



Northern Lake Service, Inc • 400 N Lake Ave • Crandon, WI 54520
800-278-1254 • www.nlslab.com

October 13, 2023

Michael Nowak
CTW Corporation
21500 West Good Hope Road
Lannon, WI 53046

Project: Prairie Village Water Trust
Project Number: 2023 WDNR Drinking Water Requirements
Work Order: WB06342
Received: 10/03/23
PWS ID: 26802776

Enclosed are the results of analyses for samples received by our laboratory on 10/3/2023. If you have any questions concerning this report, please feel free to contact a client service representative at clientservices@nlslab.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Priebe".

Tom Priebe For Client Services-w
Northern Lake Service, Inc.



CTW Corporation
21500 West Good Hope Road
Lannon, WI 53046

Project: Prairie Village Water Trust
Project Number: 2023 WDNR Drinking Water Requirements
Project Manager: Michael Nowak

Reported:
10/13/23 12:51

Work Order:
WB06342

Sample Summary

Descriptions of all qualifiers listed throughout this report can be found on the Qualifiers and Definitions Page.

Lab ID	Sample	Matrix	Sample Type	Qualifiers	Date Sampled	Date Received
WB06342-01	EP 3 (PFAS) Prairie Village Water Trust	DW			10/2/23 18:46	10/3/23 8:45
WB06342-02	EP 3 Field Blank (PFAS)	DW			10/2/23 18:46	10/3/23 8:45
WB06342-03	EP200 (NO3) Prairie Village Water Trust	DW			10/2/23 18:09	10/3/23 8:45
WB06342-04	EP3 (NO3)	DW			10/2/23 18:33	10/3/23 8:45



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Sample Results

Sample: EP 3 (PFAS) Prairie Village Water Trust
WB06342-01 (DW) Sampled: 10/02/23 18:46

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Lab Cert Code
Semi-Volatiles											
11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND		0.32	1.0		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
9-chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9Cl-PF3ONS)	ND		0.35	1.1		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND		0.38	1.2		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
hexafluoropropylene oxide dimer acid (HFPO DA)	ND		0.42	1.4		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND		0.48	1.6		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
n-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND		0.41	1.3		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorobutanesulfonic acid (PFBS)	4.8		0.31	1.0		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorodecanoic acid (PFDA)	ND		0.34	1.1		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorododecanoic acid (PFDoA)	ND		0.23	0.79		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluoroheptanoic acid (PFHpA)	1.6		0.45	1.5		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorohexanoic acid (PFHxA)	2.9		0.48	1.6		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorohexanesulfonic acid (PFHxS)	3.8		0.35	1.1		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorononanoic acid (PFNA)	0.51	J	0.47	1.5		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorooctanoic acid (PFOA)	3.8		0.50	1.6		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorooctanesulfonic acid (PFOS)	16		0.32	1.0		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorotetradecanoic acid (PFTA)	ND		0.35	1.1		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluorotridecanoic acid (PFTrDA)	ND		0.44	1.4		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
perfluoroundecanoic acid (PFUnA)	ND		0.31	1.0		ng/L	10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) C13-PFHxA	100%		Limits: 70-130%				10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) C13-HFPODA	96%		Limits: 70-130%				10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) C13-PFDA	98%		Limits: 70-130%				10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) d5-NEtFOSAA	91%		Limits: 70-130%				10/9/23 5:36	10/9/23 23:41	RAW	EPA 537.1, Rev 2.0	2



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Sample: EP 3 Field Blank (PFAS)

WB06342-02 (DW) Sampled: 10/02/23 18:46

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Lab Cert Code
Semi-Volatiles											
11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND		0.31	1.0		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
9-chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9Cl-PF3ONS)	ND		0.34	1.1		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND		0.37	1.2		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
hexafluoropropylene oxide dimer acid (HFPO DA)	ND		0.41	1.4		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND		0.47	1.6		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
n-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND		0.40	1.3		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorobutanesulfonic acid (PFBS)	ND		0.30	1.0		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorodecanoic acid (PFDA)	ND		0.33	1.1		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorododecanoic acid (PFDoA)	ND		0.23	0.77		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluoroheptanoic acid (PFHpA)	ND		0.44	1.5		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorohexanoic acid (PFHxA)	ND		0.47	1.6		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorohexanesulfonic acid (PFHxS)	ND		0.34	1.1		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorononanoic acid (PFNA)	ND		0.46	1.5		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorooctanoic acid (PFOA)	ND		0.49	1.6		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorooctanesulfonic acid (PFOS)	ND		0.31	1.0		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorotetradecanoic acid (PFTA)	ND		0.34	1.1		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluorotridecanoic acid (PFTTrDA)	ND		0.43	1.4		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
perfluoroundecanoic acid (PFUnA)	ND		0.30	1.0		ng/L	10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) C13-PFHxA	101%		Limits: 70-130%				10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) C13-HFPODA	96%		Limits: 70-130%				10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) C13-PFDA	102%		Limits: 70-130%				10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2
Surrogate: (SURR) d5-NEtFOSAA	90%		Limits: 70-130%				10/11/23 5:17	10/11/23 20:09	RAW	EPA 537.1, Rev 2.0	2

Sample: EP200 (NO3) Prairie Village Water Trust

WB06342-03 (DW) Sampled: 10/02/23 18:09

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Lab Cert Code
Wet Chemistry											
Nitrogen, NO2 + NO3 as N (unfiltered)	4.9		0.10	0.34	10	mg/L	10/5/23 8:24	10/5/23 12:55	AMR	4500-NO3 F-2000	2



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Sample: EP3 (NO3)

WB06342-04 (DW) Sampled: 10/02/23 18:33

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Lab Cert Code
Wet Chemistry											
Nitrogen, NO2 + NO3 as N (unfiltered)	5.9		0.10	0.34	10	mg/L	10/5/23 8:24	10/5/23 12:56	AMR	4500-NO3 F-2000	2



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List of Certifications

Code	Description	Number	Expires
2	NLS (Crandon) WDNR Laboratory ID No.	721026460	8/31/24



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Work Order:
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Qualifiers and Definitions

Item	Definition
J	Result is between LOD and LOQ and considered to be within a region of less-certain quantitation.
ND	Analyte NOT DETECTED at or above the LOD or MRL.
LOD	Limit of Detection.
LOQ	Limit of Quantitation.
NA	Not Applicable.
Dry	Dry Weight Basis.
Wet	Wet Weight Basis.
% Dry	Equal to: $(\text{mg/kg dry}) / 10000$.
1000 ug/L	Equal to: 1 mg/L.
MCL	Maximum Contaminant Levels for Drinking Water Samples. Shaded results indicate >MCL.
RPD	Relative Percent Difference.
%REC	Percent Recovery.
Source	Sample that was matrix spiked or duplicated.

All LOD/LOQs adjusted to reflect preparation volumes, dilutions, and/or solids content.

PFAS ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: **PRAIRIE VILLAGE WATER TRUST**

PWS ID: **26802776**

DNR Contact: **Thanintr Ratarasarn (262)765-0912**

Region: **2** Type: **MC**

System Address:

City: **NORTH PRAIRIE**

County: **WAUKESHA**

Entry Point ID: **3**

WI Unique Well No: **GM783**

Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (414)303-3875 CTW CORP MICHAEL NOWAK 21500 WEST GOOD HOPE ROAD LANNON WI 53046		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) <input type="checkbox"/> W - Well Source <input checked="" type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	Sample Type: (Check Only One) <input checked="" type="checkbox"/> D - Compliance Sample <input type="checkbox"/> C - Confirmation Sample <input type="checkbox"/> I - Investigation Sample <input type="checkbox"/> W - Raw Water Sample		

Special Instructions:

Collect Sample between: **10/1/2023** and **12/31/2023**

Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)

Sample Collection Date: **10/02/2023** (mm/dd/yyyy) Time: **18:46** a.m. p.m.

Address where sample was collected: **KARIN DR OUTLOT 1**

Monitoring Site ID: **E-3** Sample Tap Location (e.g. kitchen sink): **ENTRY POINT SAMPLE TAP**

First Initial and Last Name of Sampler: **M. NOWAK**

Sampler Phone: **262-253-6613**

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.

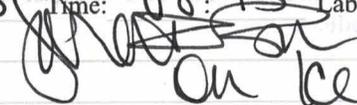
Laboratory ID:

Laboratory Name:

Date Sample Received: **10/3/23**

Time: **18:45**

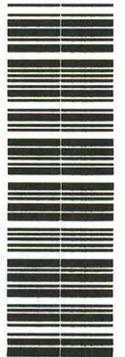
Lab Sample ID: **WB06342-01 to 04**

Signature of Receiving Lab Official: 

Date Reported to PWS: **/ /**

Condition of Sample Upon Receipt: **On Ice 0.6°C**

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinki 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 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 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. 2 Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose. Reference Requirement #9659



WB06342

PFAS ANALYSIS System Name: **PRAIRIE VILLAGE WATER TRUST**

To be completed by the laboratory performing analysis. PWS ID: **26802776** Lab Sample ID:

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
* 99597	X PFOA				70	NG/L
* 99598	X PFOS				70	NG/L
97433	11-CHLOROEICOSAFLUORO-3-OXAUNDECANE-1-SULFONIC ACID					NG/L
97434	4,8-DIOXA-3H-PERFLUORONONANOIC ACID					NG/L
97415	4:2 FLUOROTELOMER SULFONIC ACID					NG/L
97414	6:2 FLUOROTELOMER SULFONIC ACID					NG/L
97413	8:2 FLUOROTELOMER SULFONIC ACID					NG/L
97432	9-CHLOROHEXADECAFLUORO-3-OXANONANE-1-SULFONIC ACID					NG/L
97435	HEXAFLUOROPROPYLENE OXIDE DIMER ACID					NG/L
97436	N-ETHYL PERFLUOROOCTANESULFONAMIDO-ACETIC ACID					NG/L
97437	N-METHYL PERFLUOROOCTANESULFONAMIDO-ACETIC ACID					NG/L
99987	PERFLUORO-N-BUTANESULFONIC ACID					NG/L
99991	PERFLUORO-N-BUTANOIC ACID					NG/L
99996	PERFLUORO-N-DECANOIC ACID					NG/L
99998	PERFLUORO-N-DODECANOIC ACID					NG/L
99989	PERFLUORO-N-HEPTANESULFONIC ACID					NG/L
99994	PERFLUORO-N-HEPTANOIC ACID					NG/L
99988	PERFLUORO-N-HEXANESULFONIC ACID					NG/L
99993	PERFLUORO-N-HEXANOIC ACID					NG/L
99995	PERFLUORO-N-NONANOIC ACID					NG/L
99992	PERFLUORO-N-PENTANOIC ACID					NG/L
99924	PERFLUORO-N-TETRADECANOIC ACID					NG/L
99923	PERFLUORO-N-TRIDECANOIC ACID					NG/L
99997	PERFLUORO-N-UNDECANOIC ACID					NG/L
97425	PERFLUOROPENTANESULFONIC ACID					NG/L
95507	NONAFLUORO-3,6-DIOXAPHEPTANOIC ACID					NG/L
95504	PERFLUORO(2-ETHOXYETHANE)SULFONIC ACID					NG/L
95501	PERFLUORO-4-METHOXYBUTANOIC ACID					NG/L
95498	PERFLUORO-3-METHOXYPROPANOIC ACID					NG/L

***The full suite of PFAS contaminants listed under EPA Method 537.1 or EPA Method 533 must be analyzed as part of the perfluoro-n-octanoic acid (PFOA) and perfluoro-n-octanesulfonic acid (PFOS) analysis. Any detection of any other PFAS contaminant identified as part of the analysis must also be reported to the DNR as specified under NR 809.207(2), Safe Drinking Water, Wis. Adm. Code.**

By: QA Officer:

Date:

Laboratory Manager:

Date:

Comments:

NITRATE ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: **PRAIRIE VILLAGE WATER TRUST** PWS ID: **26802776**
DNR Contact: **Thanintr Ratarasarn (262)765-0912** Region: **2** Type: **MC**
System Address: **200** City: **NORTH PRAIRIE** County: **WAUKESHA**
Entry Point ID: **3** WI Unique Well No: ~~**GM783**~~ Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (414)303-3875 CTW CORP MICHAEL NOWAK 21500 WEST GOOD HOPE ROAD LANNON WI 53046	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) <input type="checkbox"/> W - Well Source <input checked="" type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	Sample Type: (Check Only One) <input checked="" type="checkbox"/> D - Compliance Sample <input type="checkbox"/> C - Confirmation Sample <input type="checkbox"/> I - Investigation Sample <input type="checkbox"/> W - Raw Water Sample
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Special Instructions: _____
Collect Sample between: **10/1/2023** and **12/31/2023**

Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)

Sample Collection Date: **10/02/2023** (mm/dd/yyyy) Time: **18 : 09** a.m. p.m.
Address where sample was collected: **307/317 STATE RD**
Monitoring Site ID: **E-200** Sample Tap Location (e.g. kitchen sink): **TAP ON PIPE PRIOR TO DISTRIBUTION**
First Initial and Last Name of Sampler: **M- NOWAK** Sampler Phone: **262-253-6613**

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: _____ Laboratory Name: _____
Date Sample Received: ____ / ____ / ____ Time: ____ : ____ : ____ Lab Sample ID: _____
Signature of Receiving Lab Official: _____ Date Reported to PWS: ____ / ____ / ____
Condition of Sample Upon Receipt: _____

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 #92358688.

NITRATE ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: PRAIRIE VILLAGE WATER TRUST PWS ID: 26802776
DNR Contact: Thanintr Ratarasarn (262)765-0912 Region: 2 Type: MC 
System Address: 3 City: NORTH PRAIRIE County: WAUKESHA
Entry Point ID: ~~200~~ WI Unique Well No: G1783 Note: System Chlorinates.

Sampler Contact Info: (Notify DNR Contact of Corrections) (414)303-3875 CTW CORP MICHAEL NOWAK 21500 WEST GOOD HOPE ROAD LANNON WI 53046	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)	Sample Type: (Check Only One)
<input type="checkbox"/> W - Well Source	<input checked="" type="checkbox"/> D - Compliance Sample
<input checked="" type="checkbox"/> E - Entry Point	<input type="checkbox"/> C - Confirmation Sample
<input type="checkbox"/> D - Distribution System	<input type="checkbox"/> I - Investigation Sample
	<input type="checkbox"/> W - Raw Water Sample

Special Instructions: _____
Collect Sample between: 10/1/2023 and 12/31/2023

Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)

Sample Collection Date: 10/02/2023 (mm/dd/yyyy) Time: 18 : 33 a.m. p.m.
Address where sample was collected: KARIN DR OUTLOT 1
Monitoring Site ID: E-3 Sample Tap Location (e.g. kitchen sink): ENTRY POINT SAMPLE TAP
First Initial and Last Name of Sampler: M-Nowak Sampler Phone: 262-253-6013

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: _____ Laboratory Name: _____
Date Sample Received: ___ / ___ / ___ Time: ___ : ___ Lab Sample ID: _____
Signature of Receiving Lab Official: _____ Date Reported to PWS: ___ / ___ / ___
Condition of Sample Upon Receipt: _____

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 #92359738.

NITRATE ANALYSIS System Name: PRAIRIE VILLAGE WATER TRUST

To be completed by the laboratory performing analysis. PWS ID: **26802776** Lab Sample ID:

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
620 X	NITRATE AS N				10	MGL

Sample Location	Sample Date	Sample Time	Sample ID	Sample Description

Section 1: [Faint text, likely a header or introductory paragraph]

Section 2: [Faint text, likely a description of the sample or method]

Section 3: [Faint text, likely a list of results or observations]

Section 4: [Faint text, likely a conclusion or summary]

Approved By: QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____