DNR Drinking Water Program
Southeast Region
1027 W Saint Paul Ave
Milwaukee WI 53212

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 11/17/2025

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

System Name: **MEQUON COLONY ESTATES** PWS ID: **24601324**

DNR Contact: **WASHINGTON METHU (414)232-2018** Region: **2** Type: **OC**

System Address: City: **MEQUON** County: **OZAUKEE**

Entry Point ID: WI Unique Well No: Note:

Sampler Contact Info: (Notify DNR Contact of Corrections)
(414)303-3875
CTW CORP MICHAEL NOWAK
21500 WEST GOOD HOPE ROAD
LANNON WI 53046

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)
__ W - Well Source
__ E - Entry Point
X D - Distribution System

Sample Type: (Check Only One)
X D - Routine Distribution
__ C* - Check: Same location as Positive "D" Sample
__ R* - Repeat: Within 5 connects of Positive "D" Sample
__ A - Additional Routine (month following positive "D")
__ N - New Construction
__ I - Investigation
__ W - (Raw) Water

*IF THE SAMPLE TYPE IS "C" or "R": "D" or "A" Positive
"D" or "A" Positive Sample Date: __/__/__ Sample ID:

Special Instructions:

Collect Sample between: **1/1/2026** and **1/31/2026** **SAMPLES MUST BE ANALYZED WITHIN 30 HOURS OF COLLECTION. SEE SAMPLING INSTRUCTIONS ON BACK.**

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

Sample Collection Date: 01 /21 /2026 (mm/dd/yyyy) Time: 9 : 30 ☒ a.m. ☐ p.m.

Address where sample was collected: 12815 [redacted] COLONY

Monitoring Site ID: D-18 Sample Tap Location (e.g. kitchen sink): KITCHEN SINK

First Initial and Last Name of Sampler: S - WEIGAND Sampler Phone: 262 253-6613

Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

If your system uses continuous chlorination, the chlorine residual level at the time the sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL FIELD			4.0	MG/L
50064	CHLORINE FREE AVAIL FIELD			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80

TOTAL COLIFORM

Storet	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence			/100 ML
99190	Colisure® Presence/Absence			/100 ML
99192	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML
99829	Colitag™			/100 ML
99961	Readycult®			/100 ML
99740	E*Colite®			/100 ML

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Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence			/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
9911				/100 ML
989				/100 ML
998				/100 ML
999				/100 ML
997				/100 ML

CS Rec: 01- 21 -2026 1330
TY / DS / MN ID: 20276595
Report Date:

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 #121219585.