

# RADIOACTIVITY ANALYSES

**(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)**

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

System Name: \_\_\_\_\_ PWS ID: \_\_\_\_\_  
DNR Contact: \_\_\_\_\_ Region: \_\_\_ System Type:  OMC  ONN  OOC  OTN  
System Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Entry Point ID: \_\_\_\_\_ WI Unique Well No: \_\_\_\_\_ Note: \_\_\_\_\_

<b>Sampler Contact Info:</b> (Notify DNR Contact of Corrections)     	<b>Sampler:</b> (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____  
<b>Sample Source:</b> (Location)  <input type="checkbox"/> W - Well Source <input type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	<b>Sample Type:</b> (Check Only One)  <input type="checkbox"/> G - Grab Sample <input type="checkbox"/> C - Confirmation Sample <input type="checkbox"/> I - Investigation Sample <input type="checkbox"/> W - Raw Water Sample <input type="checkbox"/> D - Composite Sample (collect over 4 quarters)

Special Instructions: \_\_\_\_\_  
Collect Sample between: \_\_\_\_\_ and \_\_\_\_\_

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

Sample Collection Date(s):  
Grab or Composite 1st Qtr: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_  a.m.  p.m.  
Composite 2nd Qtr: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_  a.m.  p.m.  
Composite 3rd Qtr: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_  a.m.  p.m.  
Composite 4th Qtr: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_  a.m.  p.m.  
Address where sample was collected: \_\_\_\_\_  
Monitoring Site ID: \_\_\_\_\_ Sample Tap Location (e.g. kitchen sink): \_\_\_\_\_  
First Initial and Last Name of Sampler: \_\_\_ - \_\_\_\_\_ Sampler Phone: \_\_\_\_\_

**Section III: To be completed by LAB. Report results on back for PWS and electronically to DNR within 10 days per NR 809.80**

Check here if some or all of the parameters were analyzed by a subcontracted lab.  
**NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.**  
Laboratory ID: \_\_\_\_\_ Laboratory Name: \_\_\_\_\_  
Date Sample Received: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ Lab Sample ID: \_\_\_\_\_  
Signature of Receiving Lab Official: \_\_\_\_\_ Date Reported to PWS: \_\_\_ / \_\_\_ / \_\_\_  
Condition of Sample Upon Receipt: \_\_\_\_\_

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose. Reference Requirement #15002417.

**RADIOACTIVITY ANALYSES** System Name: \_\_\_\_\_

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

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
99971	GROSS ALPHA, EXCLUDING URANIUM & RADON				15	PCI/L
* 1501	GROSS ALPHA, INCLUDING URANIUM & RADON					PCI/L
3501	GROSS BETA				50.0	PCI/L
9501	RADIUM 226				5	PCI/L
11501	RADIUM-228, TOTAL				5	PCI/L
11503	RADIUM 226 + 228 TOTAL				5	PCI/L
82303	RADON-222,TOTAL IN WATER					PCI/L
13501	STRONTIUM 90, TOTAL				8.0	PCI/L
7005	TRITIUM DISS PCI/L				20000	PCI/L
22706	URANIUM TOTAL				30	UG/L

**\*If Gross Alpha Including Uranium & Radon > 5 pCi/L, Radium-226 must also be reported.****If Gross Alpha Including Uranium & Radon > 15 pCi/L, Uranium must also be reported.**

Approved By: QA Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_