_\_\_\_\_

**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: To be completed by LAB. Report 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 ID: \_\_\_\_\_ Laboratory Name: \_\_\_\_\_  
Date Sample Received: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ Lab Sample ID: \_\_\_\_\_  
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. Reference Requirement #86507715.

**DISINFECTION BYPRODUCT ANALYSES** System Name: \_\_\_\_\_

To be completed by the laboratory performing analysis. PWS ID: \_\_\_\_\_ Lab Sample ID: \_\_\_\_\_

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
32101	BROMODICHLOROMETHANE				80	UG/L
32104	BROMOFORM				80	UG/L
32106	CHLOROFORM				80	UG/L
82721	DIBROMOACETIC ACID					UG/L
32105	DIBROMOCHLOROMETHANE				80	UG/L
77288	DICHLOROACETIC ACID					UG/L
2456	Total Haloacetic acids (HAA5)				60	UG/L
2453	MONOBROMOACETIC ACID					UG/L
78213	MONOCHLOROACETIC ACID					UG/L
82723	TRICHLOROACETIC ACID					UG/L
82080	TTHM IN WATER,(SUMMATION)				80	UG/L

Approved By: QA Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_