

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

Name: **WHEATON BALL FIELD**PWS ID: **60913072**Contact: **KIARA MILLER (715)210-1046**Region: **6** Type: **TN**System Address: **3900 38TH ST**City: **ELK MOUND**County: **CHIPPEWA**

Entry Point ID:

WI Unique Well No:

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 - Routine Distribution☐ C* - Check: Same location as Positive "D" Sample☐ R* - Repeat: Within 5 connects of Positive "D" Sample☐ A - Additional Routine (month following positive "D")☐ N - New Construction☐ I - Investigation☐ W - (Raw) Water

*IF THE SAMPLE TYPE IS "C" or "R":

"D" or "A" Positive

"D" or "A" Positive Sample Date: / /

Sample ID:

Special Instructions:

Collect Sample between: **1/1/2025** and **12/31/2025**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: **9/9/25** (mm/dd/yyyy) Time: **2 : 53** ☐ a.m. ☒ p.m.Address where sample was collected: **Above**

Monitoring Site ID:

Sample Tap Location (e.g. kitchen sink): **Water collection site**First Initial and Last Name of Sampler: **B - Moldrem**

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.

Storet	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**

Storet	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence		—	/100 ML
99190	Colisure® Presence/Absence			/100 ML
99192	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML
99829	Colitag™			/100 ML
99961	Readycult®			/100 ML
99740	E*Colite®			/100 ML

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Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence		—	/100 ML
98931	Colisure® Presence/Absence			/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. N.
Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a co
punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor mo
30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorizatio
Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purp.

Lab# 105-543 Chippewa County Public Health

Date: **9/10**Time: **9:50**Sample ID: **091025-04**Reported to PWS: **BJM**
Requirement #111940464