

Send Payment to: CT Laboratories LLC
 1230 Lange Court
 Baraboo, WI 53913-3109
 Phone: (608) 356-2760
 Fax: (608) 356-2766
 www.ctlaboratories.com

INVOICE

ROCK SPRINGS, VILLAGE OF
 AARON MARQUARDT
 PO BOX 202
 ROCK SPRINGS, WI 53961

Invoice Number: 199301

Invoice Date: 9/30/2025

Project Name: ARTESIAN WELL

Project Phase:

Project #:

Purchase Order:

Contract Number: 197

Folder#: 198555

CC:

Invoice Total (please pay this amount by 10/30/2025
 unless special contract conditions apply):

\$42.00

Invoice Total (amount if paid by credit card, includes 3% service fee):

\$43.26

Item	Matrix	Quantity	Price	Surcharge Multiplier	Total
TOTAL COLIFORM	WATER	2	\$20.00	0.00	\$40.00
Environmental services / disposal fees and/or fuel / inflationary surcharges:		1	\$2.00		\$2.00

****Please reference invoice number when submitting payment****

CT Laboratories, LLC Terms and Conditions apply. Payment Terms are Net 30 days.

A surcharge of 1 1/2 % per month will be applied to overdue invoices.

A 3% service fee will be applied to all credit card payments to cover processing charges.

If paid by 10/30/2025 (less than or equal to 30 days), then please pay this amount:

\$42.00

If not paid by 10/30/2025 (>30 days and <60 days) and special contract payment terms do not apply,
 then please pay this amount:

\$42.63

If not paid by 11/29/2025 (>60 days) and special contract payment terms do not apply,
 then please pay this amount:

\$43.27

ANALYTICAL REPORT

ROCK SPRINGS, VILLAGE OF
AARON MARQUARDT
BOX 202
ROCK SPRINGS, WI 53961

Project Name: ARTESIAN WELL
Project Phase:
Contract #: 197
Project #:
Folder #: 198555
Purchase Order #:

Page 1 of 2
Arrival Temperature: See COC
Report Date: 9/29/2025
Date Received: 9/26/2025
Reprint Date: 9/29/2025

CT LAB Sample#: 1631629	Sample Description: WELL #2	Sampled: 9/25/2025 15:00
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Analyte	Result	Units	LOD	LOQ	Dilution	Qualifier	Prep Date/Time	Analysis Date/Time	Analyst	Method
Inorganic Results										
E. coli	ABSENT		N/A	N/A	1			9/26/2025 12:00	RLB	SM 9223B
Total Coliform Bacteria	ABSENT		N/A	N/A	1	E		9/26/2025 12:00	RLB	SM 9223B

CT LAB Sample#: 1631630	Sample Description: WELL #1	Sampled: 9/25/2025 15:00
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Analyte	Result	Units	LOD	LOQ	Dilution	Qualifier	Prep Date/Time	Analysis Date/Time	Analyst	Method
Inorganic Results										
E. coli	ABSENT		N/A	N/A	1			9/26/2025 12:00	RLB	SM 9223B
Total Coliform Bacteria	ABSENT		N/A	N/A	1	E		9/26/2025 12:00	RLB	SM 9223B