Richland County
Pine Valley Sub-Committee

October 15th 2025

NOTICE OF MEETING

Please be advised that the Richland County Pine Valley Sub-Committee will convene on Monday, October 20, 2025 at 5pm in the Richland County Board Room of the Courthouse at 181 West Seminary Street, Richland Center, WI 53581.

Information for attending the meeting virtually (if available) can be found at the following link: https://administrator.co.richland.wi.us/minutes/pine-valley-committee/.
If you have any trouble accessing the meeting, please contact MIS Director Jason Marshall at 608-649-5926 (phone) or Jason.marshall@co.richland.wi.us (email).

1. Call to Order
2. Roll Call
3. Approval of Agenda and Verification of Posting
4. Approval of Minutes of the August 18, 2025 Pine Valley Sub-Committee Meeting
5. Public Comment
6. Election of the Chair and Vice Chair positions.
7. Administrator Census
8. Pine Valley Financials
    a. Overall Financial Standing August and September
9. Administrator's Report: Update on: Water,
10. Adjourn

A quorum may be present from other Committees, Boards, or Commissions. No committee, board or commission will exercise any responsibilities, authority or duties except for the Pine Valley Sub-Committee.

Richland County

Pine Valley Sub Committee

The Richland County Pine Valley Committee convened on Monday, August 18, 2025, in person and virtually at 6:00 PM in the County Boardroom of the Richland County Courthouse.

Call to Order: Committee Acting Chair Mark Gill called the meeting to order at 6:02PM.

Committee Members present: Mark Gill and Pat Rippchen, Sandra Kramer and Marc Couey.

Committee Member(s) absent: Gary Manning and Mary Miller.

County Board Members present: Alayne Hendricks.

Attendants: Staff present included Brittany Paulus, Pine Valley Administrator; Angela Wall: HR Generalist at Pine Valley

Approval of Agenda and Verification of Posting: Motion by Sandra Kramer second by Mark Couey to approve agenda. Motion carried and agenda declared approved.

Approval of Minutes of the July 21, 2025 Pine Valley Sub-Committee Meeting: No additions, corrections or notes were identified. The minutes of the July 21, 2025 meeting were approved as written.

Public Comment: No Public Comment

Pine Valley Census Recap: Brittany reviewed the census report for July, Average of 69, but currently at its highest thus far 73 with one in the hospital. CBRF averaged 14 currently 15.

Pine Valley Financials – Accounts Receivable Trend Report: Brittany reviewed the account receivable trend report. The Days Revenue in A/R for July 34.32 Target is to be below 40.

Pine Valley Financials-Cash Flow: Brittany Highlighted cash receipts $1,081,732.30 and payments adding to $790,462.77.

Pine Valley Financials-Consideration of Vouchers: Brittany went over checks that were out of the normal. Motion by Sandra Kramer second by Marc Couey to approve the vouchers as presented. Motion carried.

Pine Valley Financials-Aging Report: Brittany went over aging and went over the liens filed and that we are receiving payments from denied claims.

Administrator's Report: Update re: Pharmacy Provider: They have been to the building, we received out medication carts, they will be out on August 20, 2025, to go over all things with staff. Things are moving forward.

Update re: Water Project: Additional inspection of the reservoir was done by a robot. It was determined that the reservoir does not need to be replaced; however, recommendations for maintenance will be/have been made. Should be receiving the report soon of the inspection with photos and videos.

State Surveyor Activity: Brittany stated that we are in compliance.

Mark Gill inquired whether PV is still using contracted staff for Nursing. Brittany confirmed the use of contracted staff continues, noting a lack of applicants for RN and LPN positions. Informed the board that we are anticipating reports from Tess following the submission of the corrected Job description.

Note Mark Gill states that they are seeing improvements since the beginning of the year. Marc Couey also notes that in the last 2 years ago he has seen major positive change overall. Census and financials have gotten much better. Noting that we should continue to keep up the great work as money is on the positive side.

Adjourn: Motion by Sandra Kramer second by Mark Gill to adjourn. Motion carried and meeting adjourned at 6:46 PM.

Next Meeting: Monday, August 18, 2025 at 6:00 PM.

Brittany Paulus, Pine Valley Administrator

Month	SNF Budgeted Census	SNF Average Census (Actual)	SNF Variance (±)	CBRF Budgeted Census	CBRF Average Census (Actual)	CBRF Variance (±)	Comments / Notes
January	64	64	0	14.75	16	1.25	
February	64	68	4	14.75	15	0.25	
March	64	66	2	14.75	15	0.25	
April	64	65	1	14.75	15	0.25	
May	64	67	3	14.75	15	0.25	
June	64	70	6	14.75	15	0.25	
July	64	69	5	14.75	14	0	
August	64	73.45	9	14.75	14	0	
September	64	68.43	4	14.75	14.56	0	Hospital leaves
October	64			14.75			
November	64			14.75			
December	64			14.75			
Average YTD							

Census Daily Detail by Name Report: All Units

Start Date: 08/01/2025
End Date: 08/31/2025
Select Payers By: Payer Type(s)

Summary By Day

	Inhouse Days	Hospital Leave Days	Therapeutic Leave Days	Pre-Admit Days	DC/ Expired Days	Total Billable Days	Inhouse Non-Billable Days	Hospital Non-Billable Leave Days	Therapeutic Non-Billable Leave Days	DC/Expired Non-Billable Days	Total Non-Billable Days	Total Census Days
08/01/2025	71	0	0	0	0	71	0	0	0	1	1	72
08/02/2025	70	0	0	0	0	70	0	0	1	0	1	71
08/03/2025	70	0	0	0	0	70	0	1	0	0	1	71
08/04/2025	72	0	0	0	0	72	0	0	0	0	0	72
08/05/2025	72	0	0	0	0	72	0	0	0	0	0	72
08/06/2025	72	0	0	0	0	72	0	0	0	0	0	72
08/07/2025	73	0	0	0	0	73	0	0	0	0	0	73
08/08/2025	73	0	0	0	0	73	0	0	0	0	0	73
08/09/2025	73	0	0	0	0	73	0	0	0	0	0	73
08/10/2025	73	0	0	0	0	73	0	0	0	0	0	73
08/11/2025	73	0	0	0	0	73	0	0	0	0	0	73
08/12/2025	73	0	0	0	0	73	0	0	0	0	0	73
08/13/2025	72	0	0	0	0	72	0	0	0	1	1	73
08/14/2025	70	0	0	0	0	70	0	2	0	0	2	72
08/15/2025	71	0	0	0	0	71	0	2	0	0	2	73
08/16/2025	72	0	0	0	0	72	0	1	0	0	1	73
08/17/2025	72	0	0	0	0	72	0	1	0	0	1	73
08/18/2025	73	0	0	0	0	73	0	1	0	0	1	74
08/19/2025	73	0	0	0	0	73	0	1	0	0	1	74
08/20/2025	74	0	0	0	0	74	0	0	0	0	0	74
08/21/2025	74	0	0	0	0	74	0	1	0	0	1	75
08/22/2025	75	0	0	0	0	75	0	0	0	0	0	75
08/23/2025	75	0	0	0	0	75	0	0	0	0	0	75
08/24/2025	74	0	0	0	0	74	0	0	0	1	1	75
08/25/2025	74	0	0	0	0	74	0	0	0	0	0	74
08/26/2025	75	0	0	0	0	75	0	0	0	0	0	75
08/27/2025	76	0	0	0	0	76	0	0	0	0	0	76
08/28/2025	75	0	0	0	0	75	0	0	1	0	1	76
08/29/2025	75	0	0	0	0	75	0	0	0	1	1	76
08/30/2025	75	0	0	0	0	75	0	0	0	0	0	75
08/31/2025	75	0	0	0	0	75	0	0	0	0	0	75
Total:	2,265	0	0	0	0	2,265	0	10	2	4	16	2,281

Census Daily Detail by Name Report: All Units

Start Date: 09/01/2025
End Date: 09/30/2025
Select Payers By: Payer Type(s)

Summary By Day

	Inhouse Days	Hospital Leave Days	Therapeutic Leave Days	Pre-Admit Days	DC/ Expired Days	Total Billable Days	Inhouse Non-Billable Days	Hospital Non-Billable Leave Days	Therapeutic Non-Billable Leave Days	DC/Expired Non-Billable Days	Total Non-Billable Days	Total Census Days
09/01/2025	74	0	0	0	0	74	0	0	0	1	1	75
09/02/2025	73	0	0	0	0	73	0	0	0	1	1	74
09/03/2025	72	0	0	0	0	72	0	1	0	0	1	73
09/04/2025	72	0	0	0	0	72	0	1	0	1	2	74
09/05/2025	71	0	0	0	0	71	0	2	0	1	3	74
09/06/2025	71	0	0	0	0	71	0	2	0	0	2	73
09/07/2025	69	0	0	0	0	69	0	3	1	0	4	73
09/08/2025	69	0	0	0	0	69	0	2	0	2	4	73
09/09/2025	68	0	0	0	0	68	0	3	0	0	3	71
09/10/2025	68	0	0	0	0	68	0	3	0	0	3	71
09/11/2025	70	0	0	0	0	70	0	2	0	0	2	72
09/12/2025	67	0	0	0	0	67	0	2	0	3	5	72
09/13/2025	66	0	0	0	0	66	0	2	1	0	3	69
09/14/2025	67	0	0	0	0	67	0	2	0	0	2	69
09/15/2025	68	0	0	0	0	68	0	1	0	0	1	69
09/16/2025	67	0	0	0	0	67	0	2	0	1	3	70
09/17/2025	69	0	0	0	0	69	0	1	0	0	1	70
09/18/2025	68	0	0	0	0	68	0	1	0	1	2	70
09/19/2025	67	0	0	0	0	67	0	2	0	0	2	69
09/20/2025	66	0	0	0	0	66	0	2	1	0	3	69
09/21/2025	66	0	0	0	0	66	0	2	1	0	3	69
09/22/2025	67	0	0	0	0	67	0	2	0	0	2	69
09/23/2025	68	0	0	0	0	68	0	1	0	0	1	69
09/24/2025	67	0	0	0	0	67	0	1	1	1	3	70
09/25/2025	67	0	0	0	0	67	0	2	0	0	2	69
09/26/2025	66	0	0	0	0	66	0	2	0	1	3	69
09/27/2025	66	0	0	0	0	66	0	1	1	0	2	68
09/28/2025	67	0	0	0	0	67	0	1	0	0	1	68
09/29/2025	68	0	0	0	0	68	0	0	0	1	1	69
09/30/2025	69	0	0	0	0	69	0	0	0	0	0	69
Total:	2,053	0	0	0	0	2,053	0	46	6	14	66	2,119

Census Daily Detail by Name Report: All Units

Start Date: 08/01/2025
End Date: 08/31/2025
Select Payers By: Payer Type(s)

Summary By Day

	Inhouse Days	Hospital Leave Days	Therapeutic Leave Days	Pre-Admit Days	DC/ Expired Days	Total Billable Days	Inhouse Non-Billable Days	Hospital Non-Billable Leave Days	Therapeutic Non-Billable Leave Days	DC/Expired Non-Billable Days	Total Non-Billable Days	Total Census Days
08/01/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/02/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/03/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/04/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/05/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/06/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/07/2025	13	1	0	0	0	14	0	0	0	0	0	14
08/08/2025	12	1	1	0	0	14	0	0	0	0	0	14
08/09/2025	12	1	1	0	0	14	0	0	0	0	0	14
08/10/2025	12	1	1	0	0	14	0	0	0	0	0	14
08/11/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/12/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/13/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/14/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/15/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/16/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/17/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/18/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/19/2025	14	1	0	0	0	15	0	0	0	0	0	15
08/20/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/21/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/22/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/23/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/24/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/25/2025	12	1	2	0	0	15	0	0	0	0	0	15
08/26/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/27/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/28/2025	13	1	1	0	0	15	0	0	0	0	0	15
08/29/2025	14	1	1	0	0	16	0	0	0	0	0	16
08/30/2025	14	1	1	0	0	16	0	0	0	0	0	16
08/31/2025	14	1	1	0	0	16	0	0	0	0	0	16
Total:	410	31	17	0	0	458	0	0	0	0	0	458

Census Daily Detail by Name Report: All Units

Start Date: 09/01/2025
End Date: 09/30/2025
Select Payers By: Payer Type(s)

Summary By Day

	Inhouse Days	Hospital Leave Days	Therapeutic Leave Days	Pre-Admit Days	DC/ Expired Days	Total Billable Days	Inhouse Non-Billable Days	Hospital Non-Billable Leave Days	Therapeutic Non-Billable Leave Days	DC/Expired Non-Billable Days	Total Non-Billable Days	Total Census Days
09/01/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/02/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/03/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/04/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/05/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/06/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/07/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/08/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/09/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/10/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/11/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/12/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/13/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/14/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/15/2025	14	1	1	0	0	16	0	0	0	0	0	16
09/16/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/17/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/18/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/19/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/20/2025	14	0	2	0	0	16	0	0	0	0	0	16
09/21/2025	14	0	2	0	0	16	0	0	0	0	0	16
09/22/2025	14	0	2	0	0	16	0	0	0	0	0	16
09/23/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/24/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/25/2025	15	0	1	0	0	16	0	0	0	0	0	16
09/26/2025	16	0	0	0	0	16	0	0	0	0	0	16
09/27/2025	16	0	0	0	0	16	0	0	0	0	0	16
09/28/2025	16	0	0	0	0	16	0	0	0	0	0	16
09/29/2025	16	0	0	0	0	16	0	0	0	0	0	16
09/30/2025	16	0	0	0	0	16	0	0	0	0	0	16
Total:	437	15	28	0	0	480	0	0	0	0	0	480

Jan to December 2025 Cash Flow

	Cash Receipts	Expenses	Cash	Explanation	Rev Per Matrix Inc Stmt	Rev Per Tyler Inc Stmt	Var Matrix to Tyler	OpEx per Matrix Inc Stmt	OpEx per Tyler Inc Stmt	Var Matrix to Tyler
Jan	$ 804,346	$ 1,040,733	-$236,387	2 holidays, 3 payrolls, sick payout, Annual Crime Insurance Premium	$ 935,314.00	$ 804,345.79	$ 130,968.21	$ 905,545.00	$ 1,073,211.22	$ (167,666.22)
Feb	$ 884,432	$ 806,042	$78,390	Dec MA pmt rec'd/reflected in Feb, Jan MA pmt not rec'd in Feb as short month	$ 875,109.00	$ 884,431.50	$ (9,322.50)	$ 767,395.00	$ 823,175.62	$ (55,780.62)
Mar	$ 930,466	$ 2,089,256	-$1,158,790	2025 Workers Comp Premium Adjustment, Debt Service Pmts/Interest Pmts	$ 965,618.00	$ 930,465.73	$ 35,152.27	$ 1,084,622.00	$ 808,586.11	$ 276,035.89
Apr	$ 941,640	$ 809,995	$131,645		$ 915,579.00	$ 941,640.22	$ (26,061.22)	$ 838,429.00	$ 820,677.82	$ 17,751.18
May	$ 871,312	$ 853,248	$18,064	Easter Holiday, 2nd Install-Liability Ins	$ 951,034.00	$ 871,312.22	$ 79,721.78	$ 895,856.00	$ 815,969.68	$ 79,886.32
June	$ 976,419	$ 792,667	$183,752	Memorial Day Holiday	$ 928,307.00	$ 976,419.00	$ (48,112.00)	$ 804,053.00	$ 845,601.65	$ (41,548.65)
Jul	$ 1,081,732	$ 792,198	$289,535	4th of July Holiday, Auto Liability Insurance	$ 936,598.00	$ 1,081,732.30	$ (145,134.30)	$ 862,567.00	$ 817,015.50	$ 45,551.50
Aug	$ 1,258,721	$ 1,397,979	-$139,258	3 payrolls - there looks to be an error in Matrix related to payroll will need to correct this and should pu	$ 1,258,721.00	$ 886,991.93	$ 371,729.07	$ (139,258.00)	$ 1,029,868.49	$ (1,169,126.49)
Sept	$ 1,020,740	$ 839,156	$181,584		$ 1,020,740.00	$ 1,268,479.52	$ (247,739.52)	$ 181,584.00	$ 839,418.91	$ (657,834.91)
Oct			$0							$ -
Nov			$0							
Dec			$0							
	$ 8,769,808	$ 9,421,274	$ (651,466)		$ 8,787,020.00	$ 8,645,818.21	$ 141,201.79	$ 6,200,793.00	$ 7,873,525.00	$ (1,672,732.00)

Jan to December 2024 Cash Flow

	Cash Receipts	Expenses	Cash	Explanation
Jan	$ 791,886	$ 884,415	-$92,530	2 holidays; sick p/o; $58,685 prop&liab ins; $600,000 tx:debt service to Gnrl Fnd
Feb	$ 834,867	$ 757,818	$77,049	
Mar	$ 664,728	$ 995,780	-$331,052	3 payrolls; $162,174.96 Medicare pymt not rec'd until April d/t Good Friday
Apr	$ 867,845	$ 842,981	$24,864	March Medicare pymt rec'd; Easter Holiday
May	$ 773,868	$ 857,560	-$83,692	
June	$ 856,929	$ 888,300	-$31,372	Memorial Holiday; SP recoupment$ 84,517; Lawn Mower $9,700
Jul	$ 927,861	$ 781,201	$146,660	July 4th Holiday;
Aug	$ 787,784	$ 997,119	-$209,335	3 payrolls; $725,000 moved from cash acct to Debt Service Fund for use in 2025
Sept	$ 733,676	$ 771,560	-$37,885	
Oct	$ 852,573	$ 773,699	$78,874	
Nov	$ 823,046	$ 778,544	$44,502	Thanksgiving Holiday
Dec	$ 1,052,233	$ 897,136	$155,097	Comp Payout, Cash includes Solar Tax Credit, WC 2025 Ins paid
	$ 9,967,295	$ 10,226,113	$ (258,818)	
Per Dec 31, 2024 Inc Stmt	$ 10,027,015	$ 11,014,050		
Variance	$ (59,719)	$ (787,938)		need to check these totals against the audited financial statements

Pine Valley Community Village Announces Water Supply Restored and Safe for Use

10/06/2025

Pine Valley Community Village is pleased to announce that our water supply has been tested and confirmed safe for all uses following recent concerns regarding the presence of bacteria in the system. The most recent water testing, completed in collaboration with local public health authorities and the Wisconsin Department of Natural Resources, shows no detectable bacteria, and the water is fully compliant with all state and federal safety standards.

Effective immediately, residents, staff, and visitors may safely use the facility's water for drinking, cooking, and hygiene.

During the precautionary period, Pine Valley took immediate action to ensure the safety and comfort of all residents, including:

- Providing bottled water for drinking and hygiene needs
- Coordinating with environmental health and public utility experts
- Conducting system flushing and disinfection in accordance with state guidelines
- Completing multiple rounds of laboratory testing to confirm water safety

We are grateful for the patience and understanding of our residents, families, and staff during this time. The health and safety of our residents are always our top priority, and we are happy to report that our water system has been fully cleared for normal use.

Pine Valley Community Village will continue to monitor the water supply as part of its ongoing commitment to safety and regulatory compliance.

Brittany Paulus Administrator

09/24/2025 at 03:47pm while Chad was out for the day, the email came in for our water sample results- this was not seen until 09/25/2025. Water showed contaminate of coliform but E.coli negative.

09/25/2025 at 7:00am Chad completed the new water samples requested by DNR. Took those immediately to the State of Wisconsin Lab of Hygiene, he was notified that he would received the results by noon 09/26/2025. At 11:47am Administrator was notified of this by Chad. Administrator called and emergency meeting with management and nursing staff. It was decided by administrator we would stop use of all water in house and utilize our emergency water providers to obtain clean safe water until additional samples results were received. Administrator sent Ryan Elliot SW to Walmart to get water immediately while Jesi Towne called our suppliers to obtain additional water. Ryan obtain several packages of water bottles and gallons of water, Jesi had order a rack of 5 gallon jugs from Culligan- 35: 5 gallon jugs were delivered the same day. Staff were instructed not give showers, or allow residents to brush teeth or drink from their rooms until further notice and to use the water that was purchased and provided. Dietary staff was instructed to not use any water in the kitchen when preparing meals and to utilized the bottle water instead. We unplugged the ice machines, emptied out all juices that were made with the contaminated waters. We took all the water jugs out of the room for them to be sanitized in the high heat dish washers. Staff were instructed to use hygiene wipes for residents for personal cares as well as they have access to utilizing the safe water. At 2pm, Administrator, Ryan and Mark Menne RN supervisor went to each wing to talk with all the cognitively intact residents in regards to the situation. Ryan and Natalie CBRF supervisor reached out to all activated HCPA, and sent the notice in the mail to them. Clayton Ward went to well house and shocked the well with 1 gallon of chlorine. Let it sit for 6 hours and flushed following via- hopper sinks, faucets in non-residential locations were ran for about 10 minutes, flushed all the toilets.

09/26/2025- Lab results received via phone call to Chad stating there was trace E.coli that came from the sample from community room that was dropped off 09/25/2025. The sample collected from the main distribution room came back positive for total coliform but negative for E.coli. Well house came back negative for all. DNR reached out with a Boiling water notice, which public statement and notice posted in the building and sent to the radio and newspapers. Joe Mather maintenance assistant completed flushing of all residential and non residential sinks 10 minutes of cold and 10 mins of hot per DHS recommendation. Flushed all toilets. Additional water was received Kraemer farms per our emergency water supply, in Culligan containers directly from their well. Martin brothers called and order 30 gallons of water from them scheduled to be delivered on 09/27/2025 at 8am. Culligan was also contact for another rack to be delivered on 09/29/2025. Staff

member Cassandra Anderson reached out to her father and got a clean water tank that held 250 gallons, they filled up with their safe water, this was placed in front of the building on the back of the truck. This water was to be used for cleaning, washing of the hands, and residents bathing water.

09/29/2025 – Chad Maintenance Director collected another sample of water to the Wisconsin state lab of hygiene. Purchased two 250 gallon water storage tanks. County Highway department came and picked them up on a trailer, took them to Schrieber's food to have them filled and placed them at the each side of the facility for easy access use for the staff. Additional chlorine was put into the well. Culligan delivered another rack of water to the building.

09/30/2025- Results from labs was received stating the E.coli was in the reservoir and the fire hydrant. Coliform only in the other 3 locations. Administrator had a meeting with residents and staff could join to go over the results and give an update to ensure that they were aware of the situation and the importance of utilizing bottle water.

10/01/2025- Maintenance director collected additional samples, took them to Lancaster, when returned maintenance and assistant completed an entire facility flush which included, all faucets for 25 minutes, flushed all toilets 3 times, Fire hydrant across the road.

10/02/2025- Maintenance collected additional samples to take to lab as the results of the previous days results were clear from all bacteria.

10/03/2025- 09:30am Clayton Ward poured about 8 gallons of bleach into the reservoir to let sit for a while. Russell Fiene from Water Tower Clean & Coat, Inc. came to Pine Valley at 10am, he and maintenance assistant Clayton Ward walked to try to find the source of contaminates. Were unable to locate and flushed all fire hydrants and turned on all the faucets in the facility. Russ collected samples at 2:30pm and took to Lodi.

10/04/2025- Russ called stating that samples came back negative for all bacteria, suggested to run a chlorine residual before turning back on line. Maintenance director received a call from Lauren Belz DNR rep stating that we again had negative samples.

10/06/2025- received the email stating that we were no longer on bottle water notice, Chad took residual sample and chlorine level was at 1.4, we resumed using water as normal.

Boil/Bottle Water Advisory

PINE VALLEY COMMUNITY VILLAGE water is contaminated with E. coli

E. coli bacteria were found in our water supply. These bacteria can make you sick and are a concern for people with weakened immune systems.

We routinely monitor for the presence of drinking water contaminants. The presence of coliform bacteria including E.coli bacteria in your drinking water is a violation of State and Federal Safe Drinking Water Regulations. A water sample collected on 09/22/2025 indicated the presence of total coliform bacteria. Further sampling on 09/25/2025 confirmed the presence of total coliform bacteria and E. coli bacteria.

What precautions should be taken at this time?

Discontinue use of this water for human consumption. Human consumption means drinking, cooking, food preparation and making ice, dishwashing, and all personal hygiene needs (e.g., showering, hand washing, bathing and oral hygiene). Ice, food, and any beverages prepared with unsafe water must be discarded. You should boil or use commercially bottled water for drinking, food preparation, and making ice. If you boil water, the water should be heated to a rolling boil for at least **ONE** minute before use.

What does this mean?

E. coli *are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.*
The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking this water from their health care providers.

What is being done to correct the problem?
Corrective action(s) taken: Please see attached Public Statement

You should use boiled or bottled water until we inform you that our sampling shows that no bacteria are present. We are working to resolve this problem as soon as possible.

If you have questions regarding the safety of our drinking water, please contact:

Name of Responsible Person	Area Code-Telephone Number
Brittany Paulus	608-647-2138

Street Address	City	State	Zip
25951 Circle View Ln	Richland Center	WI	53581

I certify that the information and statements contained in this public notice are true and correct and have been provided to consumers in accordance with the delivery, content, format, and deadline requirements in Subchapter VII of ch. NR 809, Wis. Adm. Code.

x Brittany Paulus — Signature
9/26/25 — Date

Tier 1 Notice

** Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Pine Valley Community Village Water Supply

Date: 09/26/2025

We are writing to inform residents, families, staff, and community partners that routine water testing at **Pine Valley Community Village** has detected the presence of *E. coli* bacteria in our water supply.

Please know that the health and safety of our residents and staff are our top priority. As soon as the test results were received, we took immediate precautionary measures, including:

- **Notifying** the local health department, the Wisconsin Department of Health Services, and the Department of Natural Resources
- **Implementing water safety protocols**, including the use of bottled water for drinking and food preparation, bathing and other needs at this time. We have contracts with safe water and will continue to supply to ensure the safety of your family.
- **Providing clear guidance** to staff and residents to ensure compliance with safety measures.
- **Arranging for remediation and follow-up testing** in accordance with regulatory guidelines.
- **Hands out have been given to each resident and POA's have been notified as well.**

At this time, no illnesses related to this finding have been reported at our facility. We will continue to monitor all residents closely and keep families updated.

We are working closely with local and state health authorities to ensure the safety of our water supply and will provide further updates as soon as test results confirm the water is safe for normal use.

The DNR will be out within 30 days to complete a level 2 assessment to locate any further issues within our water system and help create a plan that ensure the quality of water is restored and maintained.

If you have questions or concerns, please contact **Brittany Paulus LNHA (608) 647-2138**

Thank you for your understanding and support as we take every step to protect those entrusted to our care.

Outlook

Pine Valley Water Supply

From Brittany Paulus <brittany.paulus@co.richland.wi.us>
Date Fri 9/26/2025 3:59 PM
To Epitaph Newspaper <epitaphnewspaper@gmail.com>; WRCO News <wrconews@civicmedia.us>; Valley Sentinel News <editor@valleysentinelnews.com>; Richland Observer <editor@richlandobserver.net>
Cc Tricia Clements <tricia.clements@co.richland.wi.us>

1 attachment (80 KB)
Public Notice.pdf;

Good Afternoon,

Please see attached for public notice of the current situation with out water. Please let me know if you have any questions in regards to this.

Have a wonderful day,

Brittany Paulus

Licensed Nursing Home Administrator

Pine Valley Community Village

25951 Circle View Ln

Richland Center, WI 53581

(608) 647-2138

09-25-25

400 Hall

Upon learning of well water sample results, discussion was had with the residents that were present in their rooms, about the initial well water results and the procedure taking place to re-test and put in place precautions related to findings. Paperwork with the organism found and possible effects it could have, were discussed and explained to the residents. Resident allowed to keep information paperwork and told to ask at any time for any questions. Residents informed of short-term nonuse of water in the facility and in their private bathrooms with signage being placed to water sources as a reminder to not use the water at this time and that water was being brought into the facility to meet their needs. Staff education provided one on one and explained the results of the sample test and the possible side effects from the organism. Staff hygiene protocol explained to staff and residents for washing of face, hair, body and hand hygiene. Staff encouraged to monitor their own person and residents for changes such as GI symptoms or other changes with symptoms evaluation sheets being created and to be completed by staff with every shift.

09-26-25

400 Hall

Second sample return showing positive for two organisms. Additional signage being placed to resident bathroom showers and education provided for current reason for non-use until water sample tests return negative. Staff updated to not use internal water sources for any bodily contact with any of the residents. Hand hygiene protocol updated with use of hand sanitizer and cleansing wipes to maintain sanitary conditions for themselves and the residents. Hand sanitizing products and additional supplemental water being placed on all wings of the facility. Residents voiced understanding and encouraged to ask if they have any questions and update staff for feeling like they have any change in condition and also informed that staff will be monitoring symptoms minimal three times daily with additional monitoring as needed. Signage placed and informative materials given to residents to read or have explained as needed.

DON contacted the local Culligan provider to obtain a rack which consisted of 36 5 gallon jugs of water for drinking ADLs and cooking purposes at 12:30 PM on September 25

Teri Tolliver RN - DON

At 12:40 DON on September 25 contacted Brandi Anderson, the public health nurse to report the bacteria in the water supply. She was going to reach out to her contacts and provide us with any information that she felt we needed to do with the bacteria as well as contact information.

Teri Tuttle - DON

At 1:05 on September 25 DON sent an email to Melissa at the Richland hospital to share with all of the doctors in regards to bacteria in the water.

Teri Turner-DON

Education provided to all staff at general staff meeting at both 1 o'clock and 2:30 on September 29 in regards to bacteria and water and the plan moving forward with drinking water and cooking water

On September 25 at 2 PM DON went around to all of the hallways and updated all Cna and nursing staff working about utilizing bottled water and Culligan water for any consumption and not utilizing the shower to decrease the risk of consumption of water and ADLs

On September 25 at 12:50 DON contacted unit clerks and assisted in creating a monitoring form to be completed on every shift on every hallway monitoring for the symptoms of nausea, vomiting, and diarrhea

On September 26 at 6:00 PM DON contacted foremost USA about obtaining water on Saturday morning to ensure water supply for consumption foremost bringing water in the morning of Saturday, September 27 unit nurses made aware of where to put the water when it arrives

On September 26 at 3 PM DON went to Walmart and purchased body wipes for both regular and sensitive skin and provided them to all units for ADL use and also educated the staff on the use of incontinent product wipes for incontinence and not utilizing any tap water for any type of bathing or consumption

On September 26, DON posted memos on all caregiver rooms on the skilled side and distributed to each nursing med cart as well as the staff education board in regards to directions on ADLs with Culligan provided water and consumption of Culligan water

DON also spoke to ALL Nursing and CNA staff on the hallways providing this information and Ensuring they Read memo

Interviewed DON

On September 26, DON was approached by unit nurse who offered to provide a large 400-500 gallon container to Pine Valley from her family farm for ADLS and cleaning.

Teri Towne RN-DON

SPP 26-25

Ice was obtained from Kwik trip and placed in chest freezers on each household for use.

Jeri Toccene Rv. Dor

This writer talked/educated the following legal representatives, guardians and residents on 9/25/2025 and 9/26/2025 regarding the presence of Coliform Bacteria and E coli bacteria in Pine Valley's water source. The individuals were verbally educated on the actions taken (i.e. additional testing, use of only bottled water or water from safe source, the need to immediately stop using Pine Valley's water for drinking, cooking and washing/bathing, self-report to State, DNR, Public Health and other entities), in addition to providing with a fact sheet on Bacteria in Private well Water.

, SW

9/25/2026

9/26/2025

This writer talked/educated the following legal representatives and guardians on 9/25/2025 and 9/26/2025 regarding the presence of Coliform Bacteria and E coli bacteria in Pine Valley's water. The individuals were verbally educated on the actions taken (i.e. additional testing, use of only bottled water or water from safe source, the need to immediately stop using Pine Valley's water for drinking, cooking and washing hands/face, self-report to State and other entities), in addition to providing with a fact sheet on Bacteria in Private well Water.

9/26/2025

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
PLYMOUTH SERVICE CENTER
1155 PILGRIM RD
PLYMOUTH WI 53073

Tony Evers, Governor
Karen Hyun, Ph.D.,
Secretary
Telephone 608-266-2621
Toll Free 1-888-936-7463
TTY Access via relay - 711

September 26, 2025

PWS ID: 15300648
PWS Type: MC - Richland County
DNR Violation: 118896342

ANGELA WALL
PINE VALLEY COMMUNITY VILLAGE
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

SUBJECT: **Notice of Noncompliance** - Violation of E. coli Maximum Contaminant Level at PINE VALLEY COMMUNITY VILLAGE

Dear Angela Wall:

Department records indicate that repeat sampling conducted on 09/25/2025 confirms E. coli are present in your drinking water system. This is a violation of the maximum contaminant level (MCL) for E. coli (s. NR 809.30, Wis. Adm. Code) and is a serious matter which requires your immediate attention. E. coli are bacteria whose presence indicates that the drinking water may be contaminated with human or animal wastes.

Water supplied by your system should not be used for human consumption. Human consumption means drinking, cooking, food preparation and making ice, dishwashing, and all personal hygiene needs (e.g., showering, hand washing, bathing and oral hygiene).

Take the following actions immediately:

Contact with your DNR Representative. If you have not already been contacted by a DNR representative, please contact Amy Kubly at (608)219-3068 to discuss the specific situation, relevant details and the required follow-up assessment of your water system.

Begin public notification. Provide a public notice (PN) as soon as possible but no later than 24 hours after being notified of the E. coli MCL violation, as outlined in s. NR 809.951, Wis. Adm. Code. Give public notice for as long as the violation or situation persists.

Use one or more means (radio, television, posting at conspicuous locations or hand delivery) to ensure all persons served by your system are notified.

If more than 5% of the population served by your system consists of non-English speaking consumers, the public notice must contain information in the appropriate language(s) regarding the importance of the notice and where to obtain more information in another language.

If you use the attached public notice, fill in all the blanks and sign and date the certification at the bottom. The notice can be supplemented with additional relevant information, but do not delete any of the existing text (it is required by law). If you use a different public notice, it must include the information required in s. NR 809.954, Wis. Adm. Code, as well as a signed and dated certification similar to the one on the sample public notice.

Return a copy of your completed public notice and certification to our office within 10 days of giving public notice.

Follow-up Assessment. After public notification, contact your DNR Representative to assist you and schedule/conduct an assessment (Level 2 Assessment) within 30 days. The purpose of this assessment is to find any sanitary defects that may be causing contamination of the water system and schedule corrective action(s) to fix them.

Failure to give public notice and complete the required Level 2 Assessment will result in additional violations and enforcement action. If you need technical assistance, contact Lauren Belz at (608)800-2915 or lauren.belz@wisconsin.gov or Amy Kubly at (608)219-3068 or amy.kubly@wisconsin.gov.

Sincerely,

Alyssa Rosewood

Alyssa Rosewood
Compliance Specialist
Drinking Water and Groundwater Program

cc: Chad Williamson - Sampler and Certified Operator (via email)
Lauren Belz (DNR Rep) - Fitchburg Service Center (via email)
Amy Kubly (DNR Rep) - Fitchburg Service Center (via email)
Eileen Pierce (DNR SCR District Supervisor) - Fitchburg Service Center (via email)

Encl: Public Notice

Wisconsin Department of Natural Resources
Laboratory Report

Laboratory: **Wisconsin State Laboratory of Hygiene**
Lab ID: **113133790** *Lab Phone:* **800-442-4618**

PWS ID #: **15300648** *Sample #:* **813779001**
PWS Name: **PINE VALLEY COMMUNITY VILLAGE** *Sample Date:* **9/22/2025** *Time:* **11:25 AM**
PWS Type: **MC** *Date Received:* **9/23/2025**
Sample Source: **D Distribution System** *Date Reported:* **9/24/2025**
Sample Type: **D**
EPA Source ID:

Collected by: **C WILLIAMSON** *DNR Rep:* **BELZ, LAUREN**
County: **Richland**
Sample Address: **MULTI PURPOSE RM**
Location Description: **KITCHEN SINK**

Analysis Method	*Analysis Date*	*Lab Comment*
SM9223B	**9/24/2025**	

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
99060	**Coliform Total - Colilert Presence/Absence**		**PRESENT**	/100 ML	Normal		
99069	**E Coli - Colilert Presence/Absence**		**ABSENT**	/100 ML	Normal		

Analysis Method	*Analysis Date*	*Lab Comment*
Field Chlorine Data		

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
50064	**CHLORINE FREE AVAIL FIELD**		**.75**	MG/L	Field Result		

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/26/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: WI Unique Well No: Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)
- ___ 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
- X 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: _____ and _____ **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: ___/___/_____ (mm/dd/yyyy) Time: _____:_____ ☐ a.m. ☐p.m.

Address where sample was collected:

Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink):

First Initial and Last Name of Sampler: _____ Sampler Phone:

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

E COLI

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
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

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 #22966613.

INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Routine Distribution Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).

Additional Routine Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Additional Routine samples throughout the calendar month following the positive sample collection date, or the date the water is once again served to the public, whichever is later (contact your nearest DNR office for further guidance).

Check Sample

1. Collect sample at the same location as the initial positive sample.
2. Collect within 24 hours of notification of the initial positive sample.

Repeat Sample

1. Collect samples within 5 service connections upstream and downstream of the initial positive sample, unless there is only one service connection (contact your nearest DNR office for further guidance).
2. Collect samples within 24 hours of notification of the initial positive sample.
3. All samples must be collected on the same day unless you have only 1 service connection. Systems with only 1 service connection may alternatively collect the samples (including the Check Sample) over a 3-day period.

New Construction, Raw Water, or Investigation Sample

1. Collect samples as needed or according to DNR staff directive.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.

2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.

3. Remove any faucet aerator, gasket, screen or hose.

4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.

5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.

6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.

7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.

8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and *E. Coli* bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Milwaukee:	(414) 263-8362	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
South Central Region, Fitchburg:	(608) 275-3294		

Laboratory ID:_____ Laboratory Name:_____

Date Received:___/___/____ Time Received:____:____ Laboratory Sample ID:_____

Condition of Sample Upon Receipt:_____

Signature of Receiving Lab Official:_____ Date Reported to PWS:___/___/____

Wisconsin Department of Natural Resources
Laboratory Report

9/26/2025 *Report 1 of 3*

Laboratory: **Wisconsin State Laboratory of Hygiene**
Lab ID: **113133790** *Lab Phone:* **800-442-4618**

PWS ID #: **15300648** *Sample #:* **814255001**
PWS Name: **PINE VALLEY COMMUNITY VILLAGE** *Sample Date:* **9/25/2025** *Time:* **06:55 AM**
PWS Type: **MC** *Date Received:* **9/25/2025**
Sample Source: **W Well** *Date Reported:* **9/26/2025**
Sample Type: **T**
EPA Source ID: **1**

Collected by: **C WILLIAMSON** *DNR Rep:* **BELZ, LAUREN**
County: **Richland**
Sample Address: **WELL HOUSE**
Location Description: **SAMPLE FAUCET BEFORE CHLORINE**

Analysis Method	*Analysis Date*	*Lab Comment*
SM9223B	**9/26/2025**	

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
99060	**Coliform Total - Colilert Presence/Absence**		**ABSENT**	/100 ML	Normal		
99069	**E Coli - Colilert Presence/Absence**		**ABSENT**	/100 ML	Normal		

Wisconsin Department of Natural Resources
Laboratory Report

Laboratory: **Wisconsin State Laboratory of Hygiene**
Lab ID: **113133790** *Lab Phone:* **800-442-4618**

PWS ID #: **15300648** *Sample #:* **814264001**
PWS Name: **PINE VALLEY COMMUNITY VILLAGE** *Sample Date:* **9/25/2025** *Time:* **06:45 AM**
PWS Type: **MC** *Date Received:* **9/25/2025**
Sample Source: **D Distribution System** *Date Reported:* **9/26/2025**
Sample Type: **C**
EPA Source ID:

Collected by: **C WILLIAMSON** *DNR Rep:* **BELZ, LAUREN**
County: **Richland**
Sample Address: **MECH RM**
Location Description: **SAMPLE FAUCET**

Analysis Method	*Analysis Date*	*Lab Comment*
SM9223B	**9/26/2025**	

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
99060	**Coliform Total - Colilert Presence/Absence**		**PRESENT**	/100 ML	Normal		
99069	**E Coli - Colilert Presence/Absence**		**ABSENT**	/100 ML	Normal		

Analysis Method	*Analysis Date*	*Lab Comment*
Field Chlorine Data		

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
50064	**CHLORINE FREE AVAIL FIELD**		**.59**	MG/L	Field Result		

Wisconsin Department of Natural Resources

9/26/2025

Laboratory Report

Laboratory: **Wisconsin State Laboratory of Hygiene**
Lab ID: **113133790**
Lab Phone: **800-442-4618**

PWS ID #: **15300648**
PWS Name: **PINE VALLEY COMMUNITY VILLAGE**
PWS Type: **MC**
Sample Source: **D Distribution System**
Sample Type: **D**
EPA Source ID:

Sample #: **814448001**
Sample Date: **9/25/2025** *Time:* **12:05 PM**
Date Received: **9/25/2025**
Date Reported: **9/26/2025**

Collected by: **C WILLIAMSON**
DNR Rep: **BELZ, LAUREN**
County: **Richland**
Sample Address: **MULTIPURPOSE RM**
Location Description: **KITCHEN SINK**

Analysis Method	*Analysis Date*	*Lab Comment*
Field Chlorine Data		

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
50064	**CHLORINE FREE AVAIL FIELD**		**.60**	MG/L	Field Result		

Analysis Method	*Analysis Date*	*Lab Comment*
SM9223B	**9/26/2025**	

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
99189	**Coliform Total - Colilert-18 Presence/Absence**		**PRESENT**	/100 ML	Normal	1	
99191	**Coliform Total - Colilert-18 Quantitray**		**74**	/100 ML	1	1	1
98932	**E Coli - Colilert 18 Presence/Absence**		**PRESENT**	/100 ML	Normal	1	
98930	**E Coli - Colilert-18 Quantitray**		**1**	/100 ML	1	1	1

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/24/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: WI Unique Well No: Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)
- ___ D - Routine Distribution
- X 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: **9 / 22 / 2025** Sample ID: **813779001**

Special Instructions:

Collect Sample between: **9/24/2025** and **9/25/2025** **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: ___ / ___ / _____ (mm/dd/yyyy) Time: _____ : _____ ☐ a.m. ☐p.m.

Address where sample was collected:

Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink):

First Initial and Last Name of Sampler: ___ - _____ Sampler Phone:

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

E COLI

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
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

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 #5261264.

INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Routine Distribution Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).

Additional Routine Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Additional Routine samples throughout the calendar month following the positive sample collection date, or the date the water is once again served to the public, whichever is later (contact your nearest DNR office for further guidance).

Check Sample

1. Collect sample at the same location as the initial positive sample.
2. Collect within 24 hours of notification of the initial positive sample.

Repeat Sample

1. Collect samples within 5 service connections upstream and downstream of the initial positive sample, unless there is only one service connection (contact your nearest DNR office for further guidance).
2. Collect samples within 24 hours of notification of the initial positive sample.
3. All samples must be collected on the same day unless you have only 1 service connection. Systems with only 1 service connection may alternatively collect the samples (including the Check Sample) over a 3-day period.

New Construction, Raw Water, or Investigation Sample

1. Collect samples as needed or according to DNR staff directive.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.

2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.

3. Remove any faucet aerator, gasket, screen or hose.

4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.

5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.

6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.

7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.

8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and *E. Coli* bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Milwaukee:	(414) 263-8362	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
South Central Region, Fitchburg:	(608) 275-3294		

Laboratory ID: _____ Laboratory Name: _____

Date Received: ___ / ___ / _____ Time Received: _____ : _____ Laboratory Sample ID: _____

Condition of Sample Upon Receipt: _____

Signature of Receiving Lab Official: _____ Date Reported to PWS: ___ / ___ / _____

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/24/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: WI Unique Well No: Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)
___ D - Routine Distribution
___ C* - Check: Same location as Positive "D" Sample
X 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: **9 / 22 / 2025** Sample ID: **813779001**

Special Instructions:

Collect Sample between: **9/24/2025** and **9/25/2025** **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: / / (mm/dd/yyyy) Time: : ☐ a.m. ☐p.m.

Address where sample was collected:

Monitoring Site ID: Sample Tap Location (e.g. kitchen sink):

First Initial and Last Name of Sampler: - Sampler Phone:

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

E COLI

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
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

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 #5261264.

INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Routine Distribution Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).

Additional Routine Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Additional Routine samples throughout the calendar month following the positive sample collection date, or the date the water is once again served to the public, whichever is later (contact your nearest DNR office for further guidance).

Check Sample

1. Collect sample at the same location as the initial positive sample.
2. Collect within 24 hours of notification of the initial positive sample.

Repeat Sample

1. Collect samples within 5 service connections upstream and downstream of the initial positive sample, unless there is only one service connection (contact your nearest DNR office for further guidance).
2. Collect samples within 24 hours of notification of the initial positive sample.
3. All samples must be collected on the same day unless you have only 1 service connection. Systems with only 1 service connection may alternatively collect the samples (including the Check Sample) over a 3-day period.

New Construction, Raw Water, or Investigation Sample

1. Collect samples as needed or according to DNR staff directive.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.

2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.

3. Remove any faucet aerator, gasket, screen or hose.

4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.

5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.

6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.

7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.

8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and *E. Coli* bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Milwaukee:	(414) 263-8362	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
South Central Region, Fitchburg:	(608) 275-3294		

Laboratory ID: _____ Laboratory Name: _____

Date Received: ___ / ___ / _____ Time Received: _____ : _____ Laboratory Sample ID: _____

Condition of Sample Upon Receipt: _____

Signature of Receiving Lab Official: _____ Date Reported to PWS: ___ / ___ / _____

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

GWR SOURCE BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/24/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: **1** WI Unique Well No: **BG751** Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)

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

Sample Type: (Check Only One)

X T* - Triggered Source Water sample following Total Coliform-positive Compliance sample
WI Unique Well No: **BG751** EP/Source ID: **1**

__ R - Repeat Source Water sample following E Coli-positive Triggered Source Water sample
WI Unique Well No: EP/Source ID:

***IF THE SAMPLE TYPE IS "T":** "D" or "A" Positive
"D" or "A" Positive Sample Date: **9 / 22 / 2025** Sample ID: **813779001**

Special Instructions:

Collect Sample between: **9/24/2025** and **9/25/2025** **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: ___ / ___ / _____ (mm/dd/yyyy) Time: _____ : _____ ☐ a.m. ☐p.m.

Address where sample was collected:

Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink):

First Initial and Last Name of Sampler: ___ - _____ Sampler Phone:

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
99740	E*Colite®			/100 ML

E COLI

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
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99741	E*Colite®			/100 ML

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 #66160362.

INSTRUCTIONS FOR GWR SOURCE BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Triggered Source Water sample following TC-positive TCR Compliance sample

1. Collect the sample from each source which provides the water to the site in the distribution system that had the TC-positive.
2. Collect the sample within 24 hours of notification of the TC-positive sample collected under the Total Coliform Rule (TCR), unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment at a site listed in your approved Monitoring Plan.

Repeat Source Water sample following E Coli-positive Triggered Source Water sample

1. Collect 5 samples at the same location as the Triggered Source Water sample that had the E Coli-positive result.
2. Collect the samples within 24 hours of notification of the E Coli-positive Triggered Source Water sample unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.

2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.

3. Remove any faucet aerator, gasket, screen or hose.

4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.

5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.

6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.

7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.

8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and *E. Coli* bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Milwaukee:	(414) 263-8362	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
South Central Region, Fitchburg:	(608) 275-3294		

Laboratory ID: _____ Laboratory Name: _____

Date Received: ___ / ___ / _____ Time Received: _____ : _____ Laboratory Sample ID: _____

Condition of Sample Upon Receipt: _____

Signature of Receiving Lab Official: _____ Date Reported to PWS: ___ / ___ / _____

Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN–MADISON

Wisconsin State Laboratory of Hygiene
2601 Agriculture Drive, PO Box 7996
Madison, WI 53707-7996
(800)442-4618 - Fax (608)224-6213
http://www.slh.wisc.edu

Laboratory Report

Environmental Health Division

WSLH Sample: 814740001

Report To:
CHAD WILLIAMSON
PINE VALLEY COMMUNITY VILLAGE
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53851

Invoice To:
TOM RISLOW
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53581

Customer ID: 15300648

System Name: PINE VALLEY COMMUNITY VILLAGE
City: RICHLAND CENTER
Collection Date/Time: 9/29/2025 09:30
Collected By: C WILLIAMSON
County: 53 - Richland
Source Code: D-Distribution System
Collection Address: RESERVOIR
Location of Sample:

Monitor Point ID: NA
PWS ID#: 15300648
WI Unique Well#:
Entry Point ID:
Date Received: 9/29/2025
Date Reported: 9/30/2025
Sample Type: R-Repeat

Field Data

Analyte	Analysis Method	Result	Units	LOD	LOQ
Prep Date: No Prep Step	Analysis Date: 09/29/25 16:31				
Chlorine Free Available	Field Chlorine Data	.98	mg/L		

Microbiology

Analyte	Analysis Method	Result	Units	LOD	LOQ
Prep Date: 09/29/25 12:41	Analysis Date: 09/30/25 16:30	Prep Method: SM9223B			
Total Coliform - Colilert	SM9223B	PRESENT	/100mL		
E. Coli - Colilert	SM9223B	PRESENT	/100mL		

Report ID: 13337331

Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

Wisconsin State Laboratory of Hygiene
2601 Agriculture Drive, PO Box 7996
Madison, WI 53707-7996
(800)442-4618 - Fax (608)224-6213
http://www.slh.wisc.edu

Laboratory Report

Environmental Health Division

WSLH Sample: 814737001

Report To:
CHAD WILLIAMSON
PINE VALLEY COMMUNITY VILLAGE
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53851

Invoice To:
TOM RISLOW
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53581

Customer ID: 15300648

System Name: PINE VALLEY COMMUNITY VILLAGE
City: RICHLAND CENTER
Collection Date/Time: 9/29/2025 08:20
Collected By: C WILLIAMSON
County: 53 - Richland
Source Code: D-Distribution System
Collection Address: RM 170
Location of Sample: KITCHEN SINK

Monitor Point ID: NA
PWS ID#: 15300648
WI Unique Well#:
Entry Point ID:
Date Received: 9/29/2025
Date Reported: 9/30/2025
Sample Type: R-Repeat

Field Data

Analyte	Analysis Method	Result	Units	LOD	LOQ
Prep Date: No Prep Step	Analysis Date: 09/29/25 15:45				
Chlorine Free Available	Field Chlorine Data	.68	mg/L		

Microbiology

Analyte	Analysis Method	Result	Units	LOD	LOQ
Prep Date: 09/29/25 12:41	Analysis Date: 09/30/25 16:30	Prep Method: SM9223B			
Total Coliform - Colilert	SM9223B	PRESENT	/100mL		
E. Coli - Colilert	SM9223B	Absent	/100mL		

Report ID: 13337328

Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

Wisconsin State Laboratory of Hygiene
2601 Agriculture Drive, PO Box 7996
Madison, WI 53707-7996
(800)442-4618 - Fax (608)224-6213
http://www.slh.wisc.edu

Laboratory Report

Environmental Health Division

WSLH Sample: 814741001

Report To:
CHAD WILLIAMSON
PINE VALLEY COMMUNITY VILLAGE
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53851

Invoice To:
TOM RISLOW
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53581

Customer ID: 15300648

System Name: PINE VALLEY COMMUNITY VILLAGE
City: RICHLAND CENTER
Collection Date/Time: 9/29/2025 09:45
Collected By: C WILLIAMSON
County: 53 - Richland
Source Code: D-Distribution System
Collection Address: FIRE HYDRANT FARTHEST AWAY FROM EVERYTHING ACROSS RD
Location of Sample: HYDRANT

Monitor Point ID: NA
PWS ID#: 15300648
WI Unique Well#:
Entry Point ID:
Date Received: 9/29/2025
Date Reported: 9/30/2025
Sample Type: I-Investigation

Microbiology

Analyte	Analysis Method	Result	Units	LOD	LOQ
Prep Date: 09/29/25 12:41	Analysis Date: 09/30/25 14:56	Prep Method: SM9223B			
Total Coliform - Colilert	SM9223B	PRESENT	/100mL		
E. Coli - Colilert	SM9223B	PRESENT	/100mL		

Field Data

Analyte	Analysis Method	Result	Units	LOD	LOQ
Prep Date: No Prep Step	Analysis Date: 09/29/25 16:33				
Chlorine Free Available	Field Chlorine Data	.59	mg/L		

Report ID: 13336849

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
FITCHBURG SERVICE CENTER
3911 FISH HATCHERY RD
FITCHBURG WI 53711

Tony Evers, Governor
Karen Hyun, Ph.D.,
Secretary
Telephone 608-266-2621
Toll Free 1-888-936-7463
TTY Access via relay - 711

October 6, 2025

PWS ID: 15300648
PWS Type: MC - Richland County

BRITTANY PAULUS
PINE VALLEY COMMUNITY VILLAGE
PINE VALLEY COMMUNITY VILLAGE
25951 CIRCLE VIEW LN
RICHLAND CENTER WI 53581

SUBJECT: **Rescind Boil Water Notice** for PINE VALLEY COMMUNITY VILLAGE

Dear Brittany Paulus:

Investigative samples collected on 10/1/2025 and again on 10/2/2025 were tested and reported to be free of total coliform and *E. coli* bacteria. As a result, this letter serves as confirmation that the Boil Water Notice formally issued on 9/26/2025 is rescinded.

Water supplied by your system can be used for human consumption. Human consumption means drinking, cooking, food preparation and making ice, dishwashing, and all personal hygiene needs (e.g., showering, hand washing, bathing and oral hygiene).

Contact Lauren Belz at (608)800-2915 or lauren.belz@wisconsin.gov if you have questions related to this rescind notice.

Sincerely,

Kim Barkhahn
Compliance Specialist
Bureau of Drinking Water & Groundwater

cc: Lauren Belz (DNR Rep) - Fitchburg Service Center (via email)
Eileen Pierce (District Supervisor) - Fitchburg Service Center (via email

Wisconsin Department of Natural Resources
Laboratory Report

Laboratory: **LV Labs WW, LLC**
Lab ID: **122046870**
Lab Phone: **608-723-4096**

PWS ID #: **15300648**
PWS Name: **PINE VALLEY COMMUNITY VILLAGE**
PWS Type: **MC**
Sample Source: **D Distribution System**
Sample Type: **I**
EPA Source ID:

Sample #: **K3289**
Sample Date: **10/2/2025** *Time:* **01:15 PM**
Date Received:
Date Reported: **10/4/2025**

Collected by: **C. Williamson**
County: **Richland**
Sample Address: **Mechanical Room**
Location Description: **Sample Faucet**

DNR Rep: **BELZ, LAUREN**

Analysis Method	*Analysis Date*	*Lab Comment*				
Lab Memo:						
Code Description	*MCL*	*Result Units*	*Qualifier*	*LOD*	*LOQ*	
50064 CHLORINE FREE AVAIL FIELD		**0.80** MG/L	Field Result			

Analysis Method	*Analysis Date*	*Lab Comment*				
SM 9223 B						
Lab Memo:						
Code Description	*MCL*	*Result Units*	*Qualifier*	*LOD*	*LOQ*	
98931 E Coli - Colisure Presence/Absence		**ABSENT** /100 ML	Normal			

Analysis Method	*Analysis Date*	*Lab Comment*				
SM 9223 B						
Lab Memo:						
Code Description	*MCL*	*Result Units*	*Qualifier*	*LOD*	*LOQ*	
99190 Coliform Total - Colisure Presence/Absence		**ABSENT** /100 ML	Normal			

Wisconsin Department of Natural Resources
Laboratory Report

Laboratory: **LV Labs WW, LLC**
Lab ID: **122046870**
Lab Phone: **608-723-4096**

PWS ID #: **15300648**
PWS Name: **PINE VALLEY COMMUNITY VILLAGE**
PWS Type: **MC**
Sample Source: **D Distribution System**
Sample Type: **I**
EPA Source ID:

Sample #: **K3291**
Sample Date: **10/2/2025** *Time:* **04:30 PM**
Date Received:
Date Reported: **10/4/2025**

Collected by: **C. Williamson**
County: **Richland**
Sample Address: **Community Room**
Location Description: **Faucet**

DNR Rep: **BELZ, LAUREN**

Analysis Method	*Analysis Date*	*Lab Comment*
SM 9223 B		

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
99190	**Coliform Total - Colisure Presence/Absence**		**ABSENT**	/100 ML	Normal		

Analysis Method	*Analysis Date*	*Lab Comment*
SM 9223 B		

Lab Memo:

Code	*Description*	*MCL*	*Result*	*Units*	*Qualifier*	*LOD*	*LOQ*
98931	**E Coli - Colisure Presence/Absence**		**ABSENT**	/100 ML	Normal		

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/26/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: WI Unique Well No: Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)
___ 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
X 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:

K3255

Rec'd 10.1.25 11:15A

Special Instructions:

Collect Sample between: and **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: 10/1/25 (mm/dd/yyyy) Time: 9 : 35 ☒a.m. ☐p.m.

Address where sample was collected: Mechanical room

Rec'd 10.2.25

Monitoring Site ID: 553 Sample Tap Location (e.g. kitchen sink): Sample Tap

First Initial and Last Name of Sampler: C. Williamson Sampler Phone: 485-0983

LV Labs WW, LLC #105-443

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		.83	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		Absent	/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

E COLI

Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence		Absent	/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

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 #22966613.

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/26/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: _____ WI Unique Well No: _____ Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)
- ___ 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
- X 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: _____ and _____ **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: 10/1/25 (mm/dd/yyyy) Time: 10 : 00 ☒a.m. ☐p.m.

Address where sample was collected: Reservoir

Monitoring Site ID: _____ Sample Tap Location (e.g. kitchen sink):

First Initial and Last Name of Sampler: C. Williamson Sampler Phone: 485-0903

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		Absent	/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

E COLI

Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence		Absent	/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

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 #22066613

K3254
Rec'd 10.1.25 11:15A
Rep'd 10.[illegible].25
LV Labs WW, LLC #105-443

Outlook

Fw: Pine Valley Community Village - 15300648 - TCP Lab Report & CRT Lab Slips

From Brittany Paulus <brittany.paulus@co.richland.wi.us>
Date Thu 9/25/2025 1:03 PM
To Brandie Anderson <brandie.anderson@co.richland.wi.us>

2 attachments (4 MB)
Pine Valley Community Village - 15300648 - TCP Lab Report.pdf; Pine Valley Community Village - 15300648 - CRT Lab Slips.pdf;

Good Afternoon,

Please see attached for water report. I do not have Brandons email to CC him on it.

So far we have:

Stopped any drinking of the water from tap

We have purchase sterilized water at Walmart and have Culligan bringing a rack of 5 gallon drinking water

I have stopped showers for now

We have reached out to our medical director

I have reached out to DHS for additional information.

If you could please share the Coliform fact sheet that we can hand to our residents that would be great.

Brittany Paulus

Licensed Nursing Home Administrator

Pine Valley Community Village

25951 Circle View Ln

Richland Center, WI 53581

(608) 647-2138

Outlook

Re: Pine Valley Community Village - 15300648 - TCP Lab Report & CRT Lab Slips

From Brittany Paulus <brittany.paulus@co.richland.wi.us>
Date Fri 9/26/2025 7:57 AM
To Kimberly.Barkhahn@wisconsin.gov <Kimberly.Barkhahn@wisconsin.gov>; lauren.belz@wisconsin.gov <lauren.belz@wisconsin.gov>
Cc Chad Williamson <chad.williamson@co.richland.wi.us>

Good Morning,

I wanted to touch base in regards to getting our sample results.

- Could you please also add me to the emails from the water sample results as this is crucial for me to implement the necessary protocol for our building when we have contaminated water. Chad leaves for the day at 3pm and I am usually here until after 4pm and have access to my email after hours as well.
- We have a vulnerable population as we are a skilled nursing facility, if there is contaminates, we do need a call so we can implement responses immediately.
- We needed to stop usage of our water immediately upon learning of this potential bacteria in our water source until the second testing was completed.

Please let me know if you have any questions in regards to this.

Brittany Paulus

Licensed Nursing Home Administrator

Pine Valley Community Village

25951 Circle View Ln

Richland Center, WI 53581

(608) 647-2138

From: Chad Williamson <chad.williamson@co.richland.wi.us>
Sent: Thursday, September 25, 2025 11:46 AM

Outlook

RE: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance -- Boil Water Notice Required

From Rosewood, Alyssa M - DNR <alyssa.rosewood@wisconsin.gov>
Date Mon 9/29/2025 8:06 AM
To Angela Wall <angela.wall@co.richland.wi.us>; Brittany Paulus <brittany.paulus@co.richland.wi.us>

Thanks Angela,

We will update our database to make sure Brittany is included on all future correspondence.

Alyssa Rosewood
Compliance Specialist -Drinking Water & Groundwater Program
Wisconsin Department of Natural Resources
Mobile: 414-309-7713
alyssa.rosewood@wisconsin.gov

dnr.wi.gov
Our core values include professionalism, integrity, and customer service.
Please visit our survey to provide feedback on your experience interacting with any DNR employee.

From: Angela Wall <angela.wall@co.richland.wi.us>
Sent: Monday, September 29, 2025 7:48 AM
To: Brittany Paulus <brittany.paulus@co.richland.wi.us>
Cc: Rosewood, Alyssa M - DNR <alyssa.rosewood@wisconsin.gov>
Subject: FW: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance -- Boil Water Notice Required
Importance: High

Alyssa please make sure that you include Brittany on these email as she is the new administrator at Pine Valley, you can remove me this email.

From: Rosewood, Alyssa M - DNR <alyssa.rosewood@wisconsin.gov>
Sent: Friday, September 26, 2025 12:44 PM
To: Angela Wall <angela.wall@co.richland.wi.us>; Chad Williamson <chad.williamson@co.richland.wi.us>

Outlook

Fw: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance -- Boil Water Notice Required

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From Chad Williamson <chad.williamson@co.richland.wi.us>
Date Fri 9/26/2025 1:55 PM
To Brittany Paulus <brittany.paulus@co.richland.wi.us>

3 attachments (571 KB)
15300648 Pine Valley Community Village_E. Coli MCL Letter_09.26.2025.pdf; Pine Valley Community Village Investigative Lab Slip.pdf; 15300648 Pine Valley Community Village CRT Results_09.25.25.pdf;

From: Rosewood, Alyssa M - DNR <alyssa.rosewood@wisconsin.gov>
Sent: Friday, September 26, 2025 12:44 PM
To: Angela Wall <angela.wall@co.richland.wi.us>; Chad Williamson <chad.williamson@co.richland.wi.us>
Cc: Barkhahn, Kimberly N - DNR (Kim) <Kimberly.Barkhahn@wisconsin.gov>; Pierce, Eileen F - DNR <Eileen.Pierce@wisconsin.gov>; Kubly, Amy L - DNR <Amy.Kubly@wisconsin.gov>; Belz, Lauren J - DNR <lauren.belz@wisconsin.gov>
Subject: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance -- Boil Water Notice Required

Hello Angela and Chad,

The check, repeat, and triggered samples for PINE VALLEY COMMUNITY VILLAGE/15300648 that were collected on 09/25/2025 show that the check sample is **total coliform positive and E.coli positive**. The repeat sample is total coliform postiive and E. coli negative. The triggered sample is total coliform negative and E. coli negative. I have attached the lab reports for your convenience. **This is an acute MCL violation and you are required to post a boil water notice as soon as possible (but no later than 24 hours of receipt of this email).** See the attached letter for more information, including a boil water notice template.

A Level 2 Assessment will need to be completed within 30 days by a DNR Representative. A DNR Representative will be contacting you to schedule a Level 2 Assessment and discuss follow-up requirements. An investigative lab slip is attached.

For additional information regarding the assessment or technical questions, please contact DNR Rep, Amy Kubly at 608-219-3068. Amy is covering for your assigned DNR Rep, Lauren Belz, today.

Thank you,

Alyssa Rosewood
Compliance Specialist -Drinking Water & Groundwater Program

Outlook

Re: Pine Valley Community Village - 15300648 - TCP Lab Report & CRT Lab Slips

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From Brittany Paulus <brittany.paulus@co.richland.wi.us>
Date Fri 9/26/2025 11:37 AM
To Brandt, Juli A - DHS <juli.brandt@dhs.wisconsin.gov>

Hi Juli,

Second tests came back positive for Coliform and this time with small traces of E.coli.

Brittany Paulus

Licensed Nursing Home Administrator

Pine Valley Community Village

25951 Circle View Ln

Richland Center, WI 53581

(608) 647-2138

From: Brittany Paulus <brittany.paulus@co.richland.wi.us>
Sent: Friday, September 26, 2025 10:40 AM
To: Brandt, Juli A - DHS <juli.brandt@dhs.wisconsin.gov>
Subject: Fw: Pine Valley Community Village - 15300648 - TCP Lab Report & CRT Lab Slips

Brittany Paulus

Licensed Nursing Home Administrator

Pine Valley Community Village

25951 Circle View Ln


dnr.wi.gov

Our core values include professionalism, integrity, and customer service.

Please visit our survey to provide feedback on your experience interacting with any DNR employee.

Outlook

RE: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance

From Brandt, Juli A - DHS <Juli.Brandt@dhs.wisconsin.gov>

Date Mon 9/29/2025 6:33 AM

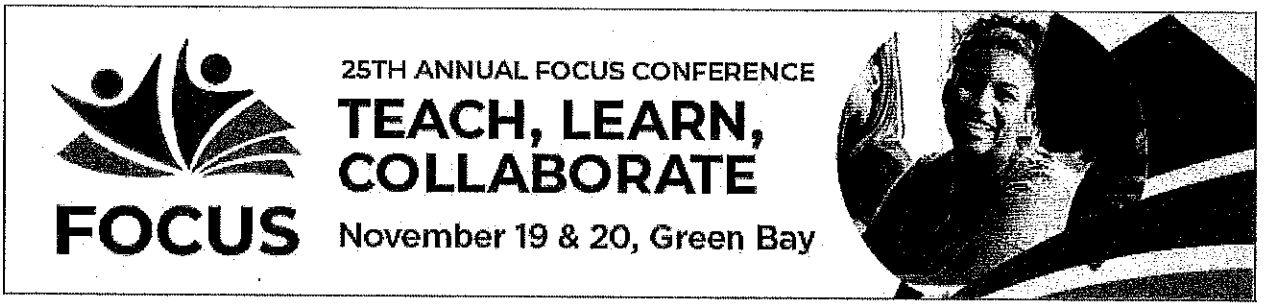
To Pintar, Paula A - DHS <paula.pintar@dhs.wisconsin.gov>; Brittany Paulus <brittany.paulus@co.richland.wi.us>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Meiners, Bruce E - DHS <brucee.meiners@dhs.wisconsin.gov>; Goglio, Frances C - DHS <Frances.Goglio@dhs.wisconsin.gov>

Cc DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; DHS DPH Enterics <DHSDPHEnterics@dhs.wisconsin.gov>

Thank you!

Best Regards,
Juli Brandt, RN

Juli Brandt, RN, WCC, QIDP
Regional Field Operations Director
Division of Quality Assurance
Bureau of Nursing Home Resident Care
Juli.Brandt@dhs.wisconsin.gov
Phone: 608-266-9422
Cell: 608-220-5278



WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Pine Valley Community Village

25951 Circle View Ln

Richland Center, WI 53581

(608) 647-2138

From: Brandt, Juli A - DHS <Juli.Brandt@dhs.wisconsin.gov>
Sent: Friday, September 26, 2025 4:05 PM
To: Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Meiners, Bruce E - DHS <brucee.meiners@dhs.wisconsin.gov>; Pintar, Paula A - DHS <paula.pintar@dhs.wisconsin.gov>; Brittany Paulus <brittany.paulus@co.richland.wi.us>; Goglio, Frances C - DHS <Frances.Goglio@dhs.wisconsin.gov>
Cc: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; DHS DPH Enterics <DHSDPHEnterics@dhs.wisconsin.gov>; Meiners, Bruce E - DHS <brucee.meiners@dhs.wisconsin.gov>
Subject: RE: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance

Thank you all for your assistance and input for Pine Valley Community Village.

They have received a letter from the DNR and are actively working on their public notice as we speak.

Best Regards,
Juli Brandt, RN

Juli Brandt, RN, WCC, QIDP
Regional Field Operations Director
Division of Quality Assurance
Bureau of Nursing Home Resident Care
Juli.Brandt@dhs.wisconsin.gov
Phone: 608-266-9422
Cell: 608-220-5278

If the sample represents the buildings potable water distribution system, there could be a cross connection between the buildings sewer system/drain piping and the buildings potable water distribution system.

Regards,

Bruce Meiners
Legionella Industrial Hygienist
ASSE 12080-Certified *Legionella* Water Safety and Management Specialist
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
D: (608) 267-1887 | C: (608) 471-2812 | Fax (608) 261-4976
brucee.meiners@dhs.wisconsin.gov

From: Pintar, Paula A - DHS <paula.pintar@dhs.wisconsin.gov>
Sent: Friday, September 26, 2025 3:10 PM
To: Brittany Paulus <brittany.paulus@co.richland.wi.us>; Goglio, Frances C - DHS <Frances.Goglio@dhs.wisconsin.gov>; Meiners, Bruce E - DHS <brucee.meiners@dhs.wisconsin.gov>
Subject: RE: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance

Brittany from what you are describing I am concerned your well may be getting contaminated from the agricultural run-off. Unless you have damaged pipes, it should not be entering your system that way. The road construction may also be causing vibration and releasing biofilm into your water system. I see Frances responded too, in light of the no water use to Frances's point keep flushing all fixtures until this can be resolved.

Respectfully,

Paula

Paula Pintar, MSN, RN, ACNS-BC, AL-CIP, FAPIC (she/her/hers)
Infection Preventionist (Region 6)
Healthcare-Associated Infections (HAI) Prevention Program | Bureau of Communicable Disease | Division of Public Health
Wisconsin Department of Health Services
Phone: 608-471-0499 | Email: paula.pintar@dhs.wisconsin.gov

Visit us online at: www.dhs.wisconsin.gov

Oh no and on a Friday afternoon!
I am including our Legionella team too but in addition here are some resources and actions to add to what you have already done.

- I am assuming these coliform and E.coli levels are above acceptable.
- If your well is clean, then it is most likely in the pipe biofilm
  - How many empty or low use rooms do you have in the facility?
  - Flush these rooms and every water outlet, hot and cold for at least 10 minutes per day. Try twice a day if they have been empty for longer than 3 consecutive days.
- What are you doing for bathing needs?
  - Do you have access to bathing wipes?
- Do you have a contracted water management specialist?
  - You may be able to get some point of use filters, these need to be purchased through a vendor and can't be bought at Menards or anything like that. May be difficult at this late time on a Friday.

Resources:

- Legionella prevention- many similar strategies

Frances and Bruce what have I missed?

Respectfully,

Paula

Paula Pintar, MSN, RN, ACNS-BC, AL-CIP, FAPIC (she/her/hers)
Infection Preventionist (Region 6)
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Wisconsin Department of Health Services
Phone: 608-471-0499 | Email: paula.pintar@dhs.wisconsin.gov

Visit us online at: www.dhs.wisconsin.gov

* *

From: Brittany Paulus <brittany.paulus@co.richland.wi.us>
Sent: Friday, September 26, 2025 2:34 PM
To: Pintar, Paula A - DHS <paula.pintar@dhs.wisconsin.gov>
Subject: PINE VALLEY COMMUNITY VILLAGE/15300648 - E. Coli MCL Exceedance

Outlook

Re: Inspection report

From Brittany Paulus <brittany.paulus@co.richland.wi.us>
Date Sun 9/28/2025 2:38 PM
To Sam Paque <sam@watertowerusa.com>

Hi Sam,

We have coliform in our water plus traces of ecoli. However, the well water is clear but is in our building. My thoughts is that construction may have vibrated the pipes and potentially allowed for agriculture runoff. So I just want to ensure pipes look good and no cracks etc.

Sent from my U.S.Cellular© Smartphone
Get Outlook for Android

From: Sam Paque <sam@watertowerusa.com>
Sent: Sunday, September 28, 2025 2:20:30 PM
To: Brittany Paulus <brittany.paulus@co.richland.wi.us>
Subject: Re: Inspection report

Brittany,

Sorry I missed you last week, ill try getting in touch monday. We've inspected pipes before, just depends on the situation.

Sam
6082348932

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

From: Brittany Paulus <brittany.paulus@co.richland.wi.us>
Sent: Friday, September 26, 2025 12:15:44 PM
To: Sam Paque <sam@watertowerusa.com>
Subject: Re: Inspection report

Hi Sam,

Could you please give me a call? I need to know if you are able to put cameras through our piping leading up to our building?

Outlook

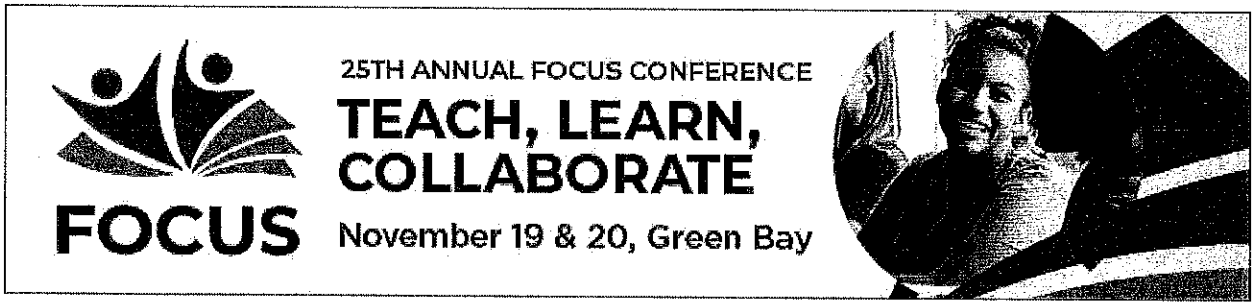
BCD call

From Brandt, Juli A - DHS <Juli.Brandt@dhs.wisconsin.gov>
Date Fri 9/26/2025 3:48 PM
To Brittany Paulus <brittany.paulus@co.richland.wi.us>

I received a call from BCD no reporting to them. Just be sure to follow your water management program and please reach out to DNR ASAP to schedule that level 2.

Best Regards,
Juli Brandt, RN

Juli Brandt, RN, WCC, QIDP
Regional Field Operations Director
Division of Quality Assurance
Bureau of Nursing Home Resident Care
Juli.Brandt@dhs.wisconsin.gov
Phone: 608-266-9422
Cell: 608-220-5278



WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Jesi Towne

From: Jesi Towne
Sent: Friday, September 26, 2025 11:33 AM
To: Melissa Wertz
Subject: RE:

Ok we have new information that I was hoping you could now share. We received the results from yesterdays test the water at Pine has tested positive for Coliform (this we knew yesterday) and now also E. Coli. We are still monitoring the residents for any GI symptoms and we have not been utilizing the water for consumption.

Can you please share this??

Jesi Towne RN, BSN, DON-C
Pine Valley Community Village
25951 Circle View Lane
Richland Center, WI 53581
608-647-2138 EXT: 1722 or 608-649-1722

Jesi Towne RN-DON

From: Melissa Wertz <Melissa.Wertz@richlandhospital.com>
Sent: Friday, September 26, 2025 9:11 AM
To: Jesi Towne <jesi.towne@co.richland.wi.us>
Subject: Re:

Yes I will do this now. Thank you!
Sent from my iPhone

On Sep 25, 2025, at 1:04 PM, Jesi Towne <jesi.towne@co.richland.wi.us> wrote:

Hello can you please share with all the physicians that today we learned that our water tested positive for Coliform bacteria. We have updated public health. Created a symptoms monitoring form for every shift to monitor for Nausea, vomiting and diarrhea, we bought Walmart out of bottled water and have culligan bringing more water this afternoon. We have updated the state and our medical director. We have no symptomatic resident in the building. We are running another test. No showers for tonight and tomorrow morning to decrease risk of consuming the water and have posted signs on all water areas that water is out of order. Will re group tomorrow when test results come in which will hopefully be by noon.

Jesi Towne RN,BSN, DON-C
Pine Valley Community Village

Jesi Towne RN-DON

Give us feedback @ survey.walmart.com
Thank you! ID #:7VQQGBBX6TH

Walmart

WN Supercenter
608-647-7141 Mgr:DONALD
2401 US HWY 14 E
RICHLAND CENTER WI 53581
ST# 01007 OP# 000582 TE# 91 TR# 05914
ITEMS SOLD 45
TC# 1944 4918 2372 6750 0113 0

RTBEER 12PK	007874220987 F		4.46 0
RTBEER 12PK	007874220987 F		4.46 0
GV 16 OR	007874235192 F		
15 AT	1 FOR 1.37		20.55 0
GV 40PK	007874227909 F		
28 AT	1 FOR 5.47		153.16 0
	SUBTOTAL		182.63
	TOTAL		182.63
	VISA TEND		182.63

VISA CREDIT **** **** **** 5232 I 2
APPROVAL # 215222
REF # 526800190619
TRANS ID - 505268625299010
VALIDATION - R9P9
PAYMENT SERVICE - E
AID A0000000031010
AAC 3B5E1C8CC2774C2A
TERMINAL # SC011066
*NO SIGNATURE REQUIRED
09/25/25 12:22:10
CHANGE DUE 0.00
CUSTOMER COPY

Low Prices You Can Trust. Every Day.
09/25/25 12:22:20

Copies of
Water Expense
Invoices

Jesi Bought

Give us feedback @ survey.walmart.com
Thank you! ID #:7VQQH3BX0W3

Walmart

WM Supercenter
608-647-7141 Mgr:DONALD
2401 US HWY 14 E
RICHLAND CENTER WI 53581
ST# 01007 OP# 003335 TE# 15 TR# 00198
ITEMS SOLD 35
TC# 8602 0692 0427 5944 5234

BOOT TRAY	008609325608	5.67 O
BOOT TRAY	008609325608	5.67 O
BOOT TRAY	008609325608	5.67 O
BOOT TRAY	008609325608	5.67 O
EQ 1X BBY FF 00787420265 3H		
19 AT 1 FOR	1.98	37.62 O
EQ1X SNS BBY 0681131108 87H		
12 AT 1 FOR	1.98	23.76 O
	SUBTOTAL	84.06
EQ1X SNS BBY 0681131108 87H		1.98 O
** VOIDED ENTRY **		
EQ1X SNS BBY 0681131108 87H		1.98-O
	SUBTOTAL	84.06
	TOTAL	84.06
	VISA TEND	84.06

VISA CREDIT **** **** **** 5232 I 2
APPROVAL # 516264
REF # 526900545964
TRANS ID - 305269747762617
VALIDATION - 7G2C
PAYMENT SERVICE - E
AID A0000000031010
AAC B0CDFF62226087F9
TERMINAL # 55006199
*NO SIGNATURE REQUIRED
09/26/25 15:46:17
CHANGE DUE 0.00
CUSTOMER COPY

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09/26/25 15:46:30

the data elements required on the form) to a state that would otherwise be due tax on this sale. The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.
Type of Business
GOVERNMENT (5)
Reason for exemption
GOVERNMENT (5)
Tax ID #
144201
I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.
****
* TAX EXEMPT SALE *
****
09/26/25 15:46:32

Culligan Water
Kraemer's Water Store

241 W Haseltine ST
Richland Center, WI 53581
www.culliganofsouthwestwisconsin.com
(608) 647-3444

—PLEASE CHECK BOX TO ENROLL
—IN AUTOMATIC BILL PAYMENT

CHECKING ACCOUNT ROUTING NUMBER	CHECKING ACCOUNT NUMBER
SIGNATURE	

DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
09/30/2025	$1444.42	13748

PAY BY DATE: OCT 12

AMOUNT PAID $

ADDRESSEE:

PINE VALLEY COMMUNITY VILLAGE
25951 CIRCLE VIEW DRIVE
RICHLAND CENTER, WI 53581

REMIT PAYMENT TO:

KRAEMER'S WATER STORE
PO BOX 602
RICHLAND CENTER, WI 53581-0602

BALANCE FORWARD

RETURN THIS TOP PORTION WITH YOUR PAYMENT

BRANCH ID: KC-RC
CUSTOMER: PINE VALLEY COMMUNITY VILLAGE

DATE	QUANTITY	DESCRIPTION	REF	PREVIOUS BALANCE: / AMOUNT	BALANCE
					$180.22
09/19/2025	12.00	SOLAR SALT 50LB DELIVERED	122770	139.92	320.14
09/19/2025	1.00	TEST KIT	122770	0.00	320.14
09/19/2025	1.00	ENERGY CHARGE	122770	3.25	323.39
09/25/2025	32.00	BOTTLED WATER 5-GAL		216.00	539.39
09/25/2025	32.00	Deposit BOTTLED WATER 5-GAL		216.00	755.39
09/29/2025	-1.00	PAYMENT-CHECK	46365	-180.22	575.17
09/29/2025	32.00	BOTTLED WATER 5-GAL	EMERGENCY	216.00	791.17
09/29/2025	32.00	Deposit BOTTLED WATER 5-GAL	EMERGENCY	216.00	1007.17
09/29/2025	4.00	MONTHLY RENT PRORATED	EMERGENCY	7.68	1014.85
09/29/2025	3.00	MONTHLY RENT PRORATED	EMERGENCY	4.59	1019.44
09/29/2025	32.00	BOTTLED WATER 5-GAL		216.00	1235.44
09/29/2025	17.00	Deposit BOTTLED WATER 5-GAL		114.75	1350.19
09/30/2025	1.00	SOFTENER TANK SERVICE		10.48	1360.67
09/30/2025	1.00	ENERGY SURCHARGE		3.25	1363.92
09/30/2025	7.00	COOK N COLD WATER DISPENSER		80.50	1444.42

Culligan Water

Service 10/01-10/31

ACCOUNTS ARE SUBJECT TO A LATE PAYMENT FINANCE CHARGE

FINANCE CHARGE SCHEDULE			PLEASE PAY NEW BALANCE BEFORE
OVER	PERIODIC RATE	ANNUAL RATE	
$ 4	1.50 %	18.00 %	OCT 12
TO 4	0.00 %	0.00 %	MIN CHARGE 0.50

				Balance Due	$1444.42

0-30	31-60	61-90	Over 90
1444.42	0.00	0.00	0.00

Next Deliveries: 10/17/25 11/14/25 12/12/25 01/09/26

HAPPY HALLOWEEN!

Kraemer s Water Store
241 W Haseltine ST
Richland Center, WI 53581

(608) 647-3444 (800) 889-2837

SERVICE ADDRESS:
PINE VALLEY COMMUNITY VILLAGE
25951 Circle View Drive
Richland Center, WI 53581

CLOSING DATE	ACCOUNT NUMBER	NAME
09/30/2025	13748	PINE VALLEY COMMUNITY VILLAGE

51110

TRACTOR SUPPLY Co
TractorSupply.com

195 RICHLAND SQ
RICHLAND CENTER, WI 53581
608-383-0979

Ticket: 162109
Date: 9/30/25 Time: 2:08 PM
Store: 2301 Register: 1
Cashier: Scott

Item	Qty	Price	Amount
275 GAL CAGED WATER TANK			
1185722	2	369.99	739.98

Subtotal	739.98
Tax	40.70
Total	**780.68**

Visa - SALE 780.68
**********5232 - EMV Chip
Authorization #: 410380
Terminal ID : 00179230100010O
Cryptogram : 01B0B0740B280D15
AID : A0000000031010
APP : VISA CREDIT
CVM : NONE / 5E0000
TVR : 8000008000 / TSI : 6800

Change 0.00
I agree to pay the above amount according to my card issuer agreement.

Neighbor's Club makes Life Out Here more rewarding Download the Tractor Supply mobile app,go to www.neighborsclub.com, or ask a team member to join or for more details on points earning, rewards and more.

As a member of Neighbor's Club, earn 5% in Rewards when you use a TSC Store Card to make a purchase. Subject to credit approval. Learn more @ www.TractorSupply.com/TSCCard or see a team member for more details.
****

For our Returns Policy, visit TractorSupply.com/returns
****
Help a neighbor. Review your products. www.tractorsupply.com/reviews
****
Go to telltractorsupply.com or Call 1-800-541-4429 within 7 days to complete a survey and be entered in a monthly drawing for a chance to win a $2500 shopping spree. (Awarded as Gift Cards) Ends 12/31/2025 Click on "Sweepstakes Rules" for complete details or to participate without purchase or survey.
****

Enter Survey Code #:
2301-01-162109-093025-1408-0
SOLD ITEM COUNT = 2

Give us feedback @ survey.walmart.
Thank you! ID #:7VQQX6BX206

Walmart

NM Supercenter
608-647-7141 Mgr:DONALD
2401 US HWY 14 E
RICHLAND CENTER WI 53581
07407 OP# 006274 TE# 21 TR# 01206
ITEMS SOLD 34
TC# 3695 5524 5535 4011 9335 1

ICE 007330920020 F
16 AT 1 FOR 4.58 73.28 O
ST ICE CB 007314472428
6 AT 1 FOR 2.43 14.58 O
OS FSYR ICE 007169120671
12 AT 1 FOR 2.87 34.44 O
SUBTOTAL 122.30
TOTAL 122.30
VISA TEND 122.30
VISA CREDIT **** **** **** 5232 I 2
APPROVAL # 410375
REF # 0142M4256391
TRANS ID - 365773710290761
VALIDATION - ZEL6
PAYMENT SERVICE - F
AID A0000000031010
AAC F9ED1B20BF3246CA
TERMINAL # 55015527
*NO SIGNATURE REQUIRED
09/30/25 14:57:09
CHANGE DUE 0.00
CUSTOMER COPY

Low Prices You Can Trust. Every Day.
09/30/25 14:57:31

provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale. The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.
Type of Business
GOVERNMENT (5)
Reason for exemption
GOVERNMENT (5)
Tax ID #
144201
I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.
****
EXEMPT SALE *
****
09/30/25 14:57:33

amazon.com

Details for Order #113-3565598-3960203

Order Placed: October 1, 2025
Amazon.com order number: 113-3565598-3960203
Order Total: $179.91

Not Yet Shipped

Items Ordered	Price
5 of: *Portable Shower for Camping, 6000mAh Rechargeable Camping Shower with 5.3 Gallons Foldable Bucket, Filtered Shower Head,* *Outdoor Camp Shower Pump for Hiking, RV, Traveling, Car Washing, Pet Bath* Sold by: FORESI (seller profile) Condition: New	$39.98

Shipping Address:
Kayla Kaderavek
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53581-4013
United States

Shipping Speed:
FREE Shipping

Payment information

Payment Method:
Visa | Last digits: 5232

Billing address
Kayla Kaderavek
25951 CIRCLE VIEW DR
RICHLAND CENTER, WI 53581-4013
United States

Item(s) Subtotal:	$199.90
Shipping & Handling:	$6.99
Promotion applied:	-$26.98
Total before tax:	$179.91
Estimated Tax:	$0.00
Grand Total:	**$179.91**

To view the status of your order, return to Order Summary .

Give us feedback @ survey.walmart.com
Thank you! ID #:7VQZ93BXB6X

Walmart

WM Supercenter
608-647-7141 Mgr:DONALD
2401 US HWY 14 E
RICHLAND CENTER WI 53581
ST# 01007 OP# 006055 TE# 17 TR# 09182
ITEMS SOLD 10
TC# 4211 5279 4204 9366 2946 6

IGLOO 2 GAL	003422342245		16.97 O
5 GAL HD JUG	003422342184		28.97 O
5 GAL HD JUG	003422342184		28.97 O
5 GAL HD JUG	003422342184		28.97 O
5 GAL HD JUG	003422342184		28.97 O
GV 40PK	007874227909	F	5.47 O
GV 40PK	007874227909	F	5.47 O
GV 40PK	007874227909	F	5.47 O
GV 40PK	007874227909	F	5.47 O
GV 40PK	007874227909	F	5.47 O
	SUBTOTAL		160.20
	TOTAL		160.20
	VISA TEND		160.20

VISA CREDIT **** **** **** 5232 I 2
APPROVAL # 901005
REF # 066901371026
TRANS ID - 3852745341356 94
VALIDATION - 63XF
PAYMENT SERVICE - E
AID A0000000031010
AAC 070E0B394C5466AF
TERMINAL # 54976614
*NO SIGNATURE REQUIRED
10/01/25 09:50:13
CHANGE DUE 0.00
CUSTOMER COPY

Low Prices You Can Trust. Every Day.
10/01/25 09:50:32

Water Turn-On/Off Log

Room Range: 601-616

Room #	Date	Time OFF	Staff Initials (OFF)	Time ON	Staff Initials (ON)	Notes/Comments
601	10/1/25	2:15 pm	EE	1:35 pm	EE	
602	10/1/25	2:15 pm	EE	1:35 pm	EE	
603	10/1/25	2:15 pm	EE	1:35 pm	EE	
604	10/1/25	2:16 pm	EE	1:36 pm	EE	
605	10/1/25	2:16 pm	EE	1:36 pm	EE	
606	10/1/25	2:18 pm	EE	1:37 pm	EE	
607	10/1/25	2:18 pm	EE	1:39 pm	EE	
608	10/1/25	2:18 pm	EE	1:39 pm	EE	
609	10/1/25	2:19 pm	EE	1:40 pm	EE	
610	10/1/25	2:19 pm	EE	1:40 pm	EE	
611	10/1/25	2:19 pm	EE	1:41 pm	EE	
612	~~10/1/25~~	~~2:19~~	EE			Valve shut off under sink
613	10/1/25	2:20 pm	EE	1:41 pm	EE	
614	10/1/25	2:20 pm	EE	1:42 pm	EE	
615	10/1/25	2:21 pm	EE	1:43 pm	EE	
616	10/1/25	2:21 pm	EE	1:44 pm	EE	

Water Turn-On/Off Log

Room Range: 200–220

Room #	Date	Time OFF	Staff Initials (OFF)	Time ON	Staff Initials (ON)	Notes/Comments
200	10/1/25	2:20	CW	1:45	~~1:45~~ CW	
201						
202						
203						
204						
205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
215						
216						
217						
218						
219						
220						

Water Turn-On/Off Log

Room Range: 300-320

Room #	Date	Time OFF	Staff Initials (OFF)	Time ON	Staff Initials (ON)	Notes/Comments
300	10/1/25	2:30	CW	1:50	CW	
301						
302						
303						
304						
305						
306						
307						
308						
309						
310						
311						
312						
313						
314						
315						
316						
317						
318						
319						
320						

Water Turn-On/Off Log

Room Range: 400-420

Room #	Date	Time OFF	Staff Initials (OFF)	Time ON	Staff Initials (ON)	Notes/Comments
400	10/1/25	3:20 pm	CW	8/30	CW	
401						
402						
403						
404						
405						
406						
407						
408						
409						
410						
411						
412						
413						
414						
415						
416						
417						
418						
419						
420						

Water Turn-On/Off Log

Room Range: 500-520

Room #	Date	Time OFF	Staff Initials (OFF)	Time ON	Staff Initials (ON)	Notes/Comments
500	10/1/25	3pm	CW	2:30	CW	
501						
502						
503						
504						
505						
506						
507						
508						
509						
510						
511						
512						
513						
514						
515						
516						
517						
518						
519						
520						

Rooms Not Flushed

515

514

409

403

316

302

213

212

9/25/25
Joe Mathers

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/26/2025

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

System Name: PINE VALLEY COMMUNITY VILLAGE PWS ID: 15300648

DNR Contact: LAUREN BELZ (608)800-2915 Region: 1 Type: MC

System Address: 25951 CIRCLE VIEW DR City: RICHLAND CENTER County: Richland

Entry Point ID:____ WI Unique Well No:____ Note: System Chlorinates.

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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)
__ 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
X I - Investigation
__ W - (Raw) Water

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

Special Instructions:

Collect Sample between:____ and ____ **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: 10/10/25 (mm/dd/yyyy) Time: 3 : 30 ☐ a.m. ☒ p.m.

Address where sample was collected: ~~at~~ multipurpose room

Monitoring Site ID: 555 Sample Tap Location (e.g. kitchen sink): sink

First Initial and Last Name of Sampler: C. Williamson Sampler Phone: 485-0903

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	1.17		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		Absent	/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

E COLI

Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence		Absent	/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

IV Labs WA LLC

Rec'd 10-11-25 8:20A K3420 Rep'd 10.13.25 #105-443

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/26/2025

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

System Name: **PINE VALLEY COMMUNITY VILLAGE** PWS ID: **15300648**

DNR Contact: **LAUREN BELZ (608)800-2915** Region: **1** Type: **MC**

System Address: **25951 CIRCLE VIEW DR** City: **RICHLAND CENTER** County: **Richland**

Entry Point ID: _____ WI Unique Well No: _____ Note: **System Chlorinates.**

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
WILLIAMSON, CHAD
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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: _____

13466
Rec'd 10.15.25 8:40A
Rep'd 10.16.25

Sample Source: (Location)
___ W - Well Source
___ E - Entry Point
X D - Distribution System

Sample Type: (Check Only One)
___ 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
X 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: _____ and _____ **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: 10 / 15 / 25 (mm/dd/yyyy) Time: 5 : 35 ☒a.m. ☐p.m.

Address where sample was collected: multipurpose room

Monitoring Site ID: 555 Sample Tap Location (e.g. kitchen sink): sink

First Initial and Last Name of Sampler: C - Williamson Sampler Phone: 485-0913

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	1.02		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		Absent	/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

E COLI

Storet	Description	SDWA Method	Result	Units
99069	Colilert® Presence/Absence			/100 ML
98931	Colisure® Presence/Absence		Absent	/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

LV Labs WW, LLC
#105-443

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 #22966613.

DNR Drinking Water Program
South Central Region
3911 Fish Hatchery Rd
Fitchburg WI 53711

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Public Water Supply
Form Number: 6804
Revision: 20240105
Generated: 9/12/2025

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

System Name: PINE VALLEY COMMUNITY VILLAGE PWS ID: 15300648

DNR Contact: LAUREN BELZ (608)800-2915 Region: 1 Type: MC

System Address: 25951 CIRCLE VIEW DR City: RICHLAND CENTER County: RICHLAND

Entry Point ID: WI Unique Well No: Note: System Chlorinates.

T3465

Sampler Contact Info: (Notify DNR Contact of Corrections)
(608)647-2138
CHAD WILLIAMSON
25951 CIRCLE VIEW DR
RICHLAND CENTER WI 53581

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:

Rec'd 10.15.25 8:40A

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: 10/1/2025 and 10/31/2025 SAMPLES MUST BE ANALYZED WITHIN 30 HOURS OF COLLECTION. SEE SAMPLING INSTRUCTIONS ON BACK.

Rec'd 10.16.25

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

Sample Collection Date: 10/15/25 (mm/dd/yyyy) Time: 5 : 30 ☒ a.m. ☐ p.m.

Address where sample was collected: mechanical room

Monitoring Site ID: 553 Sample Tap Location (e.g. kitchen sink): sample tap

First Initial and Last Name of Sampler: C. Williamson Sampler Phone: 485-0903

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
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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
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99192	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML
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99118	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML
99829	Colitag™			/100 ML
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99740	E*Colite®			/100 ML

E COLI

Storet	Description	SDWA Method	Result	Units
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98931	Colisure® Presence/Absence		Absent	/100 ML
98929	Colisure® Quantitray			/100 ML
98932	Colilert®-18 Presence/Absence			/100 ML
99743	MI Agar			/100 ML
99188	Colilert® Quantitray			/100 ML
98930	Colilert®-18 Quantitray			/100 ML
99828	Colitag™			/100 ML
99962	Readycult®			/100 ML
99741	E*Colite®			/100 ML

LV Labs WW, LLC
#105-443

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 #111713040.