

**BACTERIOLOGICAL ANALYSIS**  
**(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)**

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

System Name: **TOWN OF ANSON REC & CONCESSION BLDG** *Anson Town Hall* PWS ID: **60914986**

DNR Contact: **KIARA MILLER (715)210-1046**

Region: **6** Type: **TN**

System Address: **13836 CTH S SOUTH**

City: **JIM FALLS**

County: **CHIPPEWA**

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

<b>Sampler Contact Info:</b> (Notify DNR Contact of Corrections) (715)944-3319 CHIPPEWA CO DEPT OF PUBLIC HEALTH 711 N BRIDGE ST ROOM 121 CHIPPEWA FALLS WI 54729	<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:
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<b>Sample Source:</b> (Location)  W - Well Source E - Entry Point <b>X</b> D - Distribution System	<b>Sample Type:</b> (Check Only One)  <input checked="" type="checkbox"/> 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 W - (Raw) Water
<b>*IF THE SAMPLE TYPE IS "C" or "R":</b> "D" or "A" Positive <b>"D" or "A" Positive Sample Date:</b> /      / <b>Sample ID:</b>		

**Special Instructions:**

Collect Sample between: **1/1/2025** and **3/31/2025**      **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: **2 / 13 / 25** (mm/dd/yyyy) Time: **12 : 08**  a.m.  p.m.

Address where sample was collected: *Above*

Monitoring Site ID:      Sample Tap Location (e.g. kitchen sink): *Fire Dept Kitchen sink*

First Initial and Last Name of Sampler: **B - Moldrem**

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				E. COLI			
Storet	Description	SDWA Method	Result	Units	Storet	Description	SDWA Method
99060	Colilert® Presence/Absence			/100 ML	99069	Colilert® Presence/Absence	
99190	Colisure® Presence/Absence			/100 ML	98931	Colisure® Presence/Absence	
99192	Colisure® Quantitray			/100 ML	98929	Colisure® Quantitray	
99189	Colilert®-18 Presence/Absence			/100 ML	98932	Colilert®-18 Presence/Absence	
99742	MI Agar			/100 ML	99743	MI Agar	
99118	Colilert® Quantitray			/100 ML	99188	Colilert® Quantitray	
99191	Colilert®-18 Quantitray			/100 ML	98930	Colilert®-18 Quantitray	
99829	Colitag™			/100 ML	99828	Colitag™	
99961	Readycult®			/100 ML	99962	Readycult®	
99740	E*Colite®			/100 ML	99741	E*Colite®	

Lab# 105-543 Chippewa County Public Health

Date: **02-13-25** Time: **1:26**

Sample ID: **021325-D1**

Reported to PWS: **BJMv**

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809.80. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a compliant form is 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 \$3000, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose

**BACTERIOLOGICAL ANALYSIS**  
**(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)**

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

System Name: **ANSON TOWN HALL**

PWS ID: **60914986**

DNR Contact: **KIARA MILLER (715)210-1046**

Region: **6** Type: **TN**



System Address: **13836 CTH S SOUTH**

City: **JIM FALLS**

County: **CHIPPEWA**

Entry Point ID: **WI Unique Well No:**

Note:

**Sampler Contact Info:** (Notify DNR Contact of Corrections)  
(715)944-3319  
CHIPPEWA CO DEPT OF PUBLIC HEALTH  
711 N BRIDGE ST  
ROOM 121  
CHIPPEWA FALLS WI 54729

**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)  
 W - Well Source  
 E - Entry Point  
 **D - Distribution System**

**Sample Type:** (Check Only One)

**D - Routine Distribution**

**N - New Construction**

**C\* - Check: Same location as Positive "D" Sample**

**I - Investigation**

**R\* - Repeat: Within 5 connects of Positive "D" Sample**

**W - (Raw) Water**

**A - Additional Routine (month following positive "D")**

**\*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: **4/1/2025** and **6/30/2025**

**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: **6/30/25** (mm/dd/yyyy) Time: **1:35**  a.m.  p.m.

Address where sample was collected: **Above**

Monitoring Site ID: **K. Walters** Sample Tap Location (e.g. kitchen sink): **Kitchen Sink**

First Initial and Last Name of Sampler: **K. Walters** 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.

Store#	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					E. COLI				
Store#	Description	SDWA Method	Result	Units	Store#	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence			/100 ML	99069	Colilert® Presence/Absence			/100 ML
99190	Colisure® Presence/Absence			/100 ML	98931	Colisure® Presence/Absence			/100 ML
99192	Colisure® Quantitray			/100 ML	98929	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML	98932	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML	99743	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML	99188	Colilert® Q	Lab# 105-543 Chippewa County Public Health		
99191	Colilert®-18 Quantitray			/100 ML	98930	Colilert®-18	Date: <b>6/30/25</b>	Time: <b>2:59</b>	
99829	Colitag™			/100 ML	99828	Colitag™	Sample ID: <b>063025-010</b>		
99961	Readycult®			/100 ML	99962	Readycult®			
99740	E*Colite®			/100 ML	99741	E*Colite®	Reported to PWS: <b>7/1 pm</b>		

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 #115035726.

BACTERIOLOGICAL ANALYSIS  
 (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: ANSON TOWN HALL

PWS ID: 60914986

DNR Contact: KIARA MILLER (715)210-1046

Region: 6 Type: TN

System Address: 13836 CTH S SOUTH

City: JIM FALLS

County: CHIPPEWA

Entry Point ID: WI Unique Well No:

Note:

Sampler Contact Info: (Notify DNR Contact of Corrections)  
 (715)944-6608  
 CHIPPEWA CO DEPT OF PUBLIC HEALTH  
 711 N BRIDGE ST  
 ROOM 121  
 CHIPPEWA FALLS WI 54729

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)

Sample Type: (Check Only One)

W - Well Source

 D - Routine Distribution

N - New Construction

E - Entry Point

 C\* - Check: Same location as Positive "D" Sample

I - Investigation

 X D - Distribution System R\* - Repeat: Within 5 connects of Positive "D" Sample

W - (Raw) Water

 A - Additional Routine (month following positive "D")

\*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: 7/1/2025 and 9/30/2025 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: 9/23/25 (mm/dd/yyyy) Time: 12:01:10 a.m.  p.m.

Address where sample was collected: Above

Monitoring Site ID: Sample Tap Location (e.g. kitchen sink): water refill station

First Initial and Last Name of Sampler: B- Moldrem

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.

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TOTAL COLIFORM				E. COLI			
Storet	Description	SDWA Method	Result	Storet	Description	SDWA Method	Result
99060	Colilert® Presence/Absence		-/100 ML	99069	Colilert® Presence/Absence		-/100 ML
99190	Colisure® Presence/Absence		-/100 ML	98931	Colisure® Presence/Absence		-/100 ML
99192	Colisure® Quantitray		-/100 ML	98929	Colisure® Quantitray		-/100 ML
99189	Colilert®-18 Presence/Absence		-/100 ML	98932	Colilert®-18 Presence/Absence		-/100 ML
99742	MI Agar		-/100 ML	99743	MI Agar		-/100 ML
99118	Colilert® Quantitray		-/100 ML	99188	Colilert® Quantitray		-/100 ML
99191	Colilert®-18 Quantitray		-/100 ML	98930	Colilert®-18 Quantitray		-/100 ML
99829	Colitag™		-/100 ML	99828	Colitag™		-/100 ML
99961	Readycult®		-/100 ML	99962	Readycult®		-/100 ML
99740	E*Colite®		-/100 ML	99741	E*Colite®		-/100 ML

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Lab# 105-543 Chippewa County Public Health

Date: 9-23-25 Time: 240

Sample ID: 092325-08

Reported to PWS: BJMv

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

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PWS ID: 60914986

DNR Contact: KIARA MILLER (715)210-1046

Region: 6 Type: TN



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City: JIM FALLS

County: CHIPPEWA

Entry Point ID: WI Unique Well No:

Note:

Sampler Contact Info: (Notify DNR Contact of Corrections) (715)944-6608 CHIPPEWA CO DEPT OF PUBLIC HEALTH 711 N BRIDGE ST ROOM 121 CHIPPEWA FALLS WI 54729	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:
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Sample Source: (Location) W - Well Source E - Entry Point <b>X</b> D - Distribution System	Sample Type: (Check Only One) <b>X</b> 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")  <b>*IF THE SAMPLE TYPE IS "C" or "R":</b> "D" or "A" Positive "D" or "A" Positive Sample Date: / /      Sample ID:	N - New Construction I - Investigation W - (Raw) Water
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Special Instructions:

Collect Sample between: 10/1/2025 and 12/31/2025      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: 12/18/25 (mm/dd/yyyy) Time: 11:35  a.m.  p.m.

Address where sample was collected: Above

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

First Initial and Last Name of Sampler: R-Egger

Sampler Phone:

## Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

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99742	MI Agar		/100 ML		99743	MI Agar		/100 ML	
99118	Colilert® Quantitray		/100 ML		99188	Colilert® Quantitray		/100 ML	
99191	Colilert®-18 Quantitray		/100 ML		98930	Colilert®-18 Quantitray		/100 ML	
99829	Colitag™		/100 ML		99828	Colitag™		/100 ML	
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# 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

Laboratory ID: 12/18/25 Laboratory Name: 12/18/25

Date Received: 12/18/25 Time Received: 12:30 Laboratory Sample ID: 121825-05

Condition of Sample Upon Receipt:

Signature of Receiving Lab Official: Brey Miller

Date Reported to PWS: 12/23/2025