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800-278-1254 • www.nlslab.com

March 26, 2026

**** DRAFT ****

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: WE01577
Received: 03/10/26
PWS ID: 11401390

Enclosed are the results of analyses for samples received by our laboratory on 3/10/2026. If you have any questions concerning this report, please feel free to contact a client service representative at clientservices@nlslab.com.

Sincerely,

DRAFT REPORT
Northern Lake Service, Inc.



Brownsville, Village of
514 Railroad Street
Brownsville, WI 53006

Project: 2026 Annual Drinking Water Testing
Project Number: 2026 WDNR Drinking Water Requirements
Project Manager: Adam Lechner

Reported:
3/26/26 21:58

Work Order:
WE01577

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
WE01577-01	Raw 1 (IOC)	DW		3/10/26 9:00	3/10/26 12:45
WE01577-02	Raw 1 (VOC)	DW		3/10/26 9:00	3/10/26 12:45
WE01577-03	Raw 1 (SOC)	DW		3/10/26 9:00	3/10/26 12:45
WE01577-04	EP1 (SOC)	DW		3/10/26 9:00	3/10/26 12:45
WE01577-05	EP2 (RAD)	DW		3/10/26 10:00	3/10/26 12:45
WE01577-06	Trip Blank	DW		3/10/26 0:00	3/10/26 12:45

DRAFT



Brownsville, Village of
514 Railroad Street
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Project: 2026 Annual Drinking Water Testing
Project Number: 2026 WDNR Drinking Water Requirements
Project Manager: Adam Lechner

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Work Order:
WE01577

Sample Results

Sample: Raw 1 (IOC)

WE01577-01 (DW) Sampled: 03/10/26 09:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Wet Chemistry Analytes: 8											
Alkalinity (unfiltered)	190		5.4	18		mg/L	3/12/26 15:58	3/13/26 21:43	PJG	SM 2320 B-1997	2
Solids, tot. dis. (TDS)	590		2.0	2.0		mg/L	3/16/26 14:37	3/17/26 11:06	WPV	SM 2540 C-1997	2
Chloride (unfiltered)	180		1.1	25	250	mg/L	3/11/26 12:52	3/11/26 19:59	CIL	EPA 300.0, Rev 2.1	4
Fluoride (unfiltered)	0.39		0.033	0.13	4	mg/L	3/12/26 8:41	3/12/26 17:03	CIL	EPA 300.0, Rev 2.1	4
Nitrate as N (unfiltered)	ND		0.075	0.25	10	mg/L	3/10/26 13:11	3/10/26 22:59	CIL	EPA 300.0, Rev 2.1	4
Nitrite as N (unfiltered)	ND		0.017	0.13	1	mg/L	3/10/26 13:11	3/10/26 22:59	CIL	EPA 300.0, Rev 2.1	4
pH, Lab	7.5	pHq				s.u.	3/11/26 14:11	3/11/26 14:23	CIL	SM 4500-H+B-2000	
N+N by IC	0.0				10	mg/L	3/10/26 13:11	3/10/26 22:59	CIL	EPA 300.0, Rev 2.1, CALC	

Metals Analytes: 21											
Turbidity, screening - SDWA (200.7)	0.64		0.50	0.50	1	NTU	3/11/26 13:08	3/11/26 14:35	RAB	EPA 180.1, Rev 2	2
Turbidity, screening - SDWA (200.8)	0.64		0.50	0.50	1	NTU	3/11/26 13:08	3/11/26 14:35	RAB	EPA 180.1, Rev 2	2
Calcium, Total	92		0.19	0.63		mg/L	3/12/26 9:13	3/12/26 12:16	RAB	EPA 200.7, Rev 4.4	2
Chromium, Total	ND		1.5	5.0	100	ug/L	3/13/26 9:09	3/13/26 12:23	RAB	EPA 200.7, Rev 4.4	2
Iron, Total	0.68		0.16	0.53		mg/L	3/13/26 9:09	3/13/26 12:23	RAB	EPA 200.7, Rev 4.4	2
Magnesium, Total	44		0.034	0.11		mg/L	3/12/26 9:13	3/12/26 12:16	RAB	EPA 200.7, Rev 4.4	2
Sodium, Total	48		0.21	0.70		mg/L	3/12/26 9:13	3/12/26 12:16	RAB	EPA 200.7, Rev 4.4	2
Aluminum, Total	ND		0.013	0.043	0.2	mg/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Antimony, Total	0.31	J	0.15	0.50	6	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Arsenic, Total	5.7		1.1	3.7	10	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Barium, Total	39		0.20	0.67	2000	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Beryllium, Total	ND		0.060	0.20	4	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Cadmium, Total	ND		0.12	0.40	5	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Manganese, Total	31		0.50	1.7	50	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Mercury, Total	ND		0.021	0.070	2	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Nickel, Total	9.2		1.2	4.0	100	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Selenium, Total	4.5		1.0	3.3	50	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Silver, Total	ND		0.43	1.4	100	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Thallium, Total	ND		1.2	4.0	2	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2
Zinc, Total	9.7	J	3.8	13	5000	ug/L	3/12/26 7:16	3/12/26 19:37	RAB	EPA 200.8, Rev 5.4	2



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WE01577

Sample: Raw 1 (IOC) (Continued)

WE01577-01 (DW) Sampled: 03/10/26 09:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Metals (Continued) Analytes: 21											
Hardness unfiltered by ICP	410					mg/L	3/12/26 9:13	3/12/26 12:16	RAB	CALC	

Sample: Raw 1 (VOC)

WE01577-02 (DW) Sampled: 03/10/26 09:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Volatiles Analytes: 23											
Benzene	ND		0.17	0.57	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Carbon Tetrachloride	ND		0.30	1.0	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,2-Dichlorobenzene	ND		0.32	1.1	600	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,4-Dichlorobenzene	ND		0.29	0.97	75	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,2-Dichloroethane	ND		0.22	0.73	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,1-Dichloroethene	ND		0.31	1.0	7	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
cis-1,2-Dichloroethene	ND		0.23	0.77	70	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
trans-1,2-Dichloroethene	ND		0.20	0.67	100	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Dichloromethane	ND		0.18	0.60	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,2-Dichloropropane	ND		0.16	0.53	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Ethyl Benzene	ND		0.21	0.70	700	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Chlorobenzene	ND		0.20	0.67	100	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Styrene	ND		0.19	0.63	100	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Tetrachloroethene	ND		0.25	0.83	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Toluene	0.34	J	0.20	0.67	1000	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,2,4-Trichlorobenzene	ND		0.28	0.93	70	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,1,1-Trichloroethane	ND		0.23	0.77	200	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
1,1,2-Trichloroethane	ND		0.21	0.70	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Trichloroethene	ND		0.22	0.73	5	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Vinyl Chloride	ND		0.18	0.60	0.2	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
Xylene (Total)	ND		0.24	0.80	10000	ug/L	3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	2
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Surrogate: (SURR) 4-Bromofluorobenzene	102%		Limits: 36-122%				3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	
Surrogate: (SURR) 1,2-Dichlorobenzene-d4	72%		Limits: 42-127%				3/18/26 14:12	3/19/26 0:16	JLG	EPA 524.2, Rev 4.1	



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Work Order:
WE01577

Sample: Raw 1 (SOC)

WE01577-03 (DW) Sampled: 03/10/26 09:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Semi-Volatiles											
Analytes: 31											
PCB-1016	ND		0.043	0.15		ug/L					
PCB-1221	ND		0.20	0.66		ug/L					
PCB-1232	ND		0.14	0.46		ug/L					
PCB-1242	ND		0.050	0.17		ug/L					
PCB-1248	ND		0.11	0.37		ug/L					
PCB-1254	ND		0.053	0.18		ug/L					
PCB-1260	ND		0.055	0.19		ug/L					
Total PCBs	0.0				0.5	ug/L	3/24/26 9:10	3/25/26 11:23	RSK	EPA 505, Rev 2.1	2
Total Chlordane	ND		0.040	0.13	2	ug/L	3/24/26 9:10	3/25/26 11:23	RSK	EPA 505, Rev 2.1	2
Toxaphene	ND		0.65	2.2	3	ug/L	3/24/26 9:10	3/25/26 11:23	RSK	EPA 505, Rev 2.1	2
Alachlor	ND		0.0084	0.028	2	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Atrazine	ND		0.0090	0.030	3	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Di(2-ethylhexyl) adipate	ND		0.42	1.4	400	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Di(2-ethylhexyl) phthalate	ND		0.35	1.2	6	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Endrin	ND		0.0081	0.027	2	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Heptachlor	ND		0.0080	0.026	0.4	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Heptachlor Epoxide	ND		0.013	0.043	0.2	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Hexachlorobenzene	ND		0.0085	0.028	1	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Hexachlorocyclopentadiene	ND		0.0089	0.029	50	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
BHC gamma (Lindane)	ND		0.0088	0.029	0.2	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Methoxychlor	ND		0.0095	0.031	40	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
Simazine	ND		0.013	0.043	4	ug/L	3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	2
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Surrogate: (SURR) 1,3-Dimethyl-2-Nitrobenzene	106%		Limits: 66-136%				3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	
Surrogate: (SURR) Triphenylphosphate	110%		Limits: 64-144%				3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	
Surrogate: (SURR) Perylene-d12	90%		Limits: 32-138%				3/19/26 7:13	3/19/26 20:03	MLT	EPA 525.2, Rev 2.0	
Carbofuran	ND		0.27	0.90	40	ug/L	3/24/26 8:52	3/24/26 17:59	BAS	EPA 531.1, Rev 3.1	2
Oxamyl	ND		0.31	1.0	200	ug/L	3/24/26 8:52	3/24/26 17:59	BAS	EPA 531.1, Rev 3.1	2
Glyphosate	ND		3.8	13	700	ug/L	3/12/26 8:05	3/12/26 12:28	BAS	EPA 547	2
Endothall	ND		0.89	3.0	100	ug/L	3/16/26 7:26	3/16/26 15:44	BAS	EPA 548.1, Rev 1.0	2
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Surrogate: (SURR) Propachlor	100%		Limits: 57-132%				3/16/26 7:26	3/16/26 15:44	BAS	EPA 548.1, Rev 1.0	
Diquat	ND		0.32	1.1	20	ug/L	3/11/26 13:00	3/12/26 16:35	BAS	EPA 549.2, Rev 1.0	2



Brownsville, Village of 514 Railroad Street Brownsville, WI 53006	Project: 2026 Annual Drinking Water Testing Project Number: 2026 WDNR Drinking Water Requirements Project Manager: Adam Lechner	Reported: 3/26/26 21:58	Work Order: WE01577
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Sample: Raw 1 (SOC) (Continued)

WE01577-03 (DW) Sampled: 03/10/26 09:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Subcontract Analytes: 8											
2,4-D	ND		0.10	0.33	70	µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
Dalapon	ND		0.93	3.1	200	µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
Dicamba	ND		0.15	0.51		µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
Dinoseb	ND		0.15	0.49	7	µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
Pentachlorophenol	ND		0.04	0.13	1	µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
Picloram	ND		0.10	0.35		µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
2,4,5-TP (Silvex)	ND		0.11	0.37	50	µg/L	3/16/26 10:25	3/16/26 18:30	ETM	EPA 515.3 1996	6
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<i>Surrogate: 2,4-Dichlorophenylacetic acid</i>	<i>103%</i>		<i>Limits: 70-130.5%</i>				<i>3/16/26 10:25</i>	<i>3/16/26 18:30</i>	<i>ETM</i>	<i>EPA 515.3 1996</i>	<i>6</i>

Sample: EP1 (SOC)

WE01577-04 (DW) Sampled: 03/10/26 09:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Semi-Volatiles Analytes: 5											
Di(2-ethylhexyl) adipate	ND		0.42	1.4	400	ug/L	3/19/26 7:13	3/19/26 20:29	MLT	EPA 525.2, Rev 2.0	2
Di(2-ethylhexyl) phthalate	ND		0.35	1.2	6	ug/L	3/19/26 7:13	3/19/26 20:29	MLT	EPA 525.2, Rev 2.0	2
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<i>Surrogate: (SURR) 1,3-Dimethyl-2-Nitrobenzene</i>	<i>99%</i>		<i>Limits: 66-136%</i>				<i>3/19/26 7:13</i>	<i>3/19/26 20:29</i>	<i>MLT</i>	<i>EPA 525.2, Rev 2.0</i>	
<i>Surrogate: (SURR) Triphenylphosphate</i>	<i>110%</i>		<i>Limits: 64-144%</i>				<i>3/19/26 7:13</i>	<i>3/19/26 20:29</i>	<i>MLT</i>	<i>EPA 525.2, Rev 2.0</i>	
<i>Surrogate: (SURR) Perylene-d12</i>	<i>87%</i>		<i>Limits: 32-138%</i>				<i>3/19/26 7:13</i>	<i>3/19/26 20:29</i>	<i>MLT</i>	<i>EPA 525.2, Rev 2.0</i>	



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Project: 2026 Annual Drinking Water Testing
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Project Manager: Adam Lechner

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3/26/26 21:58

Work Order:
WE01577

Sample: Trip Blank

WE01577-06 (DW) Sampled: 03/10/26 00:00

Analyte	Result	Qualifier	LOD	LOQ	MCL	Units	Date Prepared	Date Analyzed	Analyst	Method	Laboratory FID
Volatiles Analytes: 23											
Benzene	ND		0.17	0.57	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Carbon Tetrachloride	ND		0.30	1.0	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,2-Dichlorobenzene	ND		0.32	1.1	600	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,4-Dichlorobenzene	ND		0.29	0.97	75	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,2-Dichloroethane	ND		0.22	0.73	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,1-Dichloroethene	ND		0.31	1.0	7	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
cis-1,2-Dichloroethene	ND		0.23	0.77	70	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
trans-1,2-Dichloroethene	ND		0.20	0.67	100	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Dichloromethane	ND		0.18	0.60	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,2-Dichloropropane	ND		0.16	0.53	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Ethyl Benzene	ND		0.21	0.70	700	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Chlorobenzene	ND		0.20	0.67	100	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Styrene	ND		0.19	0.63	100	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Tetrachloroethene	ND		0.25	0.83	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,2,4-Trichlorobenzene	ND		0.28	0.93	70	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,1,1-Trichloroethane	ND		0.23	0.77	200	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
1,1,2-Trichloroethane	ND		0.21	0.70	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Trichloroethene	ND		0.22	0.73	5	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Vinyl Chloride	ND		0.18	0.60	0.2	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Xylene (Total)	ND		0.24	0.80	10000	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
Toluene	ND		0.20	0.67	1000	ug/L	3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	2
<hr/>											
Surrogate: (SURR) 4-Bromofluorobenzene	108%		Limits: 36-122%				3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	
Surrogate: (SURR) 1,2-Dichlorobenzene-d4	119%		Limits: 42-127%				3/19/26 13:46	3/19/26 18:31	JLG	EPA 524.2, Rev 4.1	



Brownsville, Village of
514 Railroad Street
Brownsville, WI 53006

Project: 2026 Annual Drinking Water Testing
Project Number: 2026 WDNR Drinking Water Requirements
Project Manager: Adam Lechner

Reported:
3/26/26 21:58

Work Order:
WE01577

Laboratory Facility Identifications

Code	Description	Number	Expires
6	Davy Laboratories	632021390	8/31/26
2	NLS (Crandon) WDNR Laboratory ID No.	721026460	8/31/26
4	NLS (Waukesha) WDNR Laboratory ID No.	268533760	8/31/26

DRAFT



Brownsville, Village of
514 Railroad Street
Brownsville, WI 53006

Project: 2026 Annual Drinking Water Testing
Project Number: 2026 WDNR Drinking Water Requirements
Project Manager: Adam Lechner

Reported:
3/26/26 21:58

Work Order:
WE01577

Qualifiers and Definitions

Item	Definition
pHq	The pH measurement should be completed upon collection.
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: (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.

DRAFT

WE01577



SAMPLE COLLECTION AND CHAIN OF CUSTODY RECORD

CLIENT ADDRESS
Village of Brownsville

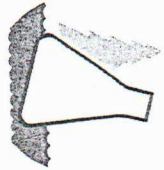
Wisconsin Lab Cert. No. 721026460
 WI DATCP 105-000330

NORTHER
 Analytical Labortz
 400 North Lake Avenue • Cranston, WI 53007-1290
 Tel: (715) 478-2777 • Fax: (715) 478-3060

CITY STATE ZIP
 PROJECT DESCRIPTION / NO. QUANTITY NO.
 DNR FID # DNR LICENSE #
 CONTACT: **Adam Loehner** PHONE: **920.583.6700**
 PURCHASE ORDER NO. FAX

- MATRIX:
 SW = surf face water
 WW = waste water
 GW = groundwater
 DW = drinking water
 TS = tissue
 AIR = air
 SOIL = soil
 SED = sediment
 PROD = product
 SL = sludge
 OTHER

ITEM NO.	SAMPLE ID	COLLECTION		MATRIX (See above)	ANALYZE PER ORDER OF ANALYSIS			COLLECTION REMARKS (i.e. DNR Well ID #)
		DATE	TIME		Indicate G or C if WW Sample is Grab or Composite.	Indicate Y or N if GW Sample is field filtered.	USE BOXES BELOW: Indicate Y or N if GW Sample is field filtered.	
1.	Well #1	3-10	0900	GW				
2.								
3.	EP #2	3-10	1000	DW				
4.								
5.	WW 1	2-23	0500	WW				
6.	WW 2	24						
7.	WW 3	25						
8.	WW 4	26						
9.	WW 5	3-10						
10.								



COLLECTED BY (signature) **Adam Loehner** CUSTODY SEAL NO. (if any) _____ DATE/TIME **3-10-20**

RELINQUISHED BY (signature) _____ RECEIVED BY (signature) **drop-off** DATE/TIME _____

DISPATCHED BY (signature) _____ METHOD OF TRANSPORT **drop-off** DATE/TIME _____

COOLER # _____ WDNR FACILITY NUMBER _____ E-MAIL ADDRESS _____

REPORT TO **Public works @ browns.village.wi.gov**

INVOICE TO _____

- COOLER # _____
- PRESERVATIVE: N = nitric acid OI = sodium hydroxide
 NP = no preservative Z = zinc acetate HA = hydrochloric & ascorbic acid
 S = sulfuric acid M = methanol H = hydrochloric acid
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.

INORGANIC 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.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (920)583-6700 SUPERINTENDANT ADAM LECHNER 871 MAIN ST PO BOX 308 BROWNSVILLE WI 53006	Sampler: (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____
---	--

Sample Source: (Location)	Sample Type: (Check Only One)
<input checked="" type="checkbox"/> W - Well Source	<input type="checkbox"/> D - Compliance Sample
<input type="checkbox"/> E - Entry Point	<input type="checkbox"/> C - Confirmation Sample
<input type="checkbox"/> D - Distribution System	<input type="checkbox"/> I - Investigation Sample
	<input checked="" type="checkbox"/> W - Raw Water Sample

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: **3/10/26** (mm/dd/yyyy) Time: **09:00** a.m. p.m.
Address where sample was collected: **514 Railroad**
Monitoring Site ID: **1** 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: **3/10/26** Time: **12:45** Lab Sample ID: **WE 01577-01 to 06**
Signature of Receiving Lab Official: *[Signature]* Date Reported to PWS: **/ /**
Condition of Sample Upon Receipt: **On Ice 1.0°C**

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 #121650748.

INORGANIC 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
410 X	ALKALINITY TOTAL CACO3					MG/L
1105 X	ALUMINUM TOTAL					MG/L
1097 X	ANTIMONY TOTAL				0.006	MG/L
1002 X	ARSENIC TOTAL				0.010	MG/L
34225	ASBESTOS				7 Mill	FIB/L
1007 X	BARIUM TOTAL				2	MG/L
1012 X	BERYLLIUM TOTAL				0.004	MG/L
1027 X	CADMIUM TOTAL				0.005	MG/L
916 X	CALCIUM TOTAL					MG/L
940 X	CHLORIDE					MG/L
50060	CHLORINE TOTAL RESIDUAL FIELD					MG/L
1034 X	CHROMIUM TOTAL				0.1	MG/L
1037	COBALT TOTAL					
80	COLOR					
1042	COPPER TOTAL					UG/L
720	CYANIDE				0.2	MG/L
951 X	FLUORIDE TOTAL				4	MG/L
900 X	HARDNESS TOTAL CACO3					MG/L
74010 X	IRON					MG/L
1051	LEAD TOTAL					UG/L
927 X	MAGNESIUM TOTAL					MG/L
1055 X	MANGANESE					MG/L
71900 X	MERCURY TOTAL				0.002	MG/L
1067 X	NICKEL TOTAL				0.1	MG/L
620	NITRATE AS N				10	MG/L
630 X	NITRATE+NITRITE				10	MG/L
615 X	NITRITE (NO2-N) TOTAL				1	MG/L
403 X	PH LAB					SU
70300 X	RESIDUE DISS 180C (TDS)					MG/L
1147 X	SELENIUM TOTAL				0.05	MG/L
1077 X	SILVER TOTAL					MG/L
929 X	SODIUM TOTAL					MG/L
1084	STRONTIUM TOTAL REC					UG/L
945	SULFATE TOTAL					MG/L
1059 X	THALLIUM TOTAL				0.002	MG/L
76	TURBIDITY					NTU
1087	VANADIUM ICP					
1092 X	ZINC TOTAL					MG/L

Approved By: QA Officer: _____ Date: _____
 Laboratory Manager: _____ Date: _____
 Comments: _____

VOLATILE ORGANIC 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.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (920)583-6700 SUPERINTENDANT ADAM LECHNER 871 MAIN ST PO BOX 308 BROWNSVILLE WI 53006	Sampler: (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____
---	--

Sample Source: (Location)	Sample Type: (Check Only One)
<input checked="" type="checkbox"/> W - Well Source	<input type="checkbox"/> D - Compliance Sample
<input type="checkbox"/> E - Entry Point	<input type="checkbox"/> C - Confirmation Sample
<input type="checkbox"/> D - Distribution System	<input type="checkbox"/> I - Investigation Sample
	<input checked="" type="checkbox"/> W - Raw Water Sample

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: **3/10/26** (mm/dd/yyyy) Time: **09:00** a.m. p.m.
Address where sample was collected: **514 Reed road**
Monitoring Site ID: **1** 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: / / 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 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 #121650780.

VOLATILE ORGANIC 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
34030 X	BENZENE				5	UG/L
81555	BROMOBENZENE					UG/L
32101	BROMODICHLOROMETHANE				80	UG/L
32104	BROMOFORM				80	UG/L
34413	BROMOMETHANE					UG/L
32102 X	CARBON TETRACHLORIDE				5	UG/L
34311	CHLOROETHANE					UG/L
32106	CHLOROFORM				80	UG/L
34418	CHLOROMETHANE					UG/L
77275	O-CHLOROTOLUENE					UG/L
77277	P-CHLOROTOLUENE					UG/L
32105	DIBROMOCHLOROMETHANE				80	UG/L
77596	DIBROMOMETHANE					UG/L
34566	1,3-DICHLOROBENZENE (M-)					UG/L
34536 X	1,2-DICHLOROBENZENE (O-)				600	UG/L
34571 X	1,4-DICHLOROBENZENE (P-)				75	UG/L
34668	DICHLORODIFLUOROMETHANE					UG/L
34496	1,1-DICHLOROETHANE					UG/L
34531 X	1,2-DICHLOROETHANE				5	UG/L
34501 X	1,1-DICHLOROETHYLENE				7	UG/L
77093 X	1,2-DICHLOROETHYLENE CIS				70	UG/L
34546 X	1,2-DICHLOROETHYLENE, TRA				100	UG/L
34423 X	DICHLOROMETHANE				5	UG/L
34541 X	1,2-DICHLOROPROPANE				5	UG/L
77173	1,3-DICHLOROPROPANE					UG/L
77170	2,2-DICHLOROPROPANE					UG/L
77168	1,1-DICHLOROPROPENE					UG/L
34561	1,3-DICHLOROPROPENE					UG/L
34371 X	ETHYL BENZENE				700	UG/L
81688	ETHYLENE GYLCOL					
71880	FORMALDEHYDE					
34391	HEXACHLOROBUTADIENE					UG/L
77223	ISOPROPYLBENZENE					UG/L
77356	ISOPROPYLTOLUENE P					UG/L
77885	METHANOL					
78032	METHYL T-BUTYL ETHER					UG/L
34301 X	CHLOROBENZENE				100	UG/L
34696	NAPHTHALENE					UG/L
77128 X	STYRENE				100	UG/L
77562	1,1,1,2 TETRACHLOROETHANE					UG/L
34516	1,1,2,2 TETRACHLOROETHANE					UG/L
34475 X	TETRACHLOROETHYLENE				5	UG/L
34010 X	TOLUENE				1000	UG/L
34551 X	1,2,4-TRICHLOROBENZENE				70	UG/L
34506 X	1,1,1-TRICHLOROETHANE				200	UG/L
34511 X	1,1,2-TRICHLOROETHANE				5	UG/L
39180 X	TRICHLOROETHYLENE				5	UG/L
34488	TRICHLOROFLUOROMETHANE					UG/L
77443	1,2,3-TRICHLOROPROPANE					UG/L
81611	TRICHLOROTRIFLUOROETHANE					UG/L
77222	1,2,4-TRIMETHYLBENZENE					UG/L
77226	1,3,5-TRIMETHYLBENZENE					UG/L
39175 X	VINYL CHLORIDE				0.2	UG/L
81551 X	XYLENE TOTAL				10000	UG/L
77038	PROPYLENE GLYCOL					UG/L
98965	1,3-PROPANEDIOL					MG/L

Approved By: QA Officer:

Date:

Laboratory Manager:

Date:

Comments:

SYNTHETIC ORGANIC 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.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (920)583-6700 SUPERINTENDANT ADAM LECHNER 871 MAIN ST PO BOX 308 BROWNSVILLE WI 53006	Sampler: (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____
---	--

Sample Source: (Location)	Sample Type: (Check Only One)
<input checked="" type="checkbox"/> W - Well Source	<input type="checkbox"/> D - Compliance Sample
<input type="checkbox"/> E - Entry Point	<input type="checkbox"/> C - Confirmation Sample
<input type="checkbox"/> D - Distribution System	<input type="checkbox"/> I - Investigation Sample
	<input checked="" type="checkbox"/> W - Raw Water Sample

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: **3/10/20** (mm/dd/yyyy) Time: **09:00** a.m. p.m.
Address where sample was collected: **514 Rail road**
Monitoring Site ID: **1** Sample Tap Location (e.g. kitchen sink): **sample tap**
First Initial and Last Name of Sampler: **A Lechner** Sampler Phone: **920.583.6200**

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 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 #121650803.

SYNTHETIC ORGANIC 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
46317 X	ALACHLOR (LASSO)				2	UG/L
39053	ALDICARB (TEMIK)				3	UG/L
82587	ALDICARB SULFONE				2	UG/L
82586	ALDICARB SULFOXIDE				4	UG/L
34680	ALDRIN					UG/L
39033 X	ATRAZINE				3	UG/L
34247	BENZO (A) PYRENE				0.2	UG/L
77860	BUTACHLOR					UG/L
77700	CARBARYL					UG/L
81405 X	CARBOFURAN				40	UG/L
39350 X	CHLORDANE				2	UG/L
39348	CHLORDANE ALPHA					UG/L
39810	CHLORDANE GAMMA					UG/L
77780	CYANAZINE					
39730 X	2,4-D				70	UG/L
38432 X	DALAPON				200	UG/L
46373	DEETHYLATRAZINE					UG/L
46374	DEISOPROPYLATRAZINE					UG/L
4442	DIAMINOATRAZINE					UG/L
38760	1,2-DIBROMO-3-CHLOROPROPA				0.2	UG/L
82052	DICAMBA					UG/L
39380	DIELDRIN					UG/L
77903 X	DI(2-ETHYLHEXYL)ADIPATE				400	UG/L
46312 X	DI(2-ETHYLHEXYL)PHTHALATE				6	UG/L
81287 X	DINOSEB				7	UG/L
78885 X	DIQUAT				20	UG/L
38926 X	ENDOTHALL				100	UG/L
39390 X	ENDRIN				2.0	UG/L
46369	ETHYLENE DIBROMIDE (EDB)				0.05	UG/L
39941 X	GLYPHOSATE (ROUND-UP)				700	UG/L
39410 X	HEPTACHLOR				0.4	UG/L
39420 X	HEPTACHLOR EPOXIDE				0.2	UG/L
34688 X	HEXACHLOROBENZENE				1	UG/L
34386 X	HEXACHLOROCYCLOPENTADIENE				50	UG/L
82584	3-HYDROXYCARBOFURAN					UG/L
39340 X	BHC GAMMA (LINDANE)				0.2	UG/L
39051	METHOMYL					UG/L
39480 X	METHOXYCHLOR				40	UG/L
39356	METOLACHLOR (DUAL)					UG/L
81408	METRIBUZIN (SENCOR)					UG/L
38865 X	OXAMYL (VYDATE)				200	UG/L
39516	PCB TOTAL				0.5	UG/L
39032 X	PENTACHLOROPHENOL				1	UG/L
39720 X	PICLORAM (TORDON)				500	UG/L
30295	PROPACHLOR					UG/L
39760 X	2,4,5-TP (SILVEX)				50	UG/L
39055 X	SIMAZINE				4	UG/L
34675	2,3,7,8-TCDD (DIOXIN)				.00003	UG/L
39400 X	TOXAPHENE				3	UG/L

Approved By: QA Officer:

Date:

Laboratory Manager:

Date:

Comments:

SYNTHETIC ORGANIC 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.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (920)583-6700 SUPERINTENDANT ADAM LECHNER 871 MAIN ST PO BOX 308 BROWNSVILLE WI 53006	Sampler: (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____
---	--

Sample Source: (Location)	Sample Type: (Check Only One)
<input type="checkbox"/> W - Well Source	<input checked="" type="checkbox"/> D - Compliance Sample
<input checked="" type="checkbox"/> E - Entry Point	<input type="checkbox"/> C - Confirmation Sample
<input type="checkbox"/> D - Distribution System	<input type="checkbox"/> I - Investigation Sample
	<input type="checkbox"/> W - Raw Water Sample

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: **3/10/26** (mm/dd/yyyy) Time: **09:00** a.m. p.m.

Address where sample was collected: **514 Railroad**

Monitoring Site ID: **1** 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: ____ / ____ / ____ 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 #121650840.

SYNTHETIC ORGANIC 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
46317	ALACHLOR (LASSO)				2	UG/L
39053	ALDICARB (TEMIK)				3	UG/L
82587	ALDICARB SULFONE				2	UG/L
82586	ALDICARB SULFOXIDE				4	UG/L
34680	ALDRIN					UG/L
39033	ATRAZINE				3	UG/L
34247	BENZO (A) PYRENE				0.2	UG/L
77860	BUTACHLOR					UG/L
77700	CARBARYL					UG/L
81405	CARBOFURAN				40	UG/L
39350	CHLORDANE				2	UG/L
39348	CHLORDANE ALPHA					UG/L
39810	CHLORDANE GAMMA					UG/L
77780	CYANAZINE					
39730	2,4-D				70	UG/L
38432	DALAPON				200	UG/L
46373	DEETHYLATRAZINE					UG/L
46374	DEISOPROPYLATRAZINE					UG/L
4442	DIAMINOATRAZINE					UG/L
38760	1,2-DIBROMO-3-CHLOROPROPA				0.2	UG/L
82052	DICAMBA					UG/L
39380	DIELDRIN					UG/L
77903 X	DI(2-ETHYLHEXYL)ADIPATE				400	UG/L
46312 X	DI(2-ETHYLHEXYL)PHTHALATE				6	UG/L
81287	DINOSEB				7	UG/L
78885	DIQUAT				20	UG/L
38926	ENDOTHALL				100	UG/L
39390	ENDRIN				2.0	UG/L
46369	ETHYLENE DIBROMIDE (EDB)				0.05	UG/L
39941	GLYPHOSATE (ROUND-UP)				700	UG/L
39410	HEPTACHLOR				0.4	UG/L
39420	HEPTACHLOR EPOXIDE				0.2	UG/L
34688	HEXACHLOROBENZENE				1	UG/L
34386	HEXACHLOROCYCLOPENTADIENE				50	UG/L
82584	3-HYDROXYCARBOFURAN					UG/L
39340	BHC GAMMA (LINDANE)				0.2	UG/L
39051	METHOMYL					UG/L
39480	METHOXYCHLOR				40	UG/L
39356	METOLACHLOR (DUAL)					UG/L
81408	METRIBUZIN (SENCOR)					UG/L
38865	OXAMYL (VYDATE)				200	UG/L
39516	PCB TOTAL				0.5	UG/L
39032	PENTACHLOROPHENOL				1	UG/L
39720	PICLORAM (TORDON)				500	UG/L
30295	PROPACHLOR					UG/L
39760	2,4,5-TP (SILVEX)				50	UG/L
39055	SIMAZINE				4	UG/L
34675	2,3,7,8-TCDD (DIOXIN)				.00003	UG/L
39400	TOXAPHENE				3	UG/L

Approved By: QA Officer:

Date:

Laboratory Manager:


Date:

Comments:

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: **2** WI Unique Well No: **BF601** Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections) (920)583-6700 SUPERINTENDANT ADAM LECHNER 871 MAIN ST PO BOX 308 BROWNSVILLE WI 53006	Sampler: (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____
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Sample Source: (Location) <input type="checkbox"/> W - Well Source <input checked="" type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	Sample Type: (Check Only One) <input checked="" 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)
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Special Instructions: _____
Collect Sample between: **1/1/2026** and **3/31/2026**

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

Sample Collection Date(s):
Grab or Composite 1st Qtr: **3/10/26** 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: **822 Main St**
Monitoring Site ID: **2** 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: / / 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 #123456759.

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 X	RADIUM 226				5	PCI/L
11501 X	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 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: _____