

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: **LAFAYETTE TOWN HALL**

PWS ID: **60914975**

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

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

System Address: **5765 197TH ST**

City: **CHIPPEWA FALLS**

County: **CHIPPEWA**

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

Note: **Requirement is complete**

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 X D - Distribution System	Sample Type: (Check Only One) <input checked="" type="checkbox"/> D - Routine Distribution <input type="checkbox"/> C* - Check: Same location as Positive "D" Sample <input type="checkbox"/> R* - Repeat: Within 5 connects of Positive "D" Sample <input type="checkbox"/> A - Additional Routine (month following positive "D") *IF THE SAMPLE TYPE IS "C" or "R": <input type="checkbox"/> "D" or "A" Positive "D" or "A" Positive Sample Date: / / Sample ID:

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: **1/13/25** (mm/dd/yyyy) Time: **10 : 37** a.m. p.m.

Address where sample was collected: **Above**

Monitoring Site ID: **8** Sample Tap Location (e.g. kitchen sink): **Water Refill Station**

First Initial and Last Name of Sampler: **B - Molarem** 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® Qua	Lab# 105-543 Chippewa County Public Health		
99191	Colilert®-18 Quantitray			/100 ML	98930	Colilert®-18 C	Date: 1/13/25	Time: _____	
99829	Colitag™			/100 ML	99828	Colitag™	Sample ID: 011325-02		
99961	Readycult®			/100 ML	99962	Readycult®			
99740	E*Colite®			/100 ML	99741	E*Colite®	Reported to PWS: 1/16/25		

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 #115036173.

