

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:

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 - Compliance Sample
☐ C - Confirmation Sample
☐ I - Investigation Sample
☐ 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: 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: 13:30 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 AS N	N03 + N02	10206	0.17	0.34	10	MGL

Approved By: QA Officer:

Laboratory Manager:

Comments:

Anna Hugen

Date:

Date:

2/13/25

12/17/25, 12:53 PM

Lab Slips

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

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)

W - Well Source

☒ E - Entry Point

D - Distribution System

Sample Type: (Check Only One)☒ D - Compliance Sample

C - Confirmation Sample

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:

Sample Tap Location (e.g. kitchen sink): **Bathroom faucet**First Initial and Last Name of Sampler: **R. Egan**

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:

ECHDDate Sample Received: **12/18/25**

Time:

1:15

Lab Sample ID:

25-3587

Signature of Receiving Lab Official:

ASZ

Date Reported to PWS:

12/19/25

Condition of Sample Upon Receipt:

8.4°C on ice**PH 7**

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

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 CaCO ₃					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	CADMIUM 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					UG/L
720	CYANIDE				0.2	MG/L
951	FLUORIDE TOTAL				4	MG/L
900	HARDNESS TOTAL CaCO ₃					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 (NO ₂ -N) TOTAL	4500B	0.02	<0.02 0.03 AM	1	MG/L
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:

Date: