

BACTERIOLOGICAL 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: _____ 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: _____ |
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|---|--|--|
| Sample Source: (Location) _____ W - Well Source _____ E - Entry Point <input checked="" type="checkbox"/> D - Distribution System | Sample Type: (Check Only One) <input checked="" type="checkbox"/> 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") *IF THE SAMPLE TYPE IS "C" or "R": "D" or "A" Positive "D" or "A" Positive Sample Date: ____/____/____ Sample ID: _____ | _____ N - New Construction _____ I - Investigation _____ W - (Raw) Water |
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Special Instructions: _____
 Collect Sample between: 1/1/2024 and 12/31/2024 **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: 12/19/24 (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): well sample tap
 First Initial and Last Name of Sampler: K - Walters 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 | MGL |
| 50064 | CHLORINE FREE AVAIL FIELD | | | 4.0 | MGL |
| 50066 | COMBINED AVAILABLE CHLORINE | | | 4.0 | MGL |

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 | | | | |
|----------------|-------------------------------|-------------|--------|---------|--------|-------------------------------|-------------|--------|---------|
| Storet | Description | SDWA Method | Result | Units | Storet | 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® | | | |
| 99191 | Colilert®-18 Quantitray | | | /100 ML | 98930 | Colilert® | | | |
| 99829 | Colitag™ | | | /100 ML | 99828 | Colitag™ | | | |
| 99961 | Readycult® | | | /100 ML | 99962 | Readycult® | | | |
| 99740 | E*Colite® | | | /100 ML | 99741 | E*Coli | | | |

Lab# 105-543 Chippewa County Public Health
 Date: 12/19/24 Time: 1:40
 Sample ID: 121924-02
 Reported to PWS: BJM

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, State Drinking Water Regulations. 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 requirements 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 #104412244.



LABORATORY TEST RESULTS

DATCP Lab #001 DNR Lab #61801982

Mail To: CHIPPEWA COUNTY HEALTH DEPARTMENT
711 N BRIDGE ST ROOM 212
CHIPPEWA FALLS WI 54729

Owner Name: WHEATON BALL FIELD
Owner Address: 3900 38TH ST
Owner City_State_Zip: ELK MOUND WI 54739

Well Address: 3900 38TH ST
Sample Location: well sample tap
Collection Date: 12/19/2024 11:22:00 AM
Date Received: 12/19/2024 4:04:00 PM
Sample Identifier:

Lab Sample Number: 24-3571

| <i>Analysis</i> | <i>Result</i> | <i>Units</i> | <i>Drinking Water Advisory Level</i> | <i>Date_Time Analyzed</i> |
|--------------------------------|---------------|--------------|--|-------------------------------|
| NITRATE + NITRITE - HACH 10206 | 3.2 | mg/L | 10.0 | 12/20/2024 1:04:00 PM |

Results may not be used for Safe Drinking Water (SDWA) compliance sample requirements.

Additional information attached.

Date Reported: 12/20/2024 1:04:00 PM

Responsible Party:

Matt Steinbach, Environmental Sciences Manager

If you have questions or would like clarification on your test results, please contact the front desk at (715) 839-4718.
Si desea ayuda para entender este documento en español, por favor llame a Alicia (715) 271-8841.
Yog koj xav tau kev pab kom koj nkag siab tsab ntawv nov zoo, hais ua lus Hmoob, thov hu rau Eevnam Muas (715) 828-
6607

Notice: This form is used by Department of Natural Resources (DNR) staff and contracted county staff to complete annual site visits. Personal information collected will be used for administrative purposes and may be released to requesters to the extent required by Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.).

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|--|----------------------------|---------------------------|
| System Name <i>Whoston Borehole</i> | PWSID # <i>60913072</i> | County <i>Chippewa</i> |
|--|----------------------------|---------------------------|

SECTION A - RECENT CHANGES

Have any of the following occurred in the last year? Yes No NA

- Changes in nearby land use activity/potential new contamination sources (blasting, fire suppression, land spreading, septic issues)
- Visible indicators of unsanitary conditions (vermin, animal waste, chemicals)
- Other _____

SECTION B - SURVEY OF WATER SYSTEM ELEMENTS (Potential Sanitary Defects)

Element 1 – Source Issues? Yes No NA

- Conduit damaged/missing
- Floodwater/runoff ponding/topped well
- Grout or seal around well damaged
- Vent damaged/unscreened
- Well casing damaged/corroded
- Well cap/well seal damaged
- Openings through well-cap not watertight (bolts/wires/lines)
- Other _____

Element 2 – Pumps, Pump Facilities & Control Issues? Yes No NA

- Noncomplying flowing well piping
- Piping leak/ponding/wet along buried piping
- Non-complying well/entry point sampling faucet
- Other _____

Element 3 – Storage Issues? Yes No NA

- Pressure not holding
- Tank deterioration, rust, holes
- Other _____

Element 4 – Treatment Issues? Yes No NA

- Broken part(s) system malfunction
- Filter(s) or brine tank not cleaned/ maintained
- Other _____

Element 5 – Distribution System Issues /Cross Connections? Yes No NA

- Air gaps missing
- Dead-end plumbing lines/devices not in use
- Leaking distribution piping
- Vacuum breaker/backflow protection device missing or device required testing not current
- Improper sample collection sites/procedures
- Other _____

SECTION C - DESCRIPTION OF CORRECTIVE ACTION (if required)*

- no changes other than water fill site added to the well for a public water source

*Attach additional documentation and photos if needed **Corrective Action Due Date** _____

| | | |
|--|------------------------|--|
| Name of person completing form <i>[Signature]</i> | Agency <i>CCDPH</i> | Date assessment completed <i>12/19/23</i> |
|--|------------------------|--|

X _____ **X**
 Signature of person certifying completed corrective action Date Corrective Action Completed

OTHER