

DISINFECTION BYPRODUCT ANALYSES

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: _____ System Type: (Check one) MC___ NN___ OC___ TN___
System _____ (Check one)
Address: _____ City: _____ County: _____ Region _____
Entry Point WI Unique
Pws Id#: _____ ID: _____ 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:

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

Sample Type:

- ___ D Compliance Sample
- ___ C Confirmation Sample
- ___ 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 ___/___/___ Time: ___ : ___ a.m. p.m.
mm dd yyyy

Address where sample was collected: _____

Monitoring Point ID: _____ Sample Point Description: _____

First Initial and Last Name of Sampler: ___ - _____

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 ID Number: _____ Laboratory Name: _____

Date Sample Received: ___/___/___ Time Sample Received: ___ : ___ Laboratory 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.

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System Name: _____

This page 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: _____