



Northern Lake Service, Inc • 400 N Lake Ave • Crandon, WI 54520  
800-278-1254 • [www.nlslab.com](http://www.nlslab.com)

March 03, 2026

Adam Lechner  
Brownsville, Village of  
514 Railroad Street  
Brownsville, WI 53006

Project: 2026 Annual Drinking Water Testing  
Project Number: 2026 WDNR Drinking Water Requirements  
Work Order: WE00894  
Received: 02/10/26  
PWS ID: 11401390

Enclosed are the results of analyses for samples received by our laboratory on 2/10/2026. If you have any questions concerning this report, please feel free to contact a client service representative at [clientservices@nlslab.com](mailto:clientservices@nlslab.com).

Sincerely,

A handwritten signature in black ink that reads "Steven M. Hefter". The signature is written in a cursive style with a long horizontal stroke at the end.

Steven M. Hefter For Client Services-w  
Northern Lake Service, Inc.



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**Reported:**  
3/3/26 17:45

**Work Order:**  
WE00894

### Sample Summary

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

Lab ID	Sample	Matrix	Qualifiers	Date Sampled	Date Received
WE00894-01	1 Raw (Rad)	DW		2/10/26 10:00	2/10/26 13:45



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**Sample Results**

**Sample: 1 Raw (Rad)**

**WE00894-01 (DW) Sampled: 02/10/26 10:00**

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
<b>Subcontract</b>											
	Analytes: 5										
Radioactivity, Gross Alpha (excluding U and Ra)	45.8				15	pCi/L	3/3/26 15:33	3/3/26 15:33	SUB	EPA 900.0	12
Radioactivity, Gross Alpha (including U and Ra)	46.3 ±5.39		2.97	2.97		pCi/L	3/2/26 10:34	3/2/26 10:34	SUB	EPA 900.0	12
Radium 226, total	7.47 ±1.40		0.699	0.699	5	pCi/L	2/27/26 13:33	2/27/26 13:33	SUB	EPA 903.1	12
Radium 228, total	3.05 ±0.576		0.844	0.844	5	pCi/L	2/27/26 11:47	2/27/26 11:47	SUB	EPA 904.0	12
Uranium, Total	0.795 ±0.014		0.323	0.323	30	ug/L	2/23/26 13:53	2/23/26 13:53	SUB	ASTM D5174.97	12



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### Laboratory Facility Identifications

<b>Code</b>	<b>Description</b>	<b>Number</b>	<b>Expires</b>
12	Pace Analytical Services - Greensburg	999407970	3/31/26



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### Qualifiers and Definitions

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

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

**SAMPLE COLLECTION AND CHAIN OF CUSTODY RECORD**

Wisconsin Lab Cert. No. 721026460  
WI DATCP 105-000330

**NORTHE**  
Analytical Lab  
400 North Lake Avenue • Randolph, WI 54520-1298  
Tel: (715) 478-2777 • Fax: (715) 478-3060



WE00894

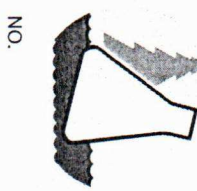
CLIENT: Village of Brownsville  
ADDRESS: 871 Main St, WI 53006  
CITY: Brownsville, WI  
STATE: WI ZIP: 53006  
PROJECT DESCRIPTION / NO.: QUOTATION NO.  
DNR FID #: DNR LICENSE: 33392  
CONTACT: Adam Lecher PHONE: 920.583.6700  
PURCHASE ORDER NO.: FAX:

MATRIX:  
SW = surface water  
WW = waste water  
GW = groundwater  
DW = drinking water  
TTS = Issue  
AIR = air  
SOIL = soil  
SED = sediment  
PROD = product  
SL = sludge  
OTHER

ANALYZE PER ORDER OF ANALYSIS

USE BOXES BELOW; Indicate Y or N if GW Sample is field filtered.  
Indicate G or C if WW Sample is Grab or Composite.

ITEM NO.	NIS LAB NO.	SAMPLE ID	DATE	COLLECTION TIME	MATRIX (see above)	ANALYZE PER ORDER OF ANALYSIS	COLLECTION REMARKS (ie. DNR Well ID #)
1.		Well 1	2-10-26	1000	GW	X Rads X Bacti	
2.		W1		1045		X	
3.		B3		1115		X	
4.		BH		1145		X	
5.							
6.							
7.							
8.							
9.							
10.							



COLLECTED BY (signature): *Adam Lecher* CUSTODY SEAL NO. (IF ANY): 2.10.26 1000  
 RELINQUISHED BY (signature): *Adam Lecher* RECEIVED BY (signature): *Adam Lecher* DATE/TIME: 2.10.26 1000  
 DISPATCHED BY (signature): *Adam Lecher* METHOD OF TRANSPORT: amp-off DATE/TIME:   
 RECEIVED IN LIS BY (signature): *Adam Lecher* DATE/TIME: 2/10/26 1345 CONDITION: No Rx TEMP: OK  
 REMARKS & OTHER INFORMATION:   
 WDR FACILITY NUMBER: E-MAIL ADDRESS:   
 COOLER #:

PRESERVATIVE:  
NP = no preservative  
S = sulfuric acid  
N = nitric acid  
Z = zinc acetate  
M = methanol  
OH = sodium hydroxide  
HA = hydrochloric & ascorbic acid  
H = hydrochloric acid

**IMPORTANT:**

1. TO MEET REGULATORY REQUIREMENTS, THIS FORM MUST BE COMPLETED IN DETAIL AND INCLUDED IN THE COOLER CONTAINING THE SAMPLES DESCRIBED.
2. PLEASE USE ONE LINE PER SAMPLE. NOT PER BOTTLE.
3. RETURN THIS FORM WITH SAMPLES. CLIENT MAY KEEP PINK COPY.
4. PARTIES COLLECTING SAMPLE, LISTED AS REPORT TO AND LISTED AS INVOICED TO AGREE TO STANDARD TERMS & CONDITIONS ON REVERSE.

REPORT TO:   
INVOICE TO:   
COLLECTION REMARKS (ie. DNR Well ID #):

# RADIOACTIVITY ANALYSES

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

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

System Name: **BROWNSVILLE WATERWORKS** PWS ID: **11401390**  
DNR Contact: **SOPHIA STEVENSON (608)576-4934** Region: **1** Type: **MC**  
System Address: \_\_\_\_\_ City: **BROWNSVILLE** County: **DODGE**  
Entry Point ID: **1** WI Unique Well No: **NQ880** Note: **System Chlorinates.**

<b>Sampler Contact Info:</b> (Notify DNR Contact of Corrections) (920)583-6700 SUPERINTENDANT ADAM LECHNER 871 MAIN ST PO BOX 308 BROWNSVILLE WI 53006	<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: _____
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<b>Sample Source:</b> (Location) <input checked="" 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 checked="" type="checkbox"/> W - Raw Water Sample <input type="checkbox"/> D - Composite Sample (collect over 4 quarters)
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Special Instructions: \_\_\_\_\_

Collect Sample between: **1/1/2026** and **9/30/2026**

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

Sample Collection Date(s):

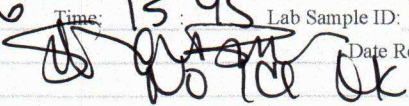
Grab or Composite 1st Qtr: **02/10/2026** Time: **10:00**  a.m.  p.m.  
Composite 2nd Qtr: / / Time: : :  a.m.  p.m.  
Composite 3rd Qtr: / / Time: : :  a.m.  p.m.  
Composite 4th Qtr: / / Time: : :  a.m.  p.m.

Address where sample was collected: **514 Railroad St**  
Monitoring Site ID: **WI** Sample Tap Location (e.g. kitchen sink): **sample tap**  
First Initial and Last Name of Sampler: **A. Lechner** Sampler Phone: **920.583.6700**

**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: **2/10/26** Time: **13:45** Lab Sample ID: **WE00894-01**  
Signature of Receiving Lab Official:  Date Reported to PWS: / /  
Condition of Sample Upon Receipt: **no ice ok**

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 requirements 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 #121650739.

**RADIOACTIVITY ANALYSES** System Name: **BROWNSVILLE WATERWORKS**

To be completed by the laboratory performing analysis. PWS ID: **11401390** Lab Sample ID: \_\_\_\_\_

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
99971 X	GROSS ALPHA, EXCLUDING URANIUM & RADON				15	PCI/L
* 1501 X	GROSS ALPHA, INCLUDING URANIUM & RADON					PCI/L
3501	GROSS BETA				50.0	PCI/L
9501	RADIUM 226				5	PCI/L
11501 X	RADIUM-228, TOTAL				5	PCI/L
11503 X	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 X	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: \_\_\_\_\_