

BACTERIOLOGICAL ANALYSIS (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Rev. 10/17

Take 3 Samples per Month

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

System Name: CRUISE INN SPRING CREEK TAVERN System Type: MC ☐ NN ☐ OC ☐ TN ☒ X
System Address: 83966 CTY RD F City: BUTTERNUT County: 2 - Ashland Region: 7
WS ID#: 80204938 DNR Contact: CHRISTIAN MARTINEZ (715) 685-0430

Sampler Phone/Name Address (Notify DNR Contact of Corrections)
(715) 682-7004

ASHLAND CO HEALTH DEPARTMENT
630 SANBORN AVE
ASHLAND WI 54806

Sampler

If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy):

Fax number: _____
E-mail: _____

Sample Source (location):

☒ D - Distribution System
☐ W - Well/Source

Sample Type (check only one)

☐ D - Routine Distribution ☐ N - New Construction
☐ C* - Check: Same location as Positive "D" Sample ☐ I - Investigation
☐ R* - Repeat: Within 5 connects of Positive "D" Sample ☐ W - (Raw) Water
☒ A - Additional Routine (month following positive "D") WI Unique Well No: _____
Entry Point ID: _____

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

"D" or "A" Positive Sample Date: ____/____/____ "D" or "A" Positive Sample ID: _____

Special Instructions:

Collect sample between: 10/01/17 and 10/31/17

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: 10/16/2017 Time: 1:30 ☒ a.m.
mm dd yyyy

Address where sample was collected (example: 114 Water Street): 83966 Cty Rd 7

Approved Monitoring Point ID: _____

Location of sample tap

(example: "Laundry Tap"): Bar Sink Tap

Name of Sampler: Chris Tyndall

Sampler Phone: 715-682-7028

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 Code	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064	CHLORINE FREE AVAIL			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 Code	Description	SDWA Method	Result	Units
9060	Colilert® Presence/Absence			/100 ML
9190	Colisure® Presence/Absence		<u>absent</u>	/100 ML
9192	Colisure® Quantitray			/100 ML
9189	Colilert®-18 Presence/Absence			/100 ML
9742	MI Agar			/100 ML
9118	Colilert® Quantitray			/100 ML
9191	Colilert®-18 Quantitray			/100 ML
9829	Colitag™			/100 ML
9961	Readycult®			/100 ML
9740	E*Colite®			/100 ML

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Storet Code	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence		<u>absent</u>	/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
9743	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

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SAFE