

TRIAZINE ANALYSES

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: _____ PWS ID: _____
DNR Contact: _____ Region: ___ System Type: MC NN OC TN
System Address: _____ City: _____ County: _____
Entry Point ID: _____ WI Unique Well No: _____ Note: _____

Sampler Contact Info: (Notify DNR Contact of Corrections)	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 type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	Sample Type: (Check Only One) <input 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: _____ and _____

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

Sample Collection Date: ___ / ___ / ___ (mm/dd/yyyy) Time: ___ : ___ a.m. p.m.
Address where sample was collected: _____
Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink): _____
First Initial and Last Name of Sampler: ___ - _____ Sampler Phone: _____

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 #9534831.

TRIAZINE ANALYSES System Name: _____

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

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
46492	TRIAZINE SCREEN					UG/L

Approved By: QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____