

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

DNR Contact: KIARA MILLER (715)210-1046

System Address: 3900 38TH ST

Entry Point ID: 1 WI Unique Well No: PX472

Region: 6 Type: TN

City: ELK MOUND

PWS ID: 60913072

County: CHIPPEWA

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

Address where sample was collected: Above

Monitoring Site ID: _____

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: _____

Date Sample Received: 9/9/25 Time: 3:45 Lab Sample ID: 25-2570

Signature of Receiving Lab Official: Julie Sch

Date Reported to PWS: SEP 11 2025

Condition of Sample Upon Receipt: 13.6 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. Refe ence 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	Parameter	SDWA Method	MDL	Results	MCL	Units
630620 <u>630620</u> X NITRATE AS N	NO3 <u>NO3 + NO2</u>	<u>10206</u>	<u>3.4</u>		<u>10</u>	<u>MG/L</u>

Approved By: QA Officer: Annakulger

Laboratory Manager: _____

Comments: _____

Date: SEP 11 2025

Date: _____