

NITRATE ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: **WHEATON BALL FIELD** PWS ID: **60913072**
DNR Contact: **KIARA MILLER (715)210-1046** Region: **6** Type: **TN**
System Address: **3900 38TH ST** City: **ELK MOUND** County: **CHIPPEWA**
Entry Point ID: **1** WI Unique Well No: **PX472** 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:

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: **9/19/25** (mm/dd/yyyy) Time: **2:51** a.m. p.m.

Address where sample was collected: **Above**

Monitoring Site ID: **Sample Tap** Sample Tap Location (e.g. kitchen sink): **Sample Tap** Sampler Phone:

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

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: **9/19/25** Time: **3:45** Lab Sample ID: **25-2570**

Signature of Receiving Lab Official: **Jill Scir** Date Reported to PWS: **SEP 11 2025**

Condition of Sample Upon Receipt: **13.4** **On ice**

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 #111940467.

NITRATE ANALYSIS System Name: WHEATON BALL FIELD

To be completed by the laboratory performing analysis. PWS ID: 60913072 Lab Sample ID: 25-2570

Storet
Code

630620 X NITRATE ASN

Parameter

NO₃ + NO₂

SDWA

Method

MDL

Results

MCL

Units

10

MG/L

Approved By: QA Officer:

Laboratory Manager:

Comments:

Anna Hylgen

Date:

SEP 11 2025

Date: