




State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

MEMO

**BRRTS  
Duplicate**

To: File  
From: Liz Victor   
Date: August 3, 2017  
Site Name/BRRTS: Kewaunee Marsh Arsenic Spill (02-31-000508)  
Re: Field Activities Report for May 10, 2017

**Who:** Liz Victor, Rick Joslin, Cheryl Bougie, DNR NER

**Purpose of Field Visit:** Groundwater Monitoring Event

**Special Equipment:** DNR's Canon Powershot SX 210 IS

**Scope of Work for Field Visit:**

- Collect water levels from as many wells as possible
- Collect groundwater samples from select wells (see attached Proposed Groundwater Monitoring Plan 2017)

**Work Performed:** The sampling event was broken into 5 sample groups based on location. Well Specific Field Sheets (attached) filled in with pertinent information prior to mobilization for each sample groups. All field data was to be entered into the field sheets during the sampling event. Victor and Bougie began sampling at the farthest groups. Joslin began sampling the closest sampling group. This was done for ease of carrying equipment. The last sampling group was done by all field staff. Sampling methodology is documented in the attached Groundwater Sampling Field Procedures Documentation form.

**Comments:**

- Did not collect groundwater elevation data east of the fence. These wells were too difficult to access in the time available.
- GW01-2, GW01-3, GW01-7, GW01-8 and GW01-9 were purged based on being 1.5 inch diameter wells. These wells are actually 2 inch diameter wells. Although these wells were under purged, they do not have sand packs and purged dry before sampling. Results from these wells likely represent acquirer conditions.
- Two separate water level meter were used. At MW02-8i, Rick's meter read 2.22 ft to groundwater and Liz's meter read 2.20 ft. Rick's data needs to be adjusted prior to entry in the data tables.
- The sample container for MW11-1 (located in 2011 treatment area) was bulging and had foam. EAV let gas out of bottle. Joslin reported foam and bubbles while bailing. Possible residual hydrogen peroxide?

**Data Collected:** The collected data is attached.

**Remaining Tasks to be completed/other:**

- Need a GPS reading on the new staff gauge.
- GPS Coordinates should be taken at GW01-4 and GW01-8
- Lower portion of staff gauge will need to be installed when river is lower.
- Need to note on monitoring well construction table that the GW series wells are 2 inch diameter

**Attachments:**

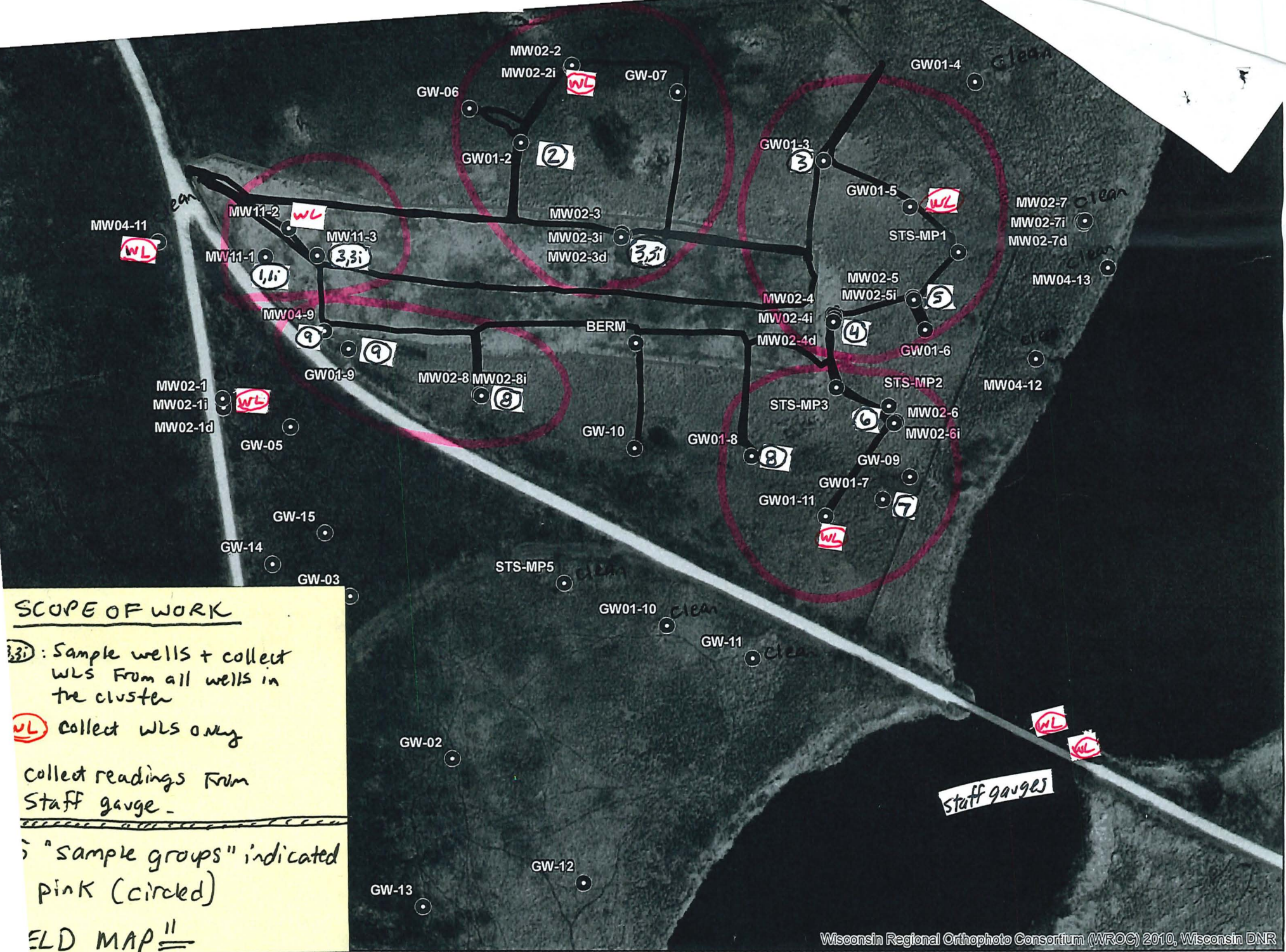
- Proposed Groundwater Monitoring Plan 2017 and site map.
- Field Notes, 05/10/2017
- Groundwater Sampling Field Procedures Documentation
- Well Specific Field Sheets
- Photo Log for photos taken 05/10/17
- Test Request Forms, Chain of Custody, and Arsenic analytical reports for SW17-1 and SW17-2

## Proposed Groundwater Monitoring Plan 2017

Monitoring Point	Last sample	Sample	Position	2017 Comments
GW01-2		X	cross	concentrations increased after 2012
GW01-3		X	cross/down	concentrations increased after 2010
GW01-7		X	down	concentrations increasing??
GW01-8		X	down	concentrations increasing
GW01-9		X	cross	concentrations increasing
MW02-1			up	clean well
MW02-2			cross	clean well
MW02-3		X	under cap	concentrations increasing after 2012
MW02-4		X	down	impacted well. Concentrations fluctuating
MW02-5		X	down	impacted well. Concentrations fluctuating
MW02-6		X	down	impacted well. Concentrations fluctuating
MW02-7	2013		down	clean hard to sample because of location
MW02-8		X	cross	concentrations increasing
MW04-9		X	edge of cap	concentrations decreasing
MW04-11			up	always clean - hard to sample
MW04-12	2014		down	always clean - hard to sample, near N. Slough
MW04-13	2013		down	always clean
MW11-1		X	under cap	within treated area
MW11-2			under cap	within treated area
MW11-3		X	under cap	directly downgradient of treated area
MW02-1i	2014		upgradient	consistently <1/2 mcl
MW02-2i	2013		cross	consistently <1/2 mcl
MW02-3i	2013	X	under cap	<mcl > 1/2 mcl
MW02-4i	2013		down	>1/2 mcl pre hotspot, <1/2 mcl post hotspot remedy
MW02-5i	2015		down	pre-remedy decreasing, post remedy >10Xmcl
MW02-6i	2013		down	clean
MW02-7i	2013		down	consistently <1/2 mcl
MW02-8i	2013		cross	pre hotspot remedy >1/2mcl, post hotspot remedy, <1/2 mcl
MW11-1i	2014	X	under cap	Hot consistently >100 X mcl
MW11-3i	2014	X	under cap	directly downgradient of treatment area consistently >100 X mcl
MW02-1d	2014		up	usually below 1/2 mcl, last event > w.2 mcl
MW02-3d	2013		under cap	consistently <1/2 mcl
MW02-4dr	2013		down	>1/2 mcl through 2010, >mcl post 2010
MW02-7d	2013		down]	always below 1/2 mcl

16 samples plus 2 duplicates

Note: GW series wells were not abandoned because of the increasing concentrations. These wells should be abandoned when no longer needed.



SCOPE OF WORK

3i: Sample wells + collect WLS from all wells in the cluster

WL collect WLS only

collected readings from Staff gauge.

sample groups indicated pink (circled)

ELD MAP

(22)

4:52 pm: LEAVE SITE

6:50 pm: ARRIVE IN Fond du Lac

(23)

May 10, 2017

Groundwater Sampling

- Liz V. Rick 7, Cheryl B.

8:50 - Arrive at site. Cheryl  
is behind me.

- Walk to First Row of  
Samples

First photos of stressed veg.

Waypoint named as site.

→ forgot to set point.

Sample E. Side of  
marsh.

12:30 - break for lunch

(Rick showed up around  
10:00 am - set him up  
on same area sampling.)

1:00 - done w/ lunch.

- Liz & Cheryl sample  
wells No. 1 Cap.

- Rick sample takes w/CS  
in all other wells

- Last sampling group  
S. Group sampled by

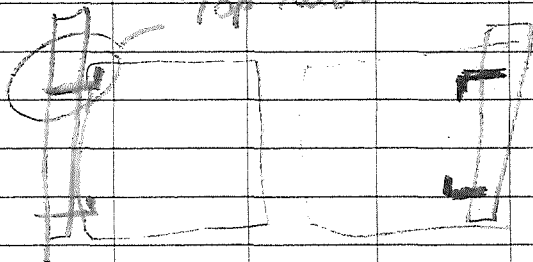
- All 3 if us  
- 3:07 - done sampling  
Last well.

(24)

PAUSE UP, LOCK gates,

- Main Gate to site (Kuehl property) was off its hinges - we put it back on but it is still not correct

Top needs to be fixed down.



3:45 - Lu site.

\* Note = Sample container for MW11-1 was bulging & had foam - let gas get, foam must have been gas bubbles.

MW11 wells were very dark in color - Rick had problems w/ WL meter - he had to set the

(25)

Sensitivity V. Low.

\* We inadvertently under bailed the GW01 wells - used 1.5" diameter calc. instead of 2" dia calc. Wells have no filter pack so we probably have fresh H<sub>2</sub>O.

EWAV



Completed by Liz Victor

Date 5/12/17

Form Filled out on this date

### GROUNDWATER SAMPLING FIELD PROCEDURES DOCUMENTATION

Facility/Project Name: Keweenaw Marsh Date: 5/10/17

Section/Grid Location or Address: \_\_\_\_\_

Facility Type: BRRTS CASE 02-31-000508 License/Permit #: \_\_\_\_\_

DNR Regulatory Program: RE R Program - NE Region

Weather (temp., cloudiness, bar. pres., wind): High of ~54, windy (gusts 13mph), 30" pressure Sunny (rain ~~and~~ in evening)

Persons Sampling and Title: Liz Victor - sampler & WLS - DNR RR.  
Cherly Bongie - note taker & Acidification - DNR - ~~water~~  
Rick Joslin - sampler & WLS, note taker & acidification - DNR RR

Water Level Equipment (type, model): Liz - slope Indicator # \_\_\_\_\_ Rick - SI # \_\_\_\_\_

Purging Equipment (type, model, material): Purged with disposable, unweighted bailers. Voss String = used weed eater cord.

Purging Method (4 well vol. or stabilization): "4 well volumes" method

How Purge Volume Measured? (eg., calibrated bucket): calibrated bucket

Sample Collection Equipment (type, model, material): Same bailer as purging

Method of Sample Withdrawal (bottom emptying device, low flow): Same bailer as purging.

Type of Transfer Containers: NONE

Filtering Equipment (type, material): \_\_\_\_\_

Filter Membrane (type, pore size): NONE

When Were Samples Sent to Lab? May 13, 2015 - ~7:30 AM

What Lab Were the Samples Sent to? State Lab of Hygiene, Madison, WI.

Were Enforcement Samples Sent? NIA

How Were Samples Kept Cool (ice, other)? \_\_\_\_\_

Equipment Decontamination Procedures? disposable bailers - no decon. slope Indicator: alconox (D.I. water wash (spray bottles) between readings.

Decontamination Water Disposal? Discharged next to wells in contaminated area.

pH Meter (type, model): NONE

Person calibrating: \_\_\_\_\_

Frequency calibrated: \_\_\_\_\_

Calibration procedures (buffers used): \_\_\_\_\_

Problems with meter: \_\_\_\_\_

Conductivity Meter (type, model): NONE

- See Reverse side for notes:

## Notes Re: Sampling methods used:

- Wells were purged by bailing. Used 4 well volume method. Most wells purged nearly dry. At this point, wells were left  $\pm$  5 minutes with bailer raised above WT and (above well). After 5 minutes, bailer was used to collect water.
- Water was poured from top of bailer into sampling containers (250ml plastic).
- Samples were immediately acidified using  $\text{HNO}_3$  supplied by lab. pH was not measured.
- Samples were placed on ice within a couple hours of collection (difficult access to wells)
- GW01-7, GW01-8, GW01-3, & GW01-2/~~GW01-2~~ were accidentally labeled as 1.5" diameter wells. This was not caught immediately in the field. They were purged using the 1.5" dia calculation so were not purged the full 4 well volumes. All these wells except GW01-7 were bailed nearly dry. There are no well packs - these wells were all pushed. Because of this & the fact that they bailed dry I ~~was~~ feel comfortable that fresh formation water was sampled.

**WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS**

Facility/Project Name: Kewaunee Marsh

Sampling Date(s): 5/10/17

BRRTS No. 02-31-000508

Person(s) Sampling: Liz Victor

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-6	JP205	7.87	2.59	5.28	2.11	5-10-17	10:32	10:37	10:40	2.11

Comments: Sample clear light yellow. Good recharge.

5/5/14: 1.64 mg/L

WL: MW02-6i: 3.00

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
GW01-7	—	4.90	1.70	3.20	1.28	5-10-17	10:46	10:55	10:56	1.28

Comments: 1.5" diameter well. Surface H<sub>2</sub>O 1.72 Depth outside the well casing. Good recharge. Sediment in bottom of well bailed clear - light yellow.

5/5/14: 474 mg/L

WL: GW01-11: 3.03

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
GW01-8	—	4.94	1.60	3.34	1.34	5-10-17	10:12	10:18	10:29	1.34

Comments: 1.5" dia well. Sample clear light yellow - small black particles present. Surface H<sub>2</sub>O Depth outside too shallow to obtain level. Sediment in bottom of well - very dark sediment. Waited a few minutes for sampling to allow sediment to settle.

5/5/14: 1.58 mg/L

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing  
gal: gallon  
vol: volume

2 inch Diameter Well Volume in Gallons: 1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft  
4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft

1.5" dia well Vol. in Gallons: 4 vols = Water Column (ft) x .40 gal / ft.  
(Sheet \_\_\_ of \_\_\_)



**WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS**

Facility/Project Name: Kewaunee Marsh

Sampling Date(s): 5/10/17

BRRTS No. 02-31-000508

Person(s) Sampling: Liz Victor

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-4	PK191	7.95	2.78	5.17	3.62	5-10-17	11:02	11:20	11:25	3.62

Comments:

good recharge  
Clear Sample - yellow - (light) Sample

S/5/14 : 3.33 mg/L

WL: MW02-4i : 2.84

WL: MW02-4d : 1.46

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-5	PK203	7.75	2.52	5.23	3.66	5-10-17	11:35	11:42	11:43	3.66

Comments: collect duplicate

Sample is sediment free + clear, light yellow.  
Recharge is good.

S/5/14 : 1.81 mg/L

WL: MW02-5i : 2.81

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-5du	—	—	—	—	—	5-10-17	11:35	11:42	11:44	—

Comments: MW02-5du is a duplicate of MW02-5

Sample is sediment free & clear, light yellow.  
Recharge is good.

WL: GW01-5 : 1.46

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing      gal: gallon      vol: volume  
2 inch Diameter Well Volume in Gallons:      1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft  
4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft



WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS

Facility/Project Name: Kewaunee Marsh

Sampling Date(s): 5/10/17

BRRTS No. 02-31-000508

Person(s) Sampling: RICK JOSLIN

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW11-3	PA 269	9.55	3.44	6.11	4.3	5/10/17	1108	1130	1130	6.5
Comments: Well will purge dry → quick recharge odor: None to slight organic color: clear w/ brown tint Turb: slight										

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW-113i	PA 270	14.80	3.53	11.27	7.9	5/10/17	1132	1145	1145	4.5
Comments: Well will purge dry → <sup>slow</sup> recharge odor: Organic color: brown Turb: Mod Bailed Dry @ 4.5 gals										

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW11-1	PA 266	9.40	3.69	5.71	4.0	5/10/17	1200	1220	1220	1.5
Comments: Well purged Dry after 1.0 gals for recharge Remove ~ 0.5 gals → slow recharge color: Brown/orange odor: Organic Turb: Slight to None Foam/bubbles white Bailing Bailed Dry @ 1.5 gals										

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing

gal: gallon

vol: volume

2 inch Diameter Well Volume in Gallons: 1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft  
 4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft

WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS

Facility/Project Name: Kewaunee Marsh

Sampling Date(s): 5/10/17

BRRTS No. 02-31-000508

Person(s) Sampling: Ride Joslin

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW11-1i	PA267	14.50	3.77	10.73	7.5	5/10/17	1225	1315	1315	2.25
Comments: Well bails dry after 2 gals → let recharge remove ~0.25 gals Color: clear w/ brown tint Odor: None Turb: None to slight Bailed Dry @ 2.25 12:45										

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
Comments: <u>WATER LEVELS:</u> MW11-2: <u>3.82</u> MW02-1: <u>4.33</u> cannot locate MW04-11: <u>1.93</u> MW02-1i: <u>4.00</u> MW02-1d: <u>3.77</u> If time: WLS: GW01-1 2.26										

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
Comments: <u>STAFF GAUGES:</u> collected WLS. MW04-9: <u>2.42</u> 4.90 see photo. GW01-9: <u>2.30</u> MW02-8: _____ MW02-8i: _____										

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing  
 gal: gallon  
 vol: volume

2 inch Diameter Well Volume in Gallons: 1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft  
 4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft

**WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS**

Facility/Project Name: Kewaunee Marsh

Sampling Date(s): 5/10/17

BRRTS No. 02-31-000508

Person(s) Sampling: Liz Victor

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
GW01-2	—	4.90	2.15	2.75	1.1	5-10-17	13:55	13:57	14:02	1.1
Comments: 1.5" diameter well Sediment in bailer - bailed dry after 1/2 gallon waited 5 mins prior to sample collection. Slight sedimentation in sample - light yellow color <span style="float: right;">5/5/14: .675 mg/L</span>										

WL: GW01-2: same (above)

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-3	JY960	7.98	3.63	4.35	1.74	5-10-17	13:25	13:30	13:32	1.74
Comments: good recharge - sample clear light yellow <hr/> WL: MW02-2: <u>2.85</u> WL: MW02-2: <u>2.49</u> <span style="float: right;">5/5/14: 1.1 mg/L</span>										

WL: MW02-3d: 2.77

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-3	PK-201	12.83	3.67	9.16	3.66	5-10-17	13:35	13:40	13:45	3.66
Comments: good recharge - sample bailed dry after 1/2 gallons sit 5 mins prior to sample collection / sample very clear, light yellow. <span style="float: right;">Clean</span>										

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing

gal: gallon

vol: volume

2 inch Diameter Well Volume in Gallons: 1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft

4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft

1.5" dia wells 4 vols = H<sub>2</sub>O Column (ft) x .40 gal/ft.

WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS

Facility Project Name: Kewaunee Marsh

Sampling Date(s): 5-10-17

BRRTS No. 02-31-000508

Person(s) Sampling: Liz Victor + Rick Joslin

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-8	PK 262	6.55	1.95	Liz 4.6	3.22	5-10-17	15:00	16:07	15:13	<del>3.22</del> 4.0
Comments: <u>.NN02-8 du See next page</u> 5/5/14: 0.977 mg/L										

WL: MW02-Bi: 2.2 Liz 2.2 Rick  
 Compare water levels

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
GW01-9	—	4.90	2.30*	2.6	1.82	5-10-17	14:32	14:39	14:47	1.82
Comments: <u>1.5" dia well</u> <u>Bailed Dry ~ 1 gallon.</u> <u>Sample Clear - light yellow</u> 5/5/14: 0.615 mg/L										

\* → Ricks WLs -

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW04-9	PA 261	8.70	2.42*	6.28	4.4	5-10-17	14:30	14:39	14:45	4.4
Comments: <u>Collect duplicate - see next page (not collected)</u> <u>Bailed Dry after 4 gallon</u> <u>2 gallons let sit before sampling</u> <u>Sample Clear - light yellow</u> 4/23/13: 0.0287 mg/L										

1.5" dia well : 4 vols = H<sub>2</sub>O column (ft) x .40 gal/ft.

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing

gal: gallon

vol: volume

2 inch Diameter Well Volume in Gallons:

1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft

4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft

**WELL SPECIFIC FIELD SHEET – 2-INCH DIAMETER MONITORING WELLS**

Facility/Project Name: Kewaunee Marsh

Sampling Date(s): 5-10-17

BRRTS No. 02-31-000508

Person(s) Sampling: Liz Victor

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
<del>MW04-9du</del>		<del>—</del>	<del>—</del>	<del>—</del>	<del>—</del>					<del>—</del>
Comments: MW04-9du is a duplicate of MW04-9 not collected										

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
MW02-8du		—	—	—	—	5-10-17	15:00	15:07	15:14	4.0
Comments: MW02-8du is a duplicate of MW02-8.										

WELL NAME	WUWN	Total Well Depth (ft btc)	Depth to Water (ft btc)	Water Column (ft)	4 Well Vols (gal)	Date	Start time	End Time	Time on Label	Total Vol. purged (gal)
Comments:										

Refer to Groundwater Sampling Field Procedures Documentation Sheet for More Information.

ft btc: feet below top of casing      gal: gallon      vol: volume

2 inch Diameter Well Volume in Gallons:      1 vol = H<sub>2</sub>O Column (ft) x .18 gal/ft  
 4 vols = H<sub>2</sub>O Column (ft) x .7 gal/ft

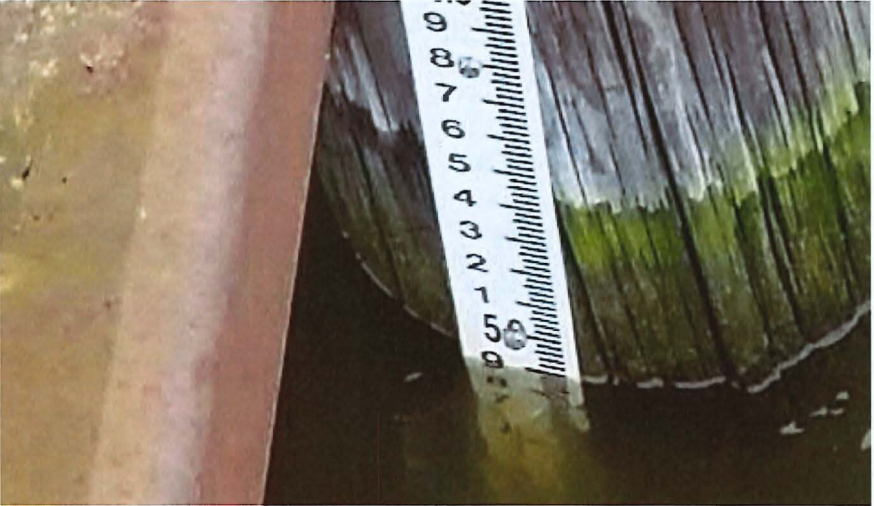


Photo #001	Photo Description:	Groundwater Samples collected May 10, 2017 after acidification. Note: The sample container for MW-11 was bulged and had foam. I released the gas from the container and when reclosed, saw additional gas bubbling up in the water in the container. This sample bubbled and foamed during bailing. MW-11 is located in the center of the source area that received treatment (mixing with hydrogen peroxide, ferric sulfate and limestone for treatment and bentonite to lower permeability) in 2011.
Date/Time of Photo:	05/11/2017	
Photo Location:	Kewaunee Marsh	
Photo Taken By:	Liz Victor	

Kewaunee Marsh photos taken May 11, 2017.



Kewaunee Marsh photos taken May 11, 2017.

	Photo #:	002
	Date/Time of Photo:	05/10/2017
	Photo Locat	Kewaunee Marsh
	Photo By:	Liz Victor
	Photo Descr	Water level of new staff gauge: 4.90

**Wisconsin Department of Natural Resources**

**Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 313763001

Page 1 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone: 800-442-4618 Fax Phone: 608-224-6213

DNR ID 113133790

**Sample:**

Field #: SW17-1	Sample #: 313763001
Collection Start: 05/03/2017 01:55 pm	Collection End: 05/03/2017 01:55 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: 10038144	ID Point #:
County: Kewaunee	Account #: RR049
Sample Location:	
Sample Description: S. SLOUGH, MOUTH/GRAB	
Sample Source: Surface Water	Sample Depth: 5I
Date Reported: 05/16/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
SM3113B		05/11/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	16.0	ug/L	1.00		3.00

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 313763002

Page 2 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618 Fax Phone : 608-224-6213

DNR ID 113133790

**Sample:**

Field #: SW17-2	Sample #: 313763002
Collection Start: 05/03/2017 02:05 pm	Collection End: 05/03/2017 02:05 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: 10038143	ID Point #:
County: Kewaunee	Account #: RR049
Sample Location:	
Sample Description: N. SLOUGH, MOUTH/ GRAB	
Sample Source: Surface Water	Sample Depth: 5I
Date Reported: 05/16/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
SM3113B		05/11/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	9.95	ug/L	1.00		3.00

**Wisconsin Department of Natural Resources**

**Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448001

Page 3 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone : 800-442-4618 Fax Phone : 608-224-6213

DNR ID 113133790

**Sample:**

Field #: MW02-3	Sample #: 315448001
Collection Start: 05/10/2017 01:32 pm	Collection End: 05/10/2017 01:32 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: JY960	ID Point #:
County: Kewaunee	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, WI	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth: IN
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	83.7	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448002

Page 4 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618 Fax Phone : 608-224-6213

DNR ID 113133790

**Sample:**

Field #: MW02-3I Sample #: 315448002  
Collection Start: 05/10/2017 01:45 pm Collection End: 05/10/2017 01:45 pm  
Collected by: LIZ VICTOR Waterbody/Outfall Id: -  
ID #: PK201 ID Point #:  
County: Kewaunee Account #: RR049  
Sample Location: KEWAUNEE MARSH, KEWAUNEE,  
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER  
Sample Source: Monitoring Well Sample Depth: IN  
Date Reported: 05/26/2017 Sample Status: COMPLETE  
Project No: 02-31-000508 Sample Reason:  
Comment:

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	16.9	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448003

Page 5 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618

DNR ID 113133790

Fax Phone : 608-224-6213

**Sample:**

Field #: MW02-4	Sample #: 315448003
Collection Start: 05/10/2017 11:25 am	Collection End: 05/10/2017 11:25 am
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PK191	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	451	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448004

Page 6 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene DNR ID 113133790  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone : 800-442-4618 Fax Phone : 608-224-6213

**Sample:**

Field #: MW02-5	Sample #: 315448004
Collection Start: 05/10/2017 11:43 am	Collection End: 05/10/2017 11:43 am
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PK203	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	396	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448005

Page 7 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618 Fax Phone : 608-224-6213

DNR ID 113133790

**Sample:**

Field #: MW02-5DU	Sample #: 315448005
Collection Start: 05/10/2017 11:44 am	Collection End: 05/10/2017 11:44 am
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PK203-DU	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	372	ug/L	5.00		16.0



**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448006

Page 8 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene DNR ID 113133790  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone: 800-442-4618 Fax Phone: 608-224-6213

**Sample:**

Field #: MW02-6	Sample #: 315448006
Collection Start: 05/10/2017 10:40 am	Collection End: 05/10/2017 10:40 am
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: JP205	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date	Lab Comment			
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	348	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448007

Page 9 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618 Fax Phone: 608-224-6213

DNR ID 113133790

**Sample:**

Field #: MW02-8	Sample #: 315448007
Collection Start: 05/10/2017 03:13 pm	Collection End: 05/10/2017 03:13 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PK262	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	306	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448008

Page 10 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618

DNR ID 113133790

Fax Phone : 608-224-6213

**Sample:**

Field #: MW04-9	Sample #: 315448008
Collection Start: 05/10/2017 02:45 pm	Collection End: 05/10/2017 02:45 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PA261	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date	Lab Comment			
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	47.0	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448009

Page 11 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618

DNR ID 113133790

Fax Phone : 608-224-6213

**Sample:**

Field #: MW02-8DU	Sample #: 315448009
Collection Start: 05/10/2017 03:07 pm	Collection End: 05/10/2017 03:07 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PA261-DU	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	281	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448010

Page 12 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene DNR ID 113133790  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone : 800-442-4618 Fax Phone : 608-224-6213

**Sample:**

Field #: MW11-1	Sample #: 315448010
Collection Start: 05/10/2017 12:20 pm	Collection End: 05/10/2017 12:20 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PZ266	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	15600	ug/L	100		320

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448011

Page 13 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618

DNR ID 113133790

Fax Phone : 608-224-6213

**Sample:**

Field #: MW11-11	Sample #: 315448011
Collection Start: 05/10/2017 01:15 pm	Collection End: 05/10/2017 01:15 pm
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PA267	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	91100	ug/L	500		1600

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448012

Page 14 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene DNR ID 113133790  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone : 800-442-4618 Fax Phone : 608-224-6213

**Sample:**

Field #: MW11-3	Sample #: 315448012
Collection Start: 05/10/2017 11:30 am	Collection End: 05/10/2017 11:30 am
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PA269	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method	Analysis Date	Lab Comment
EPA 200.7	05/23/2017	
<i>Code</i>	<i>Description</i>	<i>Result</i> <i>Units</i> <i>LOD</i> <i>Report Limit</i> <i>LOQ</i>
978	ARSENIC TOTAL RECOVERABLE	249000 ug/L 1000 3200

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448013

Page 15 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
 2601 Agriculture Dr  
 Madison WI 53718  
 Phone : 800-442-4618 Fax Phone : 608-224-6213

DNR ID 113133790

**Sample:**

Field #: MW11-3I	Sample #: 315448013
Collection Start: 05/10/2017 11:45 am	Collection End: 05/10/2017 11:45 am
Collected by: LIZ VICTOR	Waterbody/Outfall Id:
ID #: PA270	ID Point #:
County:	Account #: RR049
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL	
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER	
Sample Source: Monitoring Well	Sample Depth:
Date Reported: 05/26/2017	Sample Status: COMPLETE
Project No: 02-31-000508	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	13900	ug/L	50.0		160



Wisconsin Department of Natural Resources

Laboratory Report

06/02/2017

Lab: 113133790

Sample: 315448014

Page 16 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618 Fax Phone : 608-224-6213

DNR ID 113133790

**Sample:**

Field #: GW01-2 Sample #: 315448014  
Collection Start: 05/10/2017 02:02 pm Collection End: 05/10/2017 02:02 pm  
Collected by: LIZ VICTOR Waterbody/Outfall Id:  
ID #: GW01-2 ID Point #:  
County: Kewaunee Account #: RR049  
Sample Location: KEWAUNEE MARSH, KEWAUNEE, FL  
Sample Description: PURGED AND SAMPLED USING A DISPOSABLE BAILER  
Sample Source: Monitoring Well Sample Depth:  
Date Reported: 05/26/2017 Sample Status: COMPLETE  
Project No: 02-31-000508 Sample Reason:  
Comment:

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
EPA 200.7		05/23/2017				
Code	Description	Result	Units	LOD	Report Limit	LOQ
978	ARSENIC TOTAL RECOVERABLE	198	ug/L	5.00		16.0

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448015

Page 17 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone: 800-442-4618 Fax Phone: 608-224-6213

DNR ID 113133790

**Sample:**

Field #: <b>GW01-3</b>	Sample #: <b>315448015</b>
Collection Start: <b>05/10/2017 12:10 pm</b>	Collection End: <b>05/10/2017 12:10 pm</b>
Collected by: <b>LIZ VICTOR</b>	Waterbody/Outfall Id:
ID #: <b>GW01-3</b>	ID Point #:
County: <b>Kewaunee</b>	Account #: <b>RR049</b>
Sample Location: <b>KEWAUNEE MARSH, KEWAUNEE, FL</b>	
Sample Description: <b>PURGED AND SAMPLED USING A DISPOSABLE BAILER</b>	
Sample Source: <b>Monitoring Well</b>	Sample Depth:
Date Reported: <b>05/26/2017</b>	Sample Status: <b>COMPLETE</b>
Project No: <b>02-31-000508</b>	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
<b>EPA 200.7</b>		<b>05/23/2017</b>				
Code	Description	Result	Units	LOD	Report Limit	LOQ
<b>978</b>	<b>ARSENIC TOTAL RECOVERABLE</b>	<b>184</b>	<b>ug/L</b>	<b>5.00</b>		<b>16.0</b>

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448016

Page 18 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618

DNR ID 113133790

Fax Phone : 608-224-6213

**Sample:**

Field #: <b>GW01-7</b>	Sample #: <b>315448016</b>
Collection Start: <b>05/10/2017 10:56 am</b>	Collection End: <b>05/10/2017 10:56 am</b>
Collected by: <b>LIZ VICTOR</b>	Waterbody/Outfall Id:
ID #:	ID Point #:
County: <b>Kewaunee</b>	Account #: <b>RR049</b>
Sample Location: <b>GW01-7</b>	
Sample Description: <b>PURGED AND SAMPLED USING A DISPOSABLE BAILER</b>	
Sample Source: <b>Monitoring Well</b>	Sample Depth:
Date Reported: <b>05/26/2017</b>	Sample Status: <b>COMPLETE</b>
Project No: <b>02-31-000508</b>	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date	Lab Comment			
<b>EPA 200.7</b>		<b>05/23/2017</b>				
Code	Description	Result	Units	LOD	Report Limit	LOQ
<b>978</b>	<b>ARSENIC TOTAL RECOVERABLE</b>	<b>125</b>	<b>ug/L</b>	<b>5.00</b>		<b>16.0</b>

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448017

Page 19 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone: 800-442-4618

DNR ID 113133790

Fax Phone: 608-224-6213

**Sample:**

Field #: <b>GW01-8</b>	Sample #: <b>315448017</b>
Collection Start: <b>05/10/2017 10:29 am</b>	Collection End: <b>05/10/2017 10:29 am</b>
Collected by: <b>LIZ VICTOR</b>	Waterbody/Outfall Id:
ID #: <b>GW01-8</b>	ID Point #:
County: <b>Kewaunee</b>	Account #: <b>RR049</b>
Sample Location: <b>KEWAUNEE MARSH, KEWAUNEE, FL</b>	
Sample Description: <b>PURGED AND SAMPLED USING A DISPOSABLE BAILER</b>	
Sample Source: <b>Monitoring Well</b>	Sample Depth:
Date Reported: <b>05/26/2017</b>	Sample Status: <b>COMPLETE</b>
Project No: <b>02-31-000508</b>	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date		Lab Comment		
<b>EPA 200.7</b>		<b>05/23/2017</b>				
Code	Description	Result	Units	LOD	Report Limit	LOQ
<b>978</b>	<b>ARSENIC TOTAL RECOVERABLE</b>	<b>749</b>	<b>ug/L</b>	<b>5.00</b>		<b>16.0</b>

**Wisconsin Department of Natural Resources  
Laboratory Report**

06/02/2017

Lab: 113133790

Sample: 315448018

Page 20 of 20

**Laboratory:** Wisconsin State Laboratory of Hygiene  
2601 Agriculture Dr  
Madison WI 53718  
Phone : 800-442-4618

DNR ID 113133790

Fax Phone : 608-224-6213

**Sample:**

Field #: <b>GW01-9</b>	Sample #: <b>315448018</b>
Collection Start: <b>05/10/2017 02:47 pm</b>	Collection End: <b>05/10/2017 02:47 pm</b>
Collected by: <b>LIZ VICTOR</b>	Waterbody/Outfall Id:
ID #: <b>GW01-9</b>	ID Point #:
County: <b>Kewaunee</b>	Account #: <b>RR049</b>
Sample Location: <b>KEWAUNEE MARSH, KEWAUNEE, FL</b>	
Sample Description: <b>PURGED AND SAMPLED USING A DISPOSABLE BAILER</b>	
Sample Source: <b>Monitoring Well</b>	Sample Depth:
Date Reported: <b>05/26/2017</b>	Sample Status: <b>COMPLETE</b>
Project No: <b>02-31-000508</b>	Sample Reason:
Comment:	

**Analyses and Results:**

Analysis Method		Analysis Date	Lab Comment			
<b>EPA 200.7</b>		<b>05/23/2017</b>				
Code	Description	Result	Units	LOD	Report Limit	LOQ
<b>978</b>	<b>ARSENIC TOTAL RECOVERABLE</b>	<b>419</b>	<b>ug/L</b>	<b>5.00</b>		<b>16.0</b>

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) MW02-3	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 13:32	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) JY 960	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

**Plastic Quart Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BODs Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**60 ml Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Round Bacteria Bottle**

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

05/12/17 12:46  
Sample RR049  
 Iced

05/12/17 12:46  
MW02-3



315448001

**Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC

enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
anal parameters or instructions to laboratory:

315448

**Field Parameters - Optional**

Only fill out if directed by your project coordinator.

Temperature - Sample (°C)	_____ . _____	Gage Height (ft)	_____ . _____
Temperature - Ambient Air (°C)	_____ . _____	Flow (cfs)	_____ . _____
DO (mg/l)	_____ . _____	Flow (MGD)	_____ . _____
% Saturation	_____ . _____	Depth to Groundwater	_____ . _____
pH (su)	_____ . _____	<small>ft or m</small>	_____ . _____
Secchi Depth (feet or meters)	_____ . _____	Turbidity (NTU)	_____ . _____
Secchi Depth Hit Bottom?	<small>ft or m</small>	Transparency Tube (cm)	_____ . _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nitrates (mg/l)	_____ . _____
Cloud Cover (%)	_____ . _____		
Cond (µS/CM@25°C)	_____ . _____		

**Tips**

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <http://intranet.dnr.state.wi.us/int/es/science/lis/Forms/Instructions.htm>) for further instructions and definitions.

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to <http://intranet/int/es/science/lis/Account.htm> or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant** or **Project Number** field should include the Lake Planning Grant Number or the Project Number.

**Sample Depth** – If you sample in a lake, this is required.

**Field Parameters** – If you do fill this out, the data will go into SWIMS automatically. Please do not re-enter. Also, you must QA the data once it arrives in SWIMS.

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) Mw02-3i	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 13:25	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920)303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PK 201	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description

Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quat Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

60 ml Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO2) as Nitrogen

100 ml Glass Amber (Acidify w/Sulfuric Acid)

TOC  DOC

250 ml Metals Bottle (Acidify w/ Nitric Acid)

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

250 ml Round Bacteria Bottle

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C

Iced

05/12/17 12:46  
MW02-31



315448002

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:



**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) MW02-4	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 11:25	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PK191	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description

Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

Solids

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

60 ml Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO2) as Nitrogen

250 ml Glass Amber (Acidify w/Sulfuric Acid)

TOC  DOC

250 ml Metals Bottle (Acidify w/ Nitric Acid)

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen	<input type="checkbox"/> Total Kjeldahi-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

250 ml Round Bacteria Bottle

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C

Iced

05/12/17 12:46

MW02-4



315448003

Enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
Additional parameters or instructions to laboratory:

Billing and Reporting			
Account Number RR049	Field Number (Bottle Label ID) MW02-S	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

Date and Time of Sample Collection			
Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 11:43	End Date (mm/dd/yyyy)	End Time

Sample Type			
Sample Type: (select one)			
<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

Who collected the sample		
Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov

Where the sample was collected		
Station ID (STORET #) PK203	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

Sample Details		
Sample Description / Device Description Purged and sampled using a disposable bailer		
Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, include chain of custody form.	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, how?	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm

Analyses Requested																																											
<p>If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.</p> <p>Plastic Quart Bottle (No chemical preservation)</p> <p><input type="checkbox"/> Sample field filtered? (Check box if yes)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Alkalinity, pH, Conductivity</td> <td><input type="checkbox"/> Color</td> </tr> <tr> <td><input type="checkbox"/> BOD5 Dissolved</td> <td><input type="checkbox"/> Fluoride</td> </tr> <tr> <td><input type="checkbox"/> BOD5 Total (900 ml needed)</td> <td><input type="checkbox"/> MBAs Screening</td> </tr> <tr> <td><input type="checkbox"/> CBOD5 Total (carbonaceous)</td> <td><input type="checkbox"/> pH only (non compliance)</td> </tr> <tr> <td><input type="checkbox"/> Chloride</td> <td><input type="checkbox"/> Sulfate</td> </tr> <tr> <td><input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/></td> <td><input type="checkbox"/> Turbidity</td> </tr> </table> <p>Solids</p> <p><input type="checkbox"/> Suspended Sediment <input type="checkbox"/> % Sand, Silt, Clay</p> <p><input type="checkbox"/> Total Dissolved Solids <input type="checkbox"/> Total Suspended Solids (500 ml needed)</p> <p><input type="checkbox"/> Total Solids <input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)</p> <p><input type="checkbox"/> Total Volatile Solids (includes total solids)</p> <p>60 ml Bottle (No chemical preservation)</p> <p><input type="checkbox"/> Sample field filtered? (Check box if yes)</p> <p><input type="checkbox"/> Orthophosphate <input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)</p> <p><input type="checkbox"/> Silica <input type="checkbox"/> Nitrite (NO2) as Nitrogen</p> <p>250 ml Glass Amber (Acidify w/Sulfuric Acid)</p> <p><input type="checkbox"/> TOC <input type="checkbox"/> DOC</p>	<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color	<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride	<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening	<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)	<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate	<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity	<p>250 ml Metals Bottle (Acidify w/ Nitric Acid)</p> <p><input type="checkbox"/> Sample field filtered? (Check box if yes)</p> <p><input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles</p> <p><input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)</p> <p>Total recoverable metals will be run unless otherwise instructed.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Aluminum</td> <td><input type="checkbox"/> Copper</td> <td><input type="checkbox"/> Selenium</td> </tr> <tr> <td><input type="checkbox"/> Antimony</td> <td><input type="checkbox"/> Hardness-as CaCO3</td> <td><input type="checkbox"/> Silver</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arsenic</td> <td><input type="checkbox"/> Iron</td> <td><input type="checkbox"/> Sodium</td> </tr> <tr> <td><input type="checkbox"/> Barium</td> <td><input type="checkbox"/> Lead</td> <td><input type="checkbox"/> Strontium</td> </tr> <tr> <td><input type="checkbox"/> Beryllium</td> <td><input type="checkbox"/> Magnesium</td> <td><input type="checkbox"/> Thallium</td> </tr> <tr> <td><input type="checkbox"/> Boron</td> <td><input type="checkbox"/> Manganese</td> <td><input type="checkbox"/> Titanium</td> </tr> <tr> <td><input type="checkbox"/> Cadmium</td> <td><input type="checkbox"/> Mercury</td> <td><input type="checkbox"/> Vanadium</td> </tr> <tr> <td><input type="checkbox"/> Calcium</td> <td><input type="checkbox"/> Molybdenum</td> <td><input type="checkbox"/> Zinc</td> </tr> <tr> <td><input type="checkbox"/> Chromium, Total</td> <td><input type="checkbox"/> Nickel</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Cobalt</td> <td><input type="checkbox"/> Potassium</td> <td><input type="checkbox"/></td> </tr> </table> <p>250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)</p> <p><input type="checkbox"/> Sample field filtered? (Check box if yes)</p> <p><input type="checkbox"/> Tot.-Phosphorus <input type="checkbox"/> NO2 + NO3 as Nitrogen <input type="checkbox"/> Total Kjeldahl-N</p> <p><input type="checkbox"/> Ammonia-N <input type="checkbox"/> COD <input type="checkbox"/> Total Nitrogen</p> <p><input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)</p> <p>250 ml Round Bacteria Bottle</p> <p><input type="checkbox"/> E. coli by MPN, non-potable</p> <p><input type="checkbox"/> Enterococci by MPN, non-potable</p> <p>For lab use:        Sample Temp _____ °C  <input type="checkbox"/> Iced</p>	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium	<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver	<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium	<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium	<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium	<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium	<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc	<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>	<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>
<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color																																										
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride																																										
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening																																										
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)																																										
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate																																										
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity																																										
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium																																									
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver																																									
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium																																									
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium																																									
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium																																									
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium																																									
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium																																									
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc																																									
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>																																									
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>																																									

05/12/17 12:46  
 MW02-S  
  
 315448004

enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
 al parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) MW02-SDU	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 11:44	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PK 203-dw	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	Point / Outfall (or SWIMS Fieldwork Seq No)
County	Waterbody ID (WBIC)	

**Sample Details**

Sample Description / Device Description

Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

**Plastic Quart Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BODs Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	

**60 ml Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**ml Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC

**250 ml Round Bacteria Bottle**

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C

iced

enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
 nal parameters or instructions to laboratory:

05/12/17 12:46  
 MW02-SDU  
  
 315448005

<b>Billing and Reporting</b>		
Account Number RR049	Field Number (Bottle Label ID) MW02-6	Report to Address (Non-DNR only)
DNR User ID victoe	Report To Name Liz Victor	City _____ State _____ ZIP _____
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)

<b>Date and Time of Sample Collection</b>			
Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 10:40	End Date (mm/dd/yyyy) _____	End Time _____

<b>Sample Type</b>			
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)
	<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue
			<input type="radio"/> IF Influent (Untreated wastewater)
			<input type="radio"/> SE Sediment

<b>Who collected the sample</b>		
Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov

<b>Where the sample was collected</b>		
Station ID (STORET #) JP205	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

<b>Sample Details</b>		
Sample Description / Device Description Purged and sampled using a disposable bailer		
Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.		
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
If yes, how?		

<b>Analyses Requested</b>			
If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.			
<b>Plastic Quart Bottle (No chemical preservation)</b>	<b>250 ml Metals Bottle (Acidify w/ Nitric Acid)</b>		
<input type="checkbox"/> Sample field filtered? (Check box if yes)	<input type="checkbox"/> Sample field filtered? (Check box if yes)		
<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles		
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)		
<input type="checkbox"/> BODs Total (900 ml needed)	Total recoverable metals will be run unless otherwise instructed.		
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Chloride	<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
	<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
	<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
	<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
	<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
	<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
	<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	
<b>Solids</b>			
<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay		
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)		
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)		
<input type="checkbox"/> Total Volatile Solids (includes total solids)			
<b>60 ml Bottle (No chemical preservation)</b>	<b>250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)</b>		
<input type="checkbox"/> Sample field filtered? (Check box if yes)	<input type="checkbox"/> Sample field filtered? (Check box if yes)		
<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Silica	<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)		<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)
	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen		
<b>1 Glass Amber (Acidify w/Sulfuric Acid)</b>	<b>250 ml Round Bacteria Bottle</b>	For lab use:	
<input type="checkbox"/> TOC	<input type="checkbox"/> E. coli by MPN, non-potable	Sample Temp _____ °C	
<input type="checkbox"/> DOC	<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced	

05/12/17 12:46  
MW02-6  
315448006

enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
nal parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) Mw02-8	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 15:13	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PK 262	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
 Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyl A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

Solids

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

250 ml Metals Bottle (Acidify w/ Nitric Acid)

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

60 ml Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO2) as Nitrogen

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

250 ml Glass Amber (Acidify w/Sulfuric Acid)

TOC  DOC

250 ml Round Bacteria Bottle

E. coli by MPN, non-potable  
 Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C  
 Iced

05/12/17 12:46  
 MW02-8



315448007

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
 Additional parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) MW 04-9	Report to Address (Non-DNR only)	
DNR User ID victo	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 14:45	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PA 261	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

60 ml Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO2) as Nitrogen

100 ml Glass Amber (Acidify w/Sulfuric Acid)

TOC  DOC

250 ml Metals Bottle (Acidify w/ Nitric Acid)

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

250 ml Round Bacteria Bottle

E. coli by MPN, non-potable  
 Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C  
 Iced

05/12/17 12:46  
MW04-9



315448008

enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
onal parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) MW02-Bdu	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 15:07	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PA 261-du	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD <sub>5</sub> Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD <sub>5</sub> Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD <sub>5</sub> Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

Solids

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Round Bacteria Bottle**

For lab use:

<input type="checkbox"/> E. coli by MPN, non-potable	Sample Temp _____ °C
<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced

**250 ml Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC

05/12/17 12:46  
MW02-8DU



315448009

enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
nal parameters or instructions to laboratory:

<b>Billing and Reporting</b>	
Account Number RR049	Field Number (Bottle Label ID) Mw11-1
DNR User ID victoe	Report To Name Liz Victor
Date Results Needed (mm/dd/yyyy) 06/12/2017	Report to Address (Non-DNR only) City _____ State _____ ZIP _____
Report to Email (Non-DNR only)	

<b>Date and Time of Sample Collection</b>			
Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 12:20	End Date (mm/dd/yyyy)	End Time

<b>Sample Type</b>			
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)
	<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> IF Influent (Untreated wastewater)
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> SE Sediment
		<input type="radio"/> PO Private Well	<input type="radio"/> TI Tissue

<b>Who collected the sample</b>		
Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov

<b>Where the sample was collected</b>		
Station ID (STORET #) PA 266	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

<b>Sample Details</b>		
Sample Description / Device Description Purged and sampled using a disposable bailer		
Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyl A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

Suspended Sediment  % Sand, Silt, Clay

Total Dissolved Solids  Total Suspended Solids (500 ml needed)

Total Solids  Total Vol. Susp. Solids (includes Total Susp. Solids)

Total Volatile Solids (includes total solids)

**60 ml Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

Orthophosphate  NO2+NO3 as Nitrogen (drinking water)

Silica  Nitrite (NO2) as Nitrogen

**250 ml Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/> _____
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/> _____

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

Tot.-Phosphorus  NO2 + NO3 as Nitrogen  Total Kjeldahl-N

Ammonia-N  COD  Total Nitrogen

Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)

<b>250 ml Round Bacteria Bottle</b>	For lab use:
<input type="checkbox"/> E. coli by MPN, non-potable	Sample Temp _____ °C
<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced

05/12/17 12:46  
 MW11-1  
  
 315448010

Enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
 All parameters or instructions to laboratory:



**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) MW11-11	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 13:15	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PA267	Sample Address or Location Description Kewaunee Marsh, Kewaunee, WI	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

**Plastic Quart Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BODs Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**60 ml Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen

**250 ml Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Round Bacteria Bottle**

E. coli by MPN, non-potable

Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C

Iced

05/12/17 12:46  
MW11-11



315448011

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) Mw11-3	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 11:30	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) PA269	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Round Bacteria Bottle**

<input type="checkbox"/> E. coli by MPN, non-potable	For lab use: Sample Temp _____ °C
<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced

05/12/17 12:46  
MW11-3

**250 ml Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC



315448012

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:

Billing and Reporting			
Account Number RR049	Field Number (Bottle Label ID) MW11-31	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

Date and Time of Sample Collection			
Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 11:45	End Date (mm/dd/yyyy)	End Time

Sample Type			
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)
	<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue
			<input type="radio"/> IF Influent (Untreated wastewater)
			<input type="radio"/> SE Sediment

Who collected the sample		
Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov

Where the sample was collected		
Station ID (STORET #) PA 270	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

Sample Details		
Sample Description / Device Description Purged and sampled using a disposable bailer		
Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.		
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
If yes, how?		

Analyses Requested	
If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.	
Plastic Quart Bottle (No chemical preservation)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity
<b>Solids</b>	
<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	
60 ml Bottle (No chemical preservation)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO2) as Nitrogen
250 ml Glass Amber (Acidify w/Sulfuric Acid)	
<input type="checkbox"/> TOC	<input type="checkbox"/> DOC
250 ml Metals Bottle (Acidify w/ Nitric Acid)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles	
<input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)	
Total recoverable metals will be run unless otherwise instructed.	
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium
<input type="checkbox"/> Selenium	<input type="checkbox"/> Silver
<input type="checkbox"/> Sodium	<input type="checkbox"/> Strontium
<input type="checkbox"/> Thallium	<input type="checkbox"/> Titanium
<input type="checkbox"/> Vanadium	<input type="checkbox"/> Zinc
250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Total Nitrogen	
250 ml Round Bacteria Bottle	
<input type="checkbox"/> E. coli by MPN, non-potable	For lab use:
<input type="checkbox"/> Enterococci by MPN, non-potable	Sample Temp _____ °C
	<input type="checkbox"/> Iced

05/12/17 12:46  
MW11-31  
315448013

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) GW01-2	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 14:02	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) GW01-2	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description

Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD <sub>5</sub> Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD <sub>5</sub> Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD <sub>5</sub> Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Round Bacteria Bottle**

<input type="checkbox"/> E. coli by MPN, non-potable	For lab use: Sample Temp _____ °C
<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced

**60 ml Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen

**250 ml Glass Amber (Acidify w/Sulfuric Acid)**

TOC  DOC

05/12/17 12:46  
GW01-2



315448014

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
Additional parameters or instructions to laboratory:

Billing and Reporting		
Account Number RR049	Field Number (Bottle Label ID) GW01-3	Report to Address (Non-DNR only)
DNR User ID victoe	Report To Name Liz Victor	City _____ State _____ ZIP _____
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)

Date and Time of Sample Collection			
Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 12:10	End Date (mm/dd/yyyy)	End Time

Sample Type			
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)
	<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> IF Influent (Untreated wastewater)
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> PO Private Well
		<input type="radio"/> TI Tissue	<input type="radio"/> SE Sediment

Who collected the sample		
Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov

Where the sample was collected		
Station ID (STORET #) GW01-3	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

Sample Details		
Sample Description / Device Description Purged and sampled using a disposable bailer		
Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

Analyses Requested	
If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.	
<b>Plastic Quart Bottle (No chemical preservation)</b> <input type="checkbox"/> Sample field filtered? (Check box if yes) <input type="checkbox"/> Alkalinity, pH, Conductivity <input type="checkbox"/> Color <input type="checkbox"/> BOD <sub>5</sub> Dissolved <input type="checkbox"/> Fluoride <input type="checkbox"/> BOD <sub>5</sub> Total (900 ml needed) <input type="checkbox"/> MBAs Screening <input type="checkbox"/> CBOD <sub>5</sub> Total (carbonaceous) <input type="checkbox"/> pH only (non compliance) <input type="checkbox"/> Chloride <input type="checkbox"/> Sulfate <input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/> Turbidity	<b>250 ml Metals Bottle (Acidify w/ Nitric Acid)</b> <input type="checkbox"/> Sample field filtered? (Check box if yes) <input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles <input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar) Total recoverable metals will be run unless otherwise instructed. <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper <input type="checkbox"/> Selenium <input type="checkbox"/> Antimony <input type="checkbox"/> Hardness-as CaCO <sub>3</sub> <input type="checkbox"/> Silver <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Iron <input type="checkbox"/> Sodium <input type="checkbox"/> Barium <input type="checkbox"/> Lead <input type="checkbox"/> Strontium <input type="checkbox"/> Beryllium <input type="checkbox"/> Magnesium <input type="checkbox"/> Thallium <input type="checkbox"/> Boron <input type="checkbox"/> Manganese <input type="checkbox"/> Titanium <input type="checkbox"/> Cadmium <input type="checkbox"/> Mercury <input type="checkbox"/> Vanadium <input type="checkbox"/> Calcium <input type="checkbox"/> Molybdenum <input type="checkbox"/> Zinc <input type="checkbox"/> Chromium, Total <input type="checkbox"/> Nickel <input type="checkbox"/> Cobalt <input type="checkbox"/> Potassium
<b>Solids</b> <input type="checkbox"/> Suspended Sediment <input type="checkbox"/> % Sand, Silt, Clay <input type="checkbox"/> Total Dissolved Solids <input type="checkbox"/> Total Suspended Solids (500 ml needed) <input type="checkbox"/> Total Solids <input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids) <input type="checkbox"/> Total Volatile Solids (includes total solids)	<b>250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)</b> <input type="checkbox"/> Sample field filtered? (Check box if yes) <input type="checkbox"/> Tot.-Phosphorus <input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen <input type="checkbox"/> Total Kjeldahl-N <input type="checkbox"/> Ammonia-N <input type="checkbox"/> COD <input type="checkbox"/> Total Nitrogen <input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)
<b>60 ml Bottle (No chemical preservation)</b> <input type="checkbox"/> Sample field filtered? (Check box if yes) <input type="checkbox"/> Orthophosphate <input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water) <input type="checkbox"/> Silica <input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen	<b>250 ml Round Bacteria Bottle</b> For lab use: <input type="checkbox"/> E. coli by MPN, non-potable      Sample Temp _____ °C <input type="checkbox"/> Enterococci by MPN, non-potable <input type="checkbox"/> Iced
<b>100 ml Glass Amber (Acidify w/Sulfuric Acid)</b> <input type="checkbox"/> TOC <input type="checkbox"/> DOC	

05/12/17 12:46  
GW01-3  
315448015

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) GW01-7	Report to Address (Non-DNR only)	
DNR User ID victoe	Report To Name Liz Victor	City	State   ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 10:56	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) GW01-7	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
 Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BODs Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity

**Solids**

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**60 ml Bottle (No chemical preservation)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Round Bacteria Bottle**

<input type="checkbox"/> E. coli by MPN, non-potable	For lab use: Sample Temp _____ °C
<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced

05/12/17 12:46  
GW01-7



315448016

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
 Additional parameters or instructions to laboratory:

**Billing and Reporting**

Account Number RR049	Field Number (Bottle Label ID) GW01-8	Report to Address (Non-DNR only)	
DNR User ID victo	Report To Name Liz Victor	City	State ZIP
Date Results Needed (mm/dd/yyyy) 06/12/2017		Report to Email (Non-DNR only)	

**Date and Time of Sample Collection**

Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 10:29	End Date (mm/dd/yyyy)	End Time
------------------------------	-----------------------------	-----------------------	----------

**Sample Type**

Sample Type: (select one)

<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input type="radio"/>

**Who collected the sample**

Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov
---------------------------------	-----------------------------	---

**Where the sample was collected**

Station ID (STORET #) GW01-8	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

**Sample Details**

Sample Description / Device Description  
Purged and sampled using a disposable bailer

Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

**Analyses Requested**

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

Plastic Quart Bottle (No chemical preservation)

Sample field filtered? (Check box if yes).

<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity

Solids

<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	

**250 ml Metals Bottle (Acidify w/ Nitric Acid)**

Sample field filtered? (Check box if yes)

Low Level Metals. Note: Clean sampling with special bottles

TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3	<input type="checkbox"/> Silver
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium	<input type="checkbox"/>

**250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)**

Sample field filtered? (Check box if yes)

<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)		

**250 ml Glass Amber (Acidify w/Sulfuric Acid)**

<input type="checkbox"/> TOC	<input type="checkbox"/> DOC	For lab use: Sample Temp _____ °C
<input type="checkbox"/> E. coli by MPN, non-potable	<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced

05/12/17 12:46  
GW01-8  
315448017

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:

<b>Billing and Reporting</b>	
Account Number RR049	Field Number (Bottle Label ID) GW01-9
DNR User ID victoe	Report To Name Liz Victor
Date Results Needed (mm/dd/yyyy) 06/12/2017	Report to Address (Non-DNR only) City _____ State _____ ZIP _____
Report to Email (Non-DNR only)	

<b>Date and Time of Sample Collection</b>			
Date (mm/dd/yyyy) 5/10/17	Time (24-hr clock) 14:47	End Date (mm/dd/yyyy)	End Time

<b>Sample Type</b>			
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)
	<input type="radio"/> D Public Drinking Water	<input checked="" type="radio"/> MW Monitoring Well	<input type="radio"/> IF Influent (Untreated wastewater)
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> SE Sediment
		<input type="radio"/> PO Private Well	<input type="radio"/> TI Tissue

<b>Who collected the sample</b>		
Collected By Name Liz Victor	Telephone (920) 303-5424	Email elizabeth.victor@wisconsin.gov

<b>Where the sample was collected</b>		
Station ID (STORET #) GW01-9	Sample Address or Location Description Kewaunee Marsh, Kewaunee, FL	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

<b>Sample Details</b>		
Sample Description / Device Description Purged and sampled using a disposable bailer		
Enforcement? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input checked="" type="radio"/> none	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input checked="" type="radio"/> in <input type="radio"/> cm
If yes, include chain of custody form.	Grant or Project Number 02-31-000508	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm
Is Sample Disinfected? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, how?	

<b>Analyses Requested</b>	
If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.	
Plastic Quart Bottle (No chemical preservation)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color
<input type="checkbox"/> BOD5 Dissolved	<input type="checkbox"/> Fluoride
<input type="checkbox"/> BOD5 Total (900 ml needed)	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> CBOD5 Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered) <input type="checkbox"/>	<input type="checkbox"/> Turbidity
<b>Solids</b>	
<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)
<input type="checkbox"/> Total Volatile Solids (includes total solids)	
60 ml Bottle (No chemical preservation)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO2+NO3 as Nitrogen (drinking water)
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO2) as Nitrogen
250 ml Glass Amber (Acidify w/Sulfuric Acid)	
<input type="checkbox"/> TOC	<input type="checkbox"/> DOC
250 ml Metals Bottle (Acidify w/ Nitric Acid)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles	
<input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)	
Total recoverable metals will be run unless otherwise instructed.	
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO3
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> Iron
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium
<input type="checkbox"/> Selenium	<input type="checkbox"/> Silver
<input type="checkbox"/> Sodium	<input type="checkbox"/> Strontium
<input type="checkbox"/> Thallium	<input type="checkbox"/> Titanium
<input type="checkbox"/> Vanadium	<input type="checkbox"/> Zinc
250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)	
<input type="checkbox"/> Sample field filtered? (Check box if yes)	
<input type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO2 + NO3 as Nitrogen
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)	
250 ml Round Bacteria Bottle	
<input type="checkbox"/> E. coli by MPN, non-potable	For lab use:
<input type="checkbox"/> Enterococci by MPN, non-potable	Sample Temp _____ °C
	<input type="checkbox"/> Iced

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory.

05/12/17 12:46  
GW01-9  
  
315448018



-Liz Victor, Rick Joslin

Sample Collector(s) Name →	Return Report As: (select one) <input checked="" type="radio"/> Email <input type="radio"/> Hard Copy	Email or Postal Address elizabeth.victor@wisconsin.gov	Phone Number (include area code) (920) 303-5424
Property Owner Kewaunee Marsh	Property Address Kewaunee, WI		Phone Number (include area code)

Split Samples: Offered?  Yes  No  
Accepted?  Yes  No Accepted By (Signature): \_\_\_\_\_

Field ID No.	Date	Time	No. of Containers	Station Location Sample Description	Lab ID Number	Lab Use Only			
						Cracked / Broken	Improperly Sealed	Good Condition	Other Comments
MW02-3	5/10/17	13:32	1	JY960 Groundwater - TOTAL AS					
MW02-3I	5/10/17	13:45	1	PK 201 Groundwater - TOTAL AS					
MW02-4	5/10/17	11:25	1	PK 191 Groundwater - TOTAL AS					
MW02-5	5/10/17	11:43	1	PK 203 Groundwater - TOTAL AS					
MW02-5DU	5/10/17	11:44	1	PK 203-du Groundwater - TOTAL AS					
MW02-6	5/10/17	10:40	1	JP 205 Groundwater - TOTAL AS					
MW02-8	5/10/17	15:13	1	PK 262 Groundwater - TOTAL AS					
MW04-9	5/10/17	14:45	1	PA 261 Groundwater - TOTAL AS					
MW02-8du	5/10/17	15:07	1	PA 261-du Groundwater - TOTAL AS					
MW11-1	5/10/17	12:20	1	PA 266 Groundwater - TOTAL AS					
MW11-II	5/10/17	13:15	1	PA 267 Groundwater - TOTAL AS					
MW11-3	5/10/17	11:30	1	<del>PA 268</del> PA 269 Groundwater - TOTAL AS					

# Chain of Custody Record

Form 4100-145 (R 03/09)

Page 2 of 2

						Lab Use Only			
Field ID No.	Date	Time	No. of Containers	Station Location Sample Description	Lab ID Number	Cracked / Broken	Improperly Sealed	Good Condition	Other Comments
MW11-3I	5/10/17	11:45	1	PA 270					
				Groundwater - TOTAL AS					
GW01-2	5/10/17	14:02	1	GW01-2					
				Groundwater - TOTAL AS					
GW01-3	5/10/17	12:10	1	GW01-3					
				Groundwater - TOTAL AS					
GW01-7	5/10/17	10:56	1	GW01-7					
				Groundwater - TOTAL AS					
GW01-8	5/10/17	10:29	1	GW01-8					
				Groundwater - TOTAL AS					
GW01-9	5/10/17	14:47	1	GW01-9					
				Groundwater - TOTAL AS					

<b>Method of Shipment:</b> <input checked="" type="checkbox"/> Staff <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other-specify: _____	<b>Reason for Sample Collection:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Anhydrous Ammonia Spill  <input type="checkbox"/> Animal Waste  <input type="checkbox"/> Open Burning  <input type="checkbox"/> Dairy Product Spill  <input type="checkbox"/> Construction/Storm Water Runoff           </div> <div style="width: 45%;"> <input type="checkbox"/> Pesticide Spill * - Specify Pesticide: _____  <input type="checkbox"/> Hazardous Waste Release *  <input type="checkbox"/> Petroleum Product Release * - Specify Product: _____  <input type="checkbox"/> Industrial Spill/Runoff * - Specify Industry Type: _____  <input checked="" type="checkbox"/> Other-specify: <u>BRRTS Case: 02-31-000508</u> </div> </div>	Was the sample shipping container sealed on receipt? <input type="radio"/> Yes <input checked="" type="radio"/> No
--	--	---

\* Contact the laboratory with product information and for consultation. Also, include sample of suspected spilled product.

Certification			
I hereby certify that I received and properly handled these samples as noted below:			
Relinquished By (Signature) <i>[Signature]</i>	Date / Time <i>5/12/17 7:30</i>	Received By (Signature)	Date / Time
Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time
Relinquished By (Signature)	Date / Time	Received for Laboratory By (Signature)	Date / Time

Disposition of Unused Portion of Sample:

Dispose

Return

Retain until further notice

Other \_\_\_\_\_

If you need additional room for notes, use the back of this form.