

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Scott Hassett, Secretary
Ronald W. Kazmierczak, Regional Director

Mishicot Field Office
2220 E. CTH V
Mishicot, Wisconsin 54228
Telephone 920-755-4987
FAX 920-755-4981

March 5, 2004

WUWN: PR839

Scott & Judy Tremi
E758 Church Road
Luxemburg, WI 54217

Subject: Water sample results.

Dear Mr. & Mrs. Tremi:

Water samples were collected from your well on Wednesday, March 3, 2004. I talked with you Tuesday, March 2, 2004, because your well water was discolored and "smelled like manure". Water samples were submitted to the State Laboratory of Hygiene to be analyzed for various bacteriological analyses, ammonia, nitrite, nitrate, kjeldahl nitrogen, phosphorous, and potassium. The first of the bacteriological analyses were reported today as listed below:

<u>TEST</u>	<u>RESULT</u>
Coliform Bacteria	9,800/mL
E. Coli	2,500/mL

The test results proved your assumptions, that the water is grossly contaminated. As suggested when we talked in person, the water should not be used for drinking or cooking purposes. The Kewaunee County Health Department will have additional recommendations for other household uses such as bathing. They can be reached at 920-388-7160. Please keep in mind that I can provide technical assistance and information regarding the construction of a replacement well.

I will keep in touch with you as additional results become available. Feel free to call me if you have any questions.

Sincerely,

Liz Heinen
Drinking & Groundwater Specialist
Cc: Kewaunee Co. Health Dept.
DG/2

LIZ HEINEN - WDNR
2220 E CTH V
MISHICOT WI 54228

ENFORCEMENT

Sample(s) will be disposed of ninety
days from the date the sample is reported,
unless this form is completed
and returned to:

Attn: Julie
Inorganic Chemistry Unit
Wis. State Lab. of Hygiene
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996

Collector: HEINEN

District/Area: North East

Phone Number:

Sample Number(s): IO016460

Report date: 03/19/04

Retain sample(s) for ___ days.
 Retain sample(s) until further notice.

**Wisconsin Department of Natural Resources
Laboratory Report**

03/24/2004

Lab: 113133790

Sample: IO016460

Page 1 of 2

Laboratory: Wisconsin State Laboratory of Hygiene
2601 Agriculture Dr.
Madison WI 537077996
Phone: 800-442-4618 Fax Phone: 608-224-6276

DNR ID 113133790

Sample:

Field #: TREML
Collection Start: 03/03/2004 03:05 pm
Collected by: HEINEN
ID #: PR840
County: 31
Sample Location: E758 CHURCH ROAD, LUXEMBURG
Sample Description: OUTSIDE TAP
Sample Source: PO
Date Reported: 03/19/2004
Project No:

Sample #: IO016460
Collection End:
Waterbody/Outfall Id:
ID Point #:
Account #: DG042

Sample Depth:
Sample Status: COMPLETE

Analyses and Results:

Analysis Method		Analysis Date	Lab Comment				
BOD 5 DAY (SM 5210B)		03/05/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
310	BOD 5 DAY	E1640606	13.6	MGL		2.0	

Analysis Method		Analysis Date	Lab Comment				
CHLORIDE (EPA 325.2)		03/10/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
940	CHLORIDE	16887006	50.5	MGL	0.6		2.0

Analysis Method		Analysis Date	Lab Comment				
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)		03/11/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
99404	DIG TOTAL REC SW846 3005A		COMPLE	TE			

Analysis Method		Analysis Date	Lab Comment				
AMMONIA (AS N), DISS (EPA 350.1)		03/11/2004	SPIKE Q.C.EXCEEDED, SPIKE RECOVERY 80.3%, 85.7%				
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
608	NITROGEN NH3-N DISS	7664417	*0.018	MGL	0.015		0.048

Analysis Method		Analysis Date	Lab Comment				
NITRITE (AS N) (SM 4500-NO2B)		03/05/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
615	NITROGEN NO2-N TOTAL	14797650	1.45	MGL	0.05		0.15

**Wisconsin Department of Natural Resources
Laboratory Report**

03/24/2004

Lab: 113133790

Sample: IO016460

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<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
NITRATE + NITRITE (AS N) (EPA 353.2)		03/10/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
630	NITROGEN NO3+NO2	E701177	5.03	MGL	0.28		0.90

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
NITRATE+NITRITE (AS N), DISS (EPA 353.2)		03/11/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
631	NITROGEN NO3+NO2 DISS (AS N)	E701177	5.07	MGL	0.019		0.061

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
TOTAL KJELDAHL NITROGEN (AS N) (EPA 303/16/2004)		03/16/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
625	NITROGEN KJELDAHL TOTAL	E1644079	2.85	MGL	0.14		0.4

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
TOTAL PHOSPHORUS (AS P) (EPA 365.1)		03/08/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
665	PHOSPHORUS TOTAL	7723140	0.315	MGL	0.005		0.016

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
POTASSIUM, TOTAL REC, ICP (EPA 200.7)		03/11/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
50245	POTASSIUM TOTAL RECOVERABLE	7440097	10.	MGL	1		3

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
TEMPERATURE ON RECEIPT-ICED		03/04/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
136	TEMPERATURE AT LAB	E1645696	ICED	C			0

State of Wisconsin
Department of Natural Resources

Chain of Custody Record
Form 4100-145 (R 8/03)

Sample Collector(s) ELIZABETH HEINEN	Title / Work Station DRINKING WATER GROUNDWATER SPECIALIST MISHICOTT FIELD STATION / DNR-NER	Telephone Number (include area code) (920) 755-4987
Property Owner SCOTT TREML	Property Address 4758 CHURCH ROAD, LUXEMBURG WI 54217	Telephone Number (include area code) (920) 360-3819

Split Samples: Offered? Yes No *N/A*
 Accepted? Yes No *N/A*
 Accepted By (Signature): _____

Lab Use Only			
Cracked / Broken	Improperly Sealed	Good Condition	Other Comments
		✓	

Field ID No.	Date	Time	No. of Containers	Station Location Sample Description	Lab ID Number
TREML	03/03/04	15:15	11	4758 CHURCH ROAD, LUXEMBURG WELL TAP @ PRESSURE TANK (W/SIDE TAP)	10016460 B0044010

Method of Shipment: <input type="checkbox"/> Staff <input type="checkbox"/> U.S. Postal Service <input checked="" type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other-specify: _____	Reason for Sample Collection: <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 <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: WELL WATER SMELLS LIKE MANURE	Was the sample shipping container sealed on receipt? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

I hereby certify that I received and properly handled these samples as noted below:

Relinquished By (Signature) <i>Elizabeth M. Heinen</i>	Date / Time 03/03/04	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) <i>Dan Gilbertson</i>	Date / Time 3-4-04 9:00 AM

Disposition of Unused Portion Sample:

Dispose
 Return
 Retain until further notice
 Other _____

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

**Wisconsin Department of Natural Resources
Laboratory Report**

03/05/2004

Lab: 113133790

Sample: BO044010

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Laboratory: Wisconsin State Laboratory of Hygiene
2601 Agriculture Dr.
Madison WI 537077996
Phone: 800-442-4618 Fax Phone: 608-224-6276

DNR ID 113133790

Sample:

Field #: TREML
Collection Start: 03/03/2004 12:00 am
Collected by: HEINEN
ID #:
County: Kewaunee
Sample Location: E758 CHURCH RD LUXEMBURG
Sample Description: OUTSIDE TAP
Sample Source: PO
Date Reported: 03/05/2004
Project No:

Sample #: BO044010
Collection End:
Waterbody/Outfall Id:
ID Point #: PR840
Account #: DG042

Sample Depth:
Sample Status: COMPLETE

Analyses and Results:

Analysis Method		Analysis Date	Lab Comment			
TEMPERATURE ON RECEIPT						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
136	TEMPERATURE AT LAB	E1645696	*ICED	C		0

Analysis Method		Analysis Date	Lab Comment			
COLILERT QUANTITRAY COLIFORM TEST						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
99118	COLIFORM TOTAL COLILERT MPN QUANTITRAY	E761700	9800.0	PER 100 ML		

Analysis Method		Analysis Date	Lab Comment			
E COLI COLILERT QUANTITRAY MPN						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
99188	E COLI COLILERT QUANTITRAY MPN	E457804	2500.0	PER 100 ML		

Analysis Method		Analysis Date	Lab Comment			
COLIPHAGE METHOD 1602						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
99059	COLIPHAGE	12215	<1.0	PER 100 ML	1	1

**Wisconsin Department of Natural Resources
Laboratory Report**

03/24/2004

Lab: 113133790

Sample: IO016232

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Laboratory: Wisconsin State Laboratory of Hygiene
2601 Agriculture Dr.
Madison WI 537077996
Phone: 800-442-4618 Fax Phone: 608-224-6276

DNR ID 113133790

Sample:

Field #: KAHR
Collection Start: 03/01/2004 02:50 pm
Collected by: HEINEN
ID #: PR839
County: 31
Sample Location: E683 CHURCH
Sample Description: SAMPLE TAP
Sample Source: PO
Date Reported: 03/19/2004
Project No:

Sample #: IO016232
Collection End:
Waterbody/Outfall Id:
ID Point #:
Account #: DG042

Sample Depth:
Sample Status: COMPLETE

Analyses and Results:

Analysis Method		Analysis Date	Lab Comment				
BOD 5 DAY (SM 5210B)		03/03/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
310	BOD 5 DAY	E1640606	45.8	MGL		2.0	

Analysis Method		Analysis Date	Lab Comment				
CHLORIDE (EPA 325.2)		03/10/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
940	CHLORIDE	16887006	44.9	MGL	0.6		2.0

Analysis Method		Analysis Date	Lab Comment				
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)		03/11/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
99404	DIG TOTAL REC SW846 3005A		COMPLE TE				

Analysis Method		Analysis Date	Lab Comment				
AMMONIA (AS N), DISS (EPA 350.1)		03/02/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
608	NITROGEN NH3-N DISS	7664417	1.61	MGL	0.015		0.048

Analysis Method		Analysis Date	Lab Comment				
NITRITE (AS N) (SM 4500-NO2B)		03/03/2004					
Code	Description	Cas No	Result	Units	LOD	Report Limit	LOQ
615	NITROGEN NO2-N TOTAL	14797650	0.65	MGL	0.05		0.15

**Wisconsin Department of Natural Resources
Laboratory Report**

03/24/2004

Lab: 113133790

Sample: IO016232

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<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
NITRATE + NITRITE (AS N) (EPA 353.2)		03/02/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
630	NITROGEN NO3+NO2	E701177	2.01	MGL	0.28		0.90

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
NITRATE+NITRITE (AS N), DISS (EPA 353.2)		03/02/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
631	NITROGEN NO3+NO2 DISS (AS N)	E701177	1.93	MGL	0.019		0.061

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
TOTAL KJELDAHL NITROGEN (AS N) (EPA 303/16/2004)		03/16/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
625	NITROGEN KJELDAHL TOTAL	E1644079	4.98	MGL	0.14		0.4

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
TOTAL PHOSPHORUS (AS P) (EPA 365.1)		03/02/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
665	PHOSPHORUS TOTAL	7723140	0.362	MGL	0.005		0.016

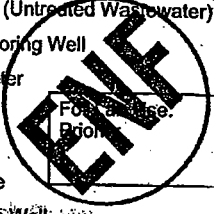
<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
POTASSIUM, TOTAL REC, ICP (EPA 200.7)		03/11/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
50245	POTASSIUM TOTAL RECOVERABLE	7440097	5.	MGL	1		3

<i>Analysis Method</i>		<i>Analysis Date</i>		<i>Lab Comment</i>			
TEMPERATURE ON RECEIPT-ICED		03/02/2004					
<i>Code</i>	<i>Description</i>	<i>Cas No</i>	<i>Result</i>	<i>Units</i>	<i>LOD</i>	<i>Report Limit</i>	<i>LOQ</i>
136	TEMPERATURE AT LAB	E1645696	ICED	C		0	

ID, License, Permit or STORET Number	Point or Outfall Number	Field Number	County No.	Program Code	Region
	PR 839	KA 4R	31	D6	4
Waterbody Number	Sample Address or Location				
	E 683 CHURCH				

Sample Point Description / Sampling Device
SAMPLE MP

Send Report To		Sample Type (select one)	
DNR User ID <i>heinee</i>	Date Results Needed (mm/dd/yyyy)	<input type="checkbox"/> SU Surface Water	<input type="checkbox"/> EF Effluent (Treated Wastewater)
Name (Last, First) <i>HEINEN, LIZ</i>		<input type="checkbox"/> NP Storm Water	<input type="checkbox"/> IF Influent (Untreated Wastewater)
Address <i>2220 E CTH V</i>		<input type="checkbox"/> SE Sediment	<input type="checkbox"/> MW Monitoring Well
City <i>MISHKCT</i>	State <i>WI</i>	<input type="checkbox"/> SL Sludge	<input type="checkbox"/> LY Lysimeter
	ZIP <i>54228</i>	<input type="checkbox"/> LE Leachate	<input type="checkbox"/> SO Soil
Account Number <i>D6042</i>	Collected By <i>HEINEN</i>	<input type="checkbox"/> TI Tissue	<input type="checkbox"/> OI Oil
Lakes Grant or Project Number	Telephone Number <i>(907) 755-4927</i>	<input type="checkbox"/> E Public Drinking Entry Point	<input type="checkbox"/> OW Waste
Begin or Grab Date (mm/dd/yyyy) <i>03/01/04</i>	Begin Time (24-hr clock) <i>14:50</i>	<input type="checkbox"/> W Public Drinking Well/Source	<input checked="" type="checkbox"/> PO Private Well
End Date - For Composite Samples Only (mm/dd/yyyy)	End Time (24-hr clock) - For Composite Samples Only	<input type="checkbox"/> D Public Drinking Distribution	<input type="checkbox"/> X Non-Potable Well
		Sample Reason (Drinking Water - select one)	
		<input type="checkbox"/> N New Well	<input type="checkbox"/> C Confirmation (follow up)
		<input type="checkbox"/> I Investigation	<input type="checkbox"/> D Compliance
		<input type="checkbox"/> W Raw water (drinking)	
		Depth of Sample (feet or meters)	
		Is Sample Disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how?	



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

Plastic Quart (946 ml) Bottles (No Chemical Preservation)

Sample Bottle Field Filtered? (Check box if yes)

<input type="checkbox"/> Total Solids	<input type="checkbox"/> Alkalinity, pH, & Conductivity
<input type="checkbox"/> Volatile Total Solids	<input type="checkbox"/> pH only (non-Waste or non-Compliance)
<input type="checkbox"/> Suspended Solids (500 ml needed)	<input checked="" type="checkbox"/> Chloride
<input type="checkbox"/> Vol. Susp. Solids	<input type="checkbox"/> Color
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Fluoride
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> Sulfate
<input checked="" type="checkbox"/> BODs Total (900 ml needed)	<input type="checkbox"/> Sulfide (notify lab before collecting sample)
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> Turbidity
BOD Estimate Required: _____ mg/l	<input type="checkbox"/> Surfactants (MBAs)
	<input type="checkbox"/> MBAs Screening
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	

250 ml Bottle (NaOH pH > 12)

Cyanide, Total

Cyanide, Amenable to Chlorination

60 ml Bottle (No Chemical Preservation)

Sample Bottle Field Filtered? (Check box if yes)

NO₂ + NO₃ as Nitrogen (Drinking Water)

Nitrite (NO₂) as Nitrogen

Diss.-Orthophosphate

Diss. Silica

Quart Mason Jar (Also TCLP Metals)

Oil & Grease (3 qts)

pH (Waste Samples Only) (Acidify w/ Sulfuric Acid)

250 ml Bottle for Nutrients or Metals - Check each of the boxes that apply

Metals Bottle 250 ml (Acidify W/Nitric Acid)

Sample Bottle Field Filtered? (Check box if yes)

Low Level Metals (e.g., clean sampling) Note: Special Bottles & Acid Needed +

TCLP (Toxicity Characteristic Leaching Procedure) (*TC Regulated Metals)(Use Mason Jar)

For non-drinking waters, total recoverable metals will be run unless otherwise instructed.

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

Nutrients Bottle 250 ml (Acidify W/Sulfuric Acid)

Sample Bottle Field Filtered? (Check box if yes)

Tot.-Phosphorus

Ammonia-N

NO₂ + NO₃ as Nitrogen

Total Kjeldahl-N

Chemical Oxygen Demand (COD)

Tot. Dis. Phosphorus

Where required, has sample been chemically preserved and has pH been checked?

Yes No

Initials *LH* Date *3/2/04*

5/12/04

03/02/04
09:15
10016232

as per LIZ Heinen

Inorganic Test Request

Form 4800-015 (R 3/03) Page 2 of 2

Additional parameters or instructions to laboratory

Field Parameters - Optional

Sample Temperature - field (°C)	_____	Gage Height (ft)	_____
Ambient Air Temperature - field (°C)	_____	Flow cfs	_____
DO field (mg/l)	_____	Flow MGD	_____
pH (su) field	_____	Depth to Groundwater (ft)	_____
Secchi Depth (feet or meters)	_____	Top of Sampling Interval	_____
Secchi Depth Hit Bottom?	For M <input type="checkbox"/> Yes <input type="checkbox"/> No	Bottom of Sampling Interval	For M _____
Cloud Cover %	_____ %	Turbidity (NTU)	_____
Cond. Id (µS/CM@25°C)	_____		

Partial Instructions

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <http://intranet/int/es/science/ls/fpm/IV.htm>) for further instructions and definitions.

The ID, License, Permit or STORET Number and Point or Outfall Number fields should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	Pt. or Outfall	Example
Water Supply - Privates	Unique Well No.	AA999	Blank	
Water Supply - Publics RAW	PWS ID No.	24100567	Well No.	002
Water Supply - Publics DIST	PWS ID No.	24100567	Blank	
Waste Management	License No.	00130	Point ID	101
Watershed Management	Permit No.	0000030	Outfall No.	001
Fish Management & Habitat Protection	Storet No.	265013	Blank	
Remediation & Redevelopment	CERCLIS No.	006094197	Point ID	001
Remediation & Redevelopment	FID	268181770	Point ID	001
Remediation & Redevelopment	Brownfields No.	000000003	Point ID	001

The Sample Address or Location field should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc. Following this information, include the address of the facility or site (if appropriate).

The Sample Point Description field should include a description of the point within the property that the sample was collected. For example, secondary settling tank effluent or faucet prior to pressure tank.

The Program Code is a two-digit DNR program abbreviation such as WT for Watershed, DG for Drinking and Groundwater, WA for Waste Management, and etc.

The Region Code is a single numeric code for the appropriate DNR region (1 is SCR, 2 is SER, 4 is NER, 6 is WCR & 7 is NOR). The computer will assign a region based on the county.

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/ls/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.

County Code

Adams	01	Florence	19	Marathon	37	Rusk	55
Ashland	02	Fond du Lac	20	Marinette	38	St. Croix	56
Barron	03	Forest	21	Marquette	39	Sauk	57
Bayfield	04	Grant	22	Menominee	40	Sawyer	58
Brown	05	Green	23	Milwaukee	41	Shawano	59
Buffalo	06	Green Lake	24	Monroe	42	Sheboygan	60
Burnett	07	Iowa	25	Oconto	43	Taylor	61
Calumet	08	Iron	26	Oneida	44	Trempealeau	62
Chippewa	09	Jackson	27	Outagamie	45	Vernon	63
Clark	10	Jefferson	28	Ozaukee	46	Vilas	64
Columbia	11	Juneau	29	Pepin	47	Walworth	65
Crawford	12	Kenosha	30	Pierce	48	Washburn	66
Dane	13	Kewaunee	31	Polk	49	Washington	67
Dodge	14	La Crosse	32	Portage	50	Waukesha	68
Door	15	Lafayette	33	Price	51	Waupaca	69
Douglas	16	Langlade	34	Racine	52	Waushara	70
Dunn	17	Lincoln	35	Richland	53	Winnebago	71
Eau Claire	18	Manitowoc	36	Rock	54	Wood	72

→ DG/2

Wisconsin Unique Well Number **PR839** Add Change
 Inventory Completed By (Last Name, First, MI) HEINEN, LIZ Date 03/01/2004 With DNR
m m d d y y y y

Facility Name _____ Facility ID # _____
 Local Well ID _____

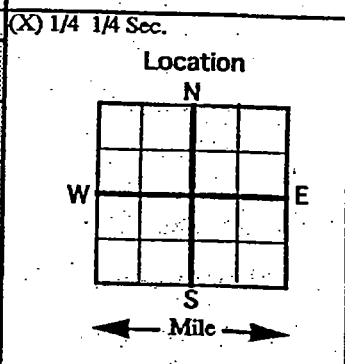
Primary Contact Name (Last, First, MI) KAHR, KARLA KYLE High Cap Well # _____
 Telephone Number (920) 845-9399
 Mailing Address E 683 CHURCH ROAD
 City LUXEMBURG State WI Zip Code 53017

- Owner
- Operator
- Occupant
- Consultant
- Manager
- Contractor
- Driller
- Business
- Facility
- Sampler
- Other

Other Contact Name (Last, First, MI) _____
 Telephone Number () _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

- Owner
- Operator
- Occupant
- Consultant
- Manager
- Contractor
- Driller
- Business
- Facility
- Sampler
- Other

Well Location
 Town City Village
LUXEMBURG Fire # (If avail.) E683 County KEWAUNEE
 Grid or Street Address or Road (If avail.) _____
 OR
 Govt. Lot # _____
2 1/4 of 1 1/4 of Section 27
 T 24 N, R 23 E, S 1 W
 OR
 Latitude _____ Longitude _____
 Land Surface _____ Elevation _____ ft. MSL



Construction Date 04/17/1954
m m d d y y y y
 Constructor JULIUS RETZLAFF
 Construction Type
 Drilled Dug
 Driven Point Spring
 Jetted Other
 Well Use
 Private Potable Community-Municipal
 Priv. Non-Potable Community OTM
 Monitoring Well Non Transient Non-Com.
 Transient Non-Com.
 Number of Wells on Property _____

Source of Well Data
 Well Report Owner/Occupant Other*
 Well Status
 Active Use
 Inactive
 Perm Filled
 Depth From Land Surface To: _____ ft.
 Bedrock _____ ft.
 Well Bottom 54 ft.
 Static Water 15 ft.
 Casing Bottom 40 ft.
 Casing Diameter 6" in.
 Water Bearing Formation
 Unconsolidated Sandstone
 Limestone Shale
 Crystalline

Comments: eg. Reason for inventory, Samples taken, Directions to property, Details of well location on property.

*For "Other", enter a description in the comment area if needed.

ATTN: Public Water Section File _____ Pretreatment (WW/2) _____ Environmental Enforcement (EE/5) _____ Municipal Wastewater Section (WW/2) _____ Private Water Section (DG/2) _____ Industrial Wastewater Section (WW/2) _____ Public Water Section (DG/2) _____ District		Date: 03/01/2004	
		Time (24-Hour Clock): 14:00	
		Contact Method <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Telephone	
Facility Name Karla Kahr	Location (Address or ¼-¼) E683 Church Road; Luxemburg	County Kewaunee	
Facility I.D. or Wis. Unique Well Number PR839	WPDES Permit Number	District No. 4	DNR Person Making Contact Heinen
Facility Representative Contacted Karla & Kyle Kahr; Dan Stahl	Title or Position of Representative Owners/father of Karla		
Activity Codes	Representatives Phone Number (including area code) 920-845-9399		

On Monday morning 3/1/2004 I received a call and an email from the regional spills coordinator, Roxanne Chronert. A report of well water that smelled and looked like manure had come in from a Karla Kahr to a field warden the day before. The complaint alleged that manure had been spread on a filed east of their residence.

I called the Kahr home and left a message. Karla Kahr returned my call and agreed to have her father, Dan Stahl, meet me at her house at 14:00 to sample the well. I arrived at the area ~ 45 minutes ahead of schedule and drove the area (the surrounding two miles) to get an idea of field and hydrologic conditions as well as area activities. There was dense fog and a thaw with a tremendous flow in ditches and creeks.

I met with Dan Stahl and Kyle Kahr and we discussed the history of the problem. Karla Kahr then showed up and we discussed the history of the problem for me to clarify their version of events and what to do about the problem. I collected the samples and drove to Manitowoc to ship them UPS to SLOH.

- According to the Kahr's:
- Pete & Alice Estel owned the house. (well log available).
- The water was tested when they purchased the home in April 2001.
- The end of February 2003, or the beginning of March 2003 they got a "funky" odor to the water and a slight discoloration.
- There is a house to the SE of them that was blasting in bedrock to build a farm on the hill. Perhaps the problem is associated with that?

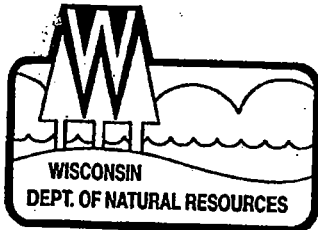
Error Check if additional sheets attached.

- Stahl was spreading on the field adjacent to their house Tuesday and Wednesday (Feb. 24, 25, 2004).
- The water went bad Saturday afternoon (Feb. 28th, 2004).
- This time the water was 100x worse, relative to 2003..
- They ran the water all day Sunday and it is still brown, but not as bad.
- I ran the water and smelled it--it is discolored brownish green. It smells terrible--made me gag when I took a strong sniff. M
- Samples were collected and submitted for analyses of bacteria, nitrates, nitrite, Cl, BOD, Conductivity, Potassium, Phosphorous, ammonia, total Kjeldahl nitrogen.

The Kahr's were advised not to use the water for drinking or cooking, or even brushing of teeth. I told them I would pass the information on to appropriate staff to follow up on the manure spreading complaint. I also told the Kahr's that the best course of action would be to construct a new well with additional casing--definitely no less than 100' cement grouted in place. There was no cost sharing to help them with these costs and that legal means to get the well replaced might not be successful and probably would take a long time. Therefore I advised that they might want to construct a well right away to minimize exposure to the water and work out the legal details later.

cc: DAVE BOUGIE 4/1/04

or Check if additional sheets attached.



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Scott Hassett, Secretary
Ronald W. Kazmierczak, Regional Director

Mishicot Field Office
2220 E. CTH V
Mishicot, Wisconsin 54228
Telephone 920-755-4987
FAX 920-755-4981

March 4, 2004

WUWN: PR839

Karla & Kyle Kahr
E683 Church Road
Luxemburg, WI 54217

Subject: Water sample results.

Dear Mr. & Mrs. Kahr:

Water samples were collected from your well on Monday, March 1, 2004. You had contacted the department on Sunday, February 29, 2004 because your well water was discolored and "smelled like manure". Water samples were submitted to the State Laboratory of Hygiene to be analyzed for various bacteriological analyses, ammonia, nitrite, nitrate, kjeldahl nitrogen, phosphorous, and potassium. The first of the bacteriological analyses were reported today as listed below:

<u>TEST</u>	<u>RESULT</u>
Coliform Bacteria	22,000/mL
E. Coli	4,500/mL

The test results proved your assumptions, that the water is grossly contaminated. As suggested when we talked in person, the water should not be used for drinking or cooking purposes. The Kewaunee County Health Department will have additional recommendations for other household uses such as bathing. They can be reached at 920-388-7160. As I understand it a replacement well is already in the process of being constructed at your home now.

I will keep in touch with you as additional results become available. Feel free to call me if you have any questions.

Sincerely,

Liz Heinen
Drinking & Groundwater Specialist
Cc: Kewaunee Co. Health Dept.
DG/2

**Wisconsin Department of Natural Resources
Laboratory Report**

03/04/2004

Lab: 113133790

Sample: BO043405

Page 1 of 1

Laboratory: Wisconsin State Laboratory of Hygiene
2601 Agriculture Dr.
Madison WI 537077996
Phone: 800-442-4618 Fax Phone: 608-224-6276

DNR ID 113133790

Sample:

Field #: KAHR
Collection Start: 03/01/2004 02:50 pm
Collected by: HEINEN
ID #:
County: Kewaunee
Sample Location: E683 CHURCH RD LUXEMBURG
Sample Description: SAMPLE TAP
Sample Source: PO
Date Reported: 03/04/2004
Project No:

Sample #: BO043405
Collection End:
Waterbody/Outfall Id:
ID Point #: PR839
Account #: DG042

Sample Depth:
Sample Status: COMPLETE

Analyses and Results:

Analysis Method		Analysis Date	Lab Comment			
TEMPERATURE ON RECEIPT						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
136	TEMPERATURE AT LAB	E1645696	*ICED	C		0

Analysis Method		Analysis Date	Lab Comment			
COLILERT QUANTITRAY COLIFORM TEST						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
99118	COLIFORM TOTAL COLILERT MPN QUANTITRAY	E761700	22000.	PER 100 ML		

Analysis Method		Analysis Date	Lab Comment			
E COLI COLILERT QUANTITRAY MPN						
Code	Description	Cas No	Result	Units	LOD	Report Limit LOQ
99188	E COLI COLILERT QUANTITRAY MPN	E457804	4500.0	PER 100 ML		