

**ANALYTICAL REPORT**

TRAVIS HAMELE

Project Name: JAMES DELANEY

Contract #: 3216

Project Phase:

Arrival Temperature: See COC

Project #:

Report Date: 8/10/2023

Folder #: 179524

Date Received: 8/3/2023

Purchase Order #:

Reprint Date: 8/10/2023

Sample #: 1355442

Sample Description: 1703 NEW HAVEN RD -

Sampled: 8/3/2023 10:45

Analyte	Result	Units	MCL	LOD	LOQ	Dilution	Qualifier	Prep Date/Time	Analysis Date/Time	Analyst	Method
<b>Inorganic Results</b>											
E. coli	ABSENT		0	N/A	N/A	1			08/03/2023 12:00	HLB	SM 9223B
Total Coliform Bacteria	ABSENT		0	N/A	N/A	1	E		08/03/2023 12:00	HLB	SM 9223B
Nitrate Nitrogen Total	1.1	mg/L	10	0.12	0.40	1			08/03/2023 18:24	TMG	EPA 300.0
Nitrite Nitrogen Total	<0.14	mg/L	1	0.14	0.48	1			08/03/2023 18:24	TMG	EPA 300.0
<b>Metals Results</b>											
Total Arsenic	<0.55	ug/L	10	0.55	2.0	1		8/3/2023 12:30	08/08/2023 10:43	MDS	EPA 200.9
Total Lead	3.8	ug/L	15	0.50	2.0	1		8/8/2023 08:30	08/10/2023 09:28	MDS	EPA 200.9

Notes: \* Indicates Value in between the LOD (limit of detection) and the LOQ (limit of quantitation). MCL = USEPA maximum concentration limit.

### Indicates a value that exceeds the drinking water MCL standard. All LOD/LOQs are adjusted to reflect dilution and any differences in the sample weight / volume as compared to standard amounts.

All samples were received intact and properly preserved unless otherwise noted. The results reported relate only to the samples tested. This report shall not be reproduced, except in full, without written approval of this laboratory. The Chain of Custody is attached.

Submitted by: Jodi L. Serstad  
Project Manager  
608-356-2760

**QC Qualifiers**

<u>Code</u>	<u>Description</u>
B	Analyte detected in the associated Method Blank.
C	Toxicity present in BOD sample.
D	Diluted Out.
E	Safe, No Total Coliform detected.
F	Unsafe, Total Coliform detected, no E. Coli detected.
G	Unsafe, Total Coliform detected and E. Coli detected.
H	Holding time exceeded.
I	Incubator temperature was outside acceptance limits during test period.
J	Estimated value.
L	Significant peaks were detected outside the chromatographic window.
M	Matrix spike and/or Matrix Spike Duplicate recovery outside acceptance limits.
N	Insufficient BOD oxygen depletion.
O	Complete BOD oxygen depletion.
P	Concentration of analyte differs more than 40% between primary and confirmation analysis.
Q	Laboratory Control Sample outside acceptance limits.
R	See Narrative at end of report.
S	Surrogate standard recovery outside acceptance limits due to apparent matrix effects.
T	Sample received with improper preservation or temperature.
U	Analyte concentration was below detection limit.
V	Raised Quantitation or Reporting Limit due to limited sample amount or dilution for matrix background interference.
W	Sample amount received was below program minimum.
X	Analyte exceeded calibration range.
Y	Replicate/Duplicate precision outside acceptance limits.
Z	Specified calibration criteria was not met.

**Current CT Laboratories Certifications**

Wisconsin (WDNR) Chemistry ID# 157066030  
Wisconsin (DATCP) Bacteriology ID# 289  
Louisiana NELAP (primary) ID# 115843  
Illinois NELAP Lab ID# 200073  
Kansas NELAP Lab ID# E-10368  
Virginia NELAP Lab ID# 460203  
ISO/IEC 17025-2005 A2LA Cert # 3806.01  
DoD-ELAP A2LA 3806.01

"Contractors"

Collection Date (MM/DD/YY) <u>8/13/24</u>	Time <u>10:45</u> <input checked="" type="radio"/> AM <input type="radio"/> PM	Order # 179524	<b>CT LABORATORIES</b> 1230 Lange Court, Baraboo, WI 53913 Tel. 608-356-2760 Fx. 608-356-2766 www.ctlaboratories.com
Owner's Tel Number <u>608-477-3953</u>	Turnaround time: Normal Rush (if rush) Date Needed: _____	Company: WALKIN	
Owner's Name <u>1703 James Delaney</u>	Collected by and license # _____	Project: JAMES DELANEY	

Owner's Street Address <u>1703 New Haven Rd</u>	Well address (if different from street) _____
---	---

City, State, Zip <u>North Freedom, WI</u>	County <u>Sauk</u>	Send copy of results to the DNR? YES NO If YES, must include DNR Form	<b>Lab Use Only</b> ICE PRESENT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <i>Direct</i> Obs. Temp <u>Ant</u> IR Gun # _____ Act. Temp _____ Initials <u>EM</u> Date <u>8/13/24</u> Time <u>1111</u> Cooler # _____
<b>Submit Results To:</b> Name: <u>Travis Hamel</u> Email/Fax: _____ Address: _____ City, State, Zip: _____	License #/WI Unique Well #: _____		

Sampling Information:	Sample Location:	TEST	Check correct box(es)	PRICE*	AMT PAID
Reason for Test: <input type="checkbox"/> Annual Test <input type="checkbox"/> Pump Work <input type="checkbox"/> New Well <input type="checkbox"/> Real Estate <input type="checkbox"/> Taste or Odor <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> Other Reasons _____	<input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Milkhouse <input checked="" type="checkbox"/> Pressure Tank Tap <input type="checkbox"/> Other _____ Approximate Well Construction Date: _____	Bacteria Nitrate Arsenic Lead Other: <u>Nitrite</u>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<del>\$60.00</del> <del>\$55.00</del> <del>\$55.00</del> <del>\$55.00</del> \$ _____	<u>25</u> <u>20</u> <u>20</u> <u>20</u> <del>20</del> <u>105.00</u> <i>Paid in full etc</i>

<b>Lab Information:</b> WDNR CERT # 157066030 DATCP CERT : 289	<b>Well Construction Information:</b> <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Dug <input type="checkbox"/> Other _____	* Prices subject to change without prior notice. All samples must be received within 24 hours of collection. Samples accepted: Monday - Thursday 8 AM - 4 PM, Friday 8 AM - 12 NOON <b>NO ACCOUNT CHARGES</b> Payment must be made at time the sample is taken to the lab. Acceptable methods of payment are check, cash, or credit card. A 3% surcharge will be added to credit card transactions.
--	---	---

Received by: <u>EM</u>	Date <u>8/13/24</u>	Time <u>1113</u>	Sample Number <u>1355442</u>	<b>PLEASE DO NOT CALL THE LABORATORY FOR RESULTS</b> A CT Laboratories representative will contact you by phone if your Bacteria results are unsafe. A final report will be submitted when it is complete.
------------------------	---------------------	------------------	------------------------------	---

## Water Sample Collection From Small & Private Water Supplies

The following aid has been developed from Wisconsin DNR guidelines and its use is intended only as a guide. It is not intended to replace proper training for the collection of potable or regulatory water samples. Every water sample may have collection requirements that are different from this aid and it is the responsibility of the responsible party and the sample collector to know and follow acceptable procedures. For more information about your results and your well go to the WDNR website <http://dnr.wi.gov/org/water/dwg/privatewelltest.htm>

1. Sample bottles may contain preservatives such as nitric or sulfuric acid. **WASH/RINSE HANDS AFTER HANDLING BOTTLES.**
2. Take samples as close to the pump as possible and before the water heater, water softener or pressure tank if possible. If collecting a sample before treatment is not possible, note this on the sample sheet. There is usually a sample tap just prior to entering the pressure tank. Remove any aerator, filters, or other devices from the tap before taking a sample. If the sample must be taken from an outside tap, remove any hoses before taking sample.
3. If the sample is collected on the well side of the pressure tank, make sure the pump is running and allow the water to run from the tap at least two minutes prior to collecting the sample.
4. If the sample is collected on the plumbing side of the pressure tank, allow the water to run at least five minutes prior to sample collection, to flush out water in the pressure tank and cycle the water pump. For large pressure tanks calculate the necessary flushing time based on the pressure tank volume and flow rate.
5. Reduce flow to pencil size diameter for two (2) minutes prior to collecting sample.
6. Prior to collecting a sample, the area around the sampling area should be checked for possible contaminants. Remove any solvents, paints, or other products from the area and ventilate.
7. **FILL SAMPLE BOTTLE TO THE LINE; COMPLETE ALL INFORMATION ON SAMPLE LABEL AND OTHER SIDE OF THIS FORM.**
8. **Return sample to laboratory within 24 hours after sample collection.** Keep sample cold with ice until it arrives at the laboratory. Gel packs or blue ice are not acceptable.
9. All sample results are confidential and will only be released to those individuals listed on the front of this page unless state law requires the information be shared with regulatory agencies. Please contact CT Laboratories for questions or concerns.

### Information about Total Coliform Bacteria:

Bacteriological tests of drinking water are made to determine if the water contains disease-producing organisms. Water samples are tested for the presence of coliform bacteria. If coliform bacteria are found, it means the well is probably contaminated by an outside source and those disease-producing organisms may be present. Uncontaminated water supplies are always free of coliform bacteria. This test is recommended for all wells on an annual basis, or anytime the well water changes in taste, odor, color, or appearance. CT Laboratories will call all clients concerning samples containing coliform bacteria within a timely manner.

### Information about Nitrates:

High levels of nitrates in water present a potential health problem for infants less than six months of age. Nitrates are converted to nitrites in the stomach of infants. The nitrite interferes with the blood's ability to carry oxygen. If the concentration of nitrates is sufficiently high, symptoms of suffocation, "blue baby syndrome", may occur. This effect is not seen in persons over six months of age. The Federal and State Enforcement Standard for Nitrates is 10.0 mg/L.

### Information about Arsenic:

Arsenic has been detected in every county in Wisconsin, 51 of 72 counties have wells that have exceeded the 10ppb safe level. Arsenic is a naturally occurring element that is toxic at higher levels and has been associated with the following health effects : skin cancer, internal cancers, thick rough skin on hands and feet, unusual skin pigmentation, numbness in hands and feet, circulatory disorders, tremors, stomach pain, nausea, diarrhea, diabetes, and depression. It is recommended that arsenic testing is done every 5 years, except in previously documented contaminated wells and in the counties of Winnebago and Outagamie, these places should be done annually.

### Sample container requirements (all containers available from CT Laboratories):

Test Requested	Price Each	Container Needed
Bacteria	\$60.00	125ml sterile container w/Teflon lid
Nitrates	\$55.00	125ml Unpreserved
pH	\$10.00	125ml Unpreserved
Arsenic	\$55.00	250ml preserved with Nitric Acid (HNO <sub>3</sub> )
Hardness	\$45.00	250ml preserved with Nitric Acid (HNO <sub>3</sub> )
Lead	\$55.00	250 ml preserved with Nitric Acid (HNO <sub>3</sub> )