

**NITRATE 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 PARK Anson Town Hall**

PWS ID: **60905075**

*6091498*

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

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



System Address: **12846 CTY RD S**

City: **JIM FALLS**

County: **CHIPPEWA**

Entry Point ID: **1** WI Unique Well No: **JE204** 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:
<b>Sample Source:</b> (Location) <input type="checkbox"/> W - Well Source <input checked="" type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	<b>Sample Type:</b> (Check Only One) <input checked="" type="checkbox"/> D - Compliance Sample <input type="checkbox"/> C - Confirmation Sample <input type="checkbox"/> I - Investigation Sample <input type="checkbox"/> W - Raw Water Sample

Special Instructions: **01/01/25 - 3/31/25**

Collect Sample between: **4/1/2025** and **9/30/2025**

**Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)**

Sample Collection Date: **2/13/25** (mm/dd/yyyy) Time: **12 : 07**  a.m.  p.m.

Address where sample was collected: **Above**

Monitoring Site ID: **1** Sample Tap Location (e.g. kitchen sink): **Fire Dept. Kitchen Sink**

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

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: **618019820** Laboratory Name: **ECHD**

Date Sample Received: **2/13/25** Time: **1:30** Lab Sample ID: **25-0249**

Signature of Receiving Lab Official: **[Signature]** Date Reported to PWS: **2/13/25**

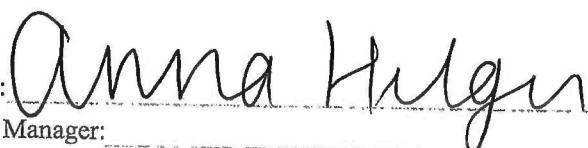
Condition of Sample Upon Receipt: **2.1°C on ice pH 7.2**

## NITRATE ANALYSIS System Name: ANSON TOWN PARK

To be completed by the laboratory performing analysis. PWS ID: 60905075 Lab Sample ID: 25-0249

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
630 620 X NITRATE ASN	N03 + N02	1020b	0.17	0.34	10	MG/L

Approved By: QA Officer:



Date:

21/3/25

Laboratory Manager:

Comments:

Date:

12/17/25, 12:53 PM

DNR Drinking Water Program  
 West Central Region  
 1300 W Clairemont  
 Eau Claire WI 54701

Lab Slips

**INORGANIC ANALYSES**  
**(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)**

Public Water Supply  
 Form Number: 8948  
 Revision: 20251205  
 Generated: 12/17/2025

**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: **2** WI Unique Well No: **ABW924** 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 - Compliance Sample E - Entry Point

C - Confirmation Sample

D - Distribution System

I - Investigation Sample

W - Raw Water Sample

Special Instructions:

Collect Sample between: **1/1/2025** and **12/31/2025**

**Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)**

Sample Collection Date: **12/18/25** (mm/dd/yyyy) Time: **11:30**  a.m.  p.m.Address where sample was collected: **ABOVE**Monitoring Site ID: **1234567890** Sample Tap Location (e.g. kitchen sink): **Bathroom faucet**First Initial and Last Name of Sampler: **R. Eggen**

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: **618019820** Laboratory Name: **ECHD**Date Sample Received: **12/18/25** Time: **1:15** Lab Sample ID: **25-3587**Signature of Receiving Lab Official: **ASL**Date Reported to PWS: **12/19/25**Condition of Sample Upon Receipt: **8.4°C on ice****PH 7**

## INORGANIC ANALYSES System Name: ANSON TOWN HALL

To be completed by the laboratory performing analysis. PWS ID: 60914986 Lab Sample ID: 25-3587

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
410	ALKALINITY TOTAL CACO3					MG/L
1105	ALUMINUM TOTAL					MG/L
1097	ANTIMONY TOTAL			0.006		MG/L
1002	ARSENIC TOTAL			0.010		MG/L
34225	ASBESTOS				7 Mill	FIB/L
1007	BARIUM TOTAL			2		MG/L
1012	BERYLLIUM TOTAL			0.004		MG/L
1027	CADMUM TOTAL			0.005		MG/L
916	CALCIUM TOTAL					MG/L
940	CHLORIDE					MG/L
50060	CHLORINE TOTAL RESIDUAL FIELD					MG/L
1034	CHROMIUM TOTAL			0.1		MG/L
1037	COBALT TOTAL					
80	COLOR					
1042	COPPER TOTAL				0.2	UG/L
720	CYANIDE			4		MG/L
951	FLUORIDE TOTAL					MG/L
900	HARDNESS TOTAL CACO3					MG/L
74010	IRON					MG/L
1051	LEAD TOTAL					UG/L
927	MAGNESIUM TOTAL					MG/L
1055	MANGANESE					MG/L
71900	MERCURY TOTAL			0.002		MG/L
1067	NICKEL TOTAL			0.1		MG/L
620	NITRATE AS N			10		MG/L
630	NITRATE+NITRITE			10		MG/L
615 X	NITRITE (NO2-N) TOTAL	4500B	0.02	0.02	0.03	1
403	PH LAB					SU
70300	RESIDUE DISS 180C (TDS)					MG/L
1147	SELENIUM TOTAL			0.05		MG/L
1077	SILVER TOTAL					MG/L
929	SODIUM TOTAL					MG/L
1084	STRONTIUM TOTAL REC					UG/L
945	SULFATE TOTAL					MG/L
1059	THALLIUM TOTAL			0.002		MG/L
76	TURBIDITY					NTU
1087	VANADIUM ICP					
1092	ZINC TOTAL					MG/L

Approved By: QA Officer:



Laboratory Manager:

Date:

12/19/25

Date: