

The Department of Health (department) designed this guide to help laboratories prepare and report analytical drinking water results to the department and to help the public (mainly public water systems) understand the process. Please follow this supplemental reporting guidance when reporting results to the department.

## **Drinking Water Methods and Quality Control**

Laboratories will seek accreditation for only drinking water methods in accordance with chapter 40 CFR 141, chapter 40 CFR 143, or, with written approval, other department-approved methods. Laboratories will only submit results from analyses using the drinking water methods for which they hold accreditations from the Department of Ecology and/or EPA Region 10.

## **Test Panels and Special Notes**

This guidance includes reporting templates for all test panels. The data design is in a specific order and sequence to match our database.

### Laboratories may develop their own report forms as long as those forms:

- Conform to the sequence and order of all the data fields used in the templates—topto-bottom and left-to-right;
- Contain all required content; and
- Contain the most current regulatory limits such as, but not limited to, State Detection Reporting Limit (SDRL), Maximum Contaminant Level (MCL), and triggers.

Attributes such as type font and size, spacing, and boxes may differ from our templates.

Laboratories may add a notation containing the laboratories internal project/reference number/LIMS sample identifier unique to that sample report in the "Comments" section so that the department or customer can provide that reference number for laboratory personnel to efficiently access the record.

These templates are important because they present information sequentially, so the department can process the data efficiently and accurately. Microsoft Word copies of the templates can be located on our <u>Lab Templates webpage</u>.

## Testing for contaminants not listed on a template below

In the event that testing is required for a contaminant that is not listed on the templates below, please follow the generic test panel procedures listed at the end of this guidance.

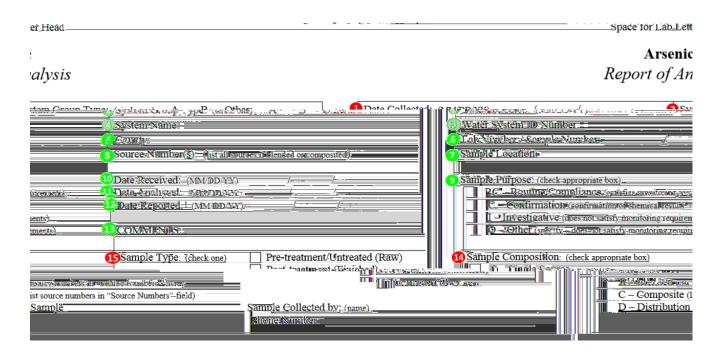
## **Chemical Monitoring Lab Reports**

The chemical monitoring sample result templates have similar title and header information.

This section defines all aspects of these headers.

**Test Panel Title:** There is space at the top of each panel for the laboratory letterhead, graphics, or other symbols. The test panel name must be on the top of each test panel report.

**Test Panel Header:** This section contains information from the sampler about the water system and the sample. Samplers should record this information on a chain of custody form. The information must be in the following sequence and order.



- **Date Collected:** Use numeric month, day, and year (MM/DD/YY). For example: 03/14/16.
- 2 System Group Type: Public water systems are either "A" or "B." Private water systems or nonpotable water samples are "Other" (for a house sale, shellfish, private well, and so on). Don't send sample results for "Other" to the department. Please send samples from tribal water systems directly to the Environmental Protection Agency (EPA).
  - **Public Water System ID Number (PWSID):** List the five- or six-character PWSID the department assigned to the public water system. The PWSID number is located on the system's Water Facilities Inventory (WFI) or in Sentry at <a href="mailto:fortress.wa.gov/doh/eh/portal/odw/si/Intro">fortress.wa.gov/doh/eh/portal/odw/si/Intro</a>.
- **System Name:** Enter the water system's official name. If the name on the lab slip does not match the official water system name, the department's data entry staff can not enter the sample. The official names can be found in our <u>Sentry Internet</u> (see link in 3 above) and on the WFI form.
  - **Lab Number/Sample Number:** The first three digits are the identification number the department assigned to the lab. The second five digits are the number the lab assigned to the sample.
  - **County:** List the county where the water system is located. If the water system crosses county lines, list the county where most of the system is located.
- **Onple Location:** Provide a detailed description of the sample location point. For example: "123 X Street outside tap on back of house" or "sample station #XX."

**Source Number(s):** List the two-digit identification number the department assigned to each water source being tested. This can be located on the water system's WFI or in <u>Sentry</u> (see link in 3 above).

NOTE: Samples collected to comply with source chemical monitoring requirements should come from the entry point to the distribution system after all treatment.

- **Single Source:** Use the source identification number the department assigned to the source (including a wellfield or a springfield).
- **Blended source sample:** If the sample represents two or more sources blended together before entering the distribution system (not a designated well field or spring field), list the number for each source included. For example: S01, S03, and S13. If a water system is collecting samples to meet the requirements of the well or spring field, it is appropriate to list the well or spring field source number instead of all of the wells of the well field or springs of a spring field. Well and spring fields are considered single sources and have their own source number; therefore they should be marked as single sources.
- **Flowing distribution sample:** If the sample is from a flowing water location within the distribution system that has been flushed (e.g., for Haloacetic acids or total trihalomethanes or asbestos.), use "S92."
- **Standing distribution sample:** If the sample is from a standing water location within the distribution system that represents a "first draw" sample (e.g. for Lead and Copper Rule.), use "S93."
- **9 Sample Purpose:** Check **ONE** box to describe the purpose of this sample. Don't send results for samples marked "Investigative", "Other," or "For Information Only" to the department unless instructed to.
  - Routine: Sample was taken for routine monitoring purposes as specified on a public water system's (PWS) Water Quality Montoring Schedule (WQMS) or as directed by the department.
  - **Confirmation:** A sample that demonstrates the accuracy of results of a sample by analyzing another sample from the same location within a reasonable period of time, generally not to exceed two weeks. Confirmation is when analysis results fall within plus or minus 30 percent of the original sample results.
  - **Investigative:** Sample taken to do preliminary investigation. For example: before a distribution line is put back into service after a repair, the line will be tested to see if the distribution line was adequatly disinfected.
  - Other: Samples that are not one of the examples listed above. For example: a private homeowner sample for a house sale.
- **Ote Received:** List the date the lab received the sample.
- **Date Analyzed:** List the date the lab analyzed the sample.
- **Date Reported:** List the date the lab released the report.
- **COMMENTS:** Use this space for addional comments. Laboratories may add a notation containing the laboratory's internal project/reference number/LIMS sample identifier unique to that sample report so that the department or customer can provide that reference number for laboratory personnel to efficiently access the record.

- **Sample Composition**: Check **ONE** box to describe the composition of the sample.
  - The following sample compositions must show the different sources from which they originate:
  - S Single Source. Sample represents one source, which may be one well field or spring field.
- B Blended. Sample represents two or more sources blended together before entering the distribution system (not a designated well field or spring field). If a water system is collecting samples to meet the requirements of the well field or spring field, it is appropriate to list the well field or spring field source number instead of all of the wells of the well field or springs of a spring field. Well and spring fields are considered single sources and have their own source number; therefore they should be marked as single sources.
  - C **Composite**. Sample is from up to five individual sources mixed in the lab on the water system's request.
- D **Distribution**. Sample is collected from within the distribution system.
- Sample Type: Sampler will indicate whether a sample was taken before or after a treatment process.
  - **Pre-treatment/Untreated (Raw)**. Check this box if the sampler collected the sample from a source before treatment or a source before it entered the distribution system when the system doesn't treat the water.
  - **Post-treatment**. Check this box if a water system treats the water and the sample was taken after treatment.
  - **Unknown or Ot**her. Check this box if it is unknow whether the sample was collected before or after treatment.
  - Include the sampler's name and phone number and the company the sampler works for (if applicable).

## **Organic Chemicals**

## **Key Definitions**

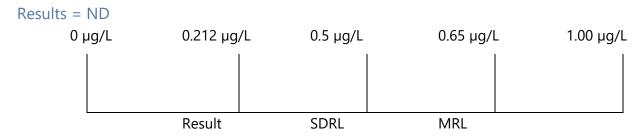
Method reporting limit (MRL) means the lowest concentration of a standard used for calibration.

State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

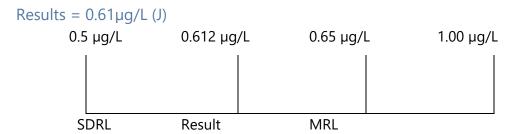
 $\mu$ g/L means micrograms per liter (1 $\mu$ g/L = 1ppb – parts per billion).

### Reporting Examples for organic chemicals in WAC 246-390-075(13) (b)-(d)

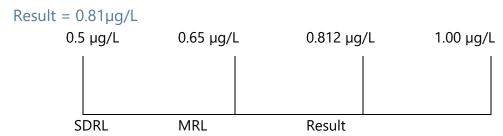
- **(b)** A lab shall report organic chemical contaminant results when the lab's established MRL is greater than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL;



(ii) An estimated concentration, notated with a "J" data qualifier when a result is equal to or greater than the SDRL, but less than the lab's established MRL;



(iii) A number when a result is equal to or greater than the lab's established MRL.



- **(c)** A lab shall report organic chemical contaminant results when the lab's established MRL is less than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the lab's established MRL;

Result = ND

0.182 μg/L

0.40 μg/L

0.5 μg/L

1.0 μg/L

Result

MRL

SDRL

(ii) Nondetect or ND when a lab's result is less than the established SDRL; or

Result = ND  $0.40~\mu g/L \qquad 0.450~\mu g/L \qquad 0.5~\mu g/L \qquad 0.550~\mu g/L$   $MRL \qquad Result \qquad SDRL$ 

(iii) A number when a result is equal to or greater than the SDRL.

Result =  $0.81\mu g/L$   $0.40 \mu g/L$   $0.5 \mu g/L$   $0.812 \mu g/L$   $1.0 \mu g/L$  MRL SDRL Result

- **(d)** A lab shall report organic chemical contaminant results when their established MRL is equal to the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or

Result = ND  $0 \mu g/L$   $0.212 \mu g/L$   $0.5 \mu g/L$   $1.0 \mu g/L$  Result SDRL/MRL

(ii) A number when a result is equal to or greater than the SDRL and the lab's established MRL.

## 

SDRL/MRL

Result

## **Disinfection By-Products (HAA5 and TTHM)**

Use a flowing distribution sample (Source **\$92**). There must be a specific distribution sample location for each sample. Individual contaminants do not have an MCL, but the sum of the individual contaminants does. The totals row is for the sum total of each contaminant for that sample. If the HAA5 and TTHM are taken from different locations, please note that in the Sample Location.

			e for Lab L  ection By	y-Prod	ucts				
		Rep	port of A	nalysis	2				
Date Collected: (MM/DD/YY) / / /					System Group Type: (circle one) A B Other:				
Water System ID N				System:	Name:				
Lab Number / Samp	le Number:	/		County:					
Sample Location:				Source I	Number(s): (	list all sou	rces if blend	ed or composited)	
Sample Purpose: (check appropriate box)				Date Received: (MM/DD/YY)///					
RC - Routine	Compliance (satisfies monito	oring requirements	9)	Date An	alyzed: (MM	(PP 473		/,==/,===	
	ve (does not satisfy monitoring : tify – does not satisfy monitoring			Date Ke	ported: (MI)	IDD/YY)		//	
		,		COMM	ENTS:				
Sample Compositio	n: (check appropriate box)			Sample	Type: (check	one)	Pre-tre	eatment/Untreated (Ra	
S - Single Sou	irce							reatment (Finished)	
B - Blended (I	ist source numbers in "Source N e (list source numbers in "Sourc	lumbers" field) a Normbars" field)	.				Unkno	own or Other	
D - Distribution		e ivamoers mean)	1						
					lumber:				
Send Report to:				Bill to:	(client name)				
			_						
			-						
		HAA5 AN	ALYTIC	AL RES	SULTS				
	Т	T	T	T	T	Τ			
DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	S SDRL	TRIGGER	MCL	UNITS	METHOD / INITIALS	
0411	Monochloroacetic Acid			2.0			μg/L		
0412	Dichloroacetic Acid			1.0			μg/L		
0413	Trichloroacetic Acid			1.0			μg/L		
0414	Monobromoacetic Acid			1.0			μg/L		
0415	Dibromoacetic Acid			1.0	45		μg/L		
0416	Total HAA5			1.0	45	60*	μg/L		
		TTHM AN	NALYTIC	AL RES	SULTS				
DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	METHOD / INITIALS	
0027	Chloroform			0.5			μg/L		
0028	Bromodichloromethane			0.5			μg/L		
0029	Dibromochloromethane			0.5			μg/L		
0031	Total TTHM			0.5	60	80*	μg/L		
0027 0028 0029 0030 0031  OTES: Value listed is for the sum ATA QUALIFIER: A sy OH#: Department assign (CL (Maximum Contam	Chloroform  Bromodichloromethane  Dibromochloromethane  Bromoform  Total TTHM  of the HAAS or TTHM contains  pubbl or letter to denote addition	ainants. nal information ab	oout the result.	0.5 0.5 0.5 0.5 0.5	60		µg/L µg/L µg/L µg/L µg/L	INITIALS	

Space for Lab Letter Head

### Dioxin (2,3,7,8-Tetrachlorodibenzodioxin)

Report of Analysis

Date Collected: (MM/DD/YY) / / /	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number://	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result) *   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)// Date Analyzed: (MMDD/YY)// Date Reported: (MMDD/YY)// COMMENTS:
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INTIALS
0149	Dioxin			0.005	0.005	0.03	ng/L		

NOTES: \*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

ng/L: nanograms per liter or parts per trillion.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS:

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### Endothall

### Report of Analysis

Date Collected: (MM/DD/YY) / / /	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	_ County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY) // // Date Analyzed: (MMDD/YY) // // Date Reported: (MMDD/YY) // // COMMENTS:
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0151	Endothall				9	100	μg/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

µg/L: micrograms per liter or parts per billion.

LAB COMMENTS:

## **Fumigant**

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			Soil F	umig	ants								
			Report	_	-	S							
Dete Cellected, Appropriate					C	Т	/-i1-	me) A	B Other:				
Date Collected: (MMDD/YY)// Water System ID Number:				_	stem Gro stem Na		e: (circle o	ine) A.	D Otner:				
Water System ID Number:				ounty:	me.								
	le Location:					mber(s):	(list all so	urces if blende	d or composited)				
	le Purpose: (check appropriate box) RC – Routine/Compliance (satisfic C – Confirmation (confirmation of ci I – Investigative (does not satisfy mo O – Other (specify – does not satisfy n	hemical result)* mitoring requiremen	ts)	Da Da	Date Received: (MM/DD/YY)								
Sample Composition: (check appropriate box)  S - Single Source  B - Blended (list source numbers in "Source Numbers" field)  C - Composite (list source numbers in "Source Numbers" field)  D - Distribution Sample			Sa	mple Co	llected b	y: (name)	Post-tre	eatment (Fini: wn or Other	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name)				
Send Report to:					Phone Number: Bill to: (client name)								
Send I	Report to:			Bi	ll to: (cli	ent name)							
Send l	Report to:			Bi	ll to: (cli	ent name)							
Send I	Report to:			Bi —	ll to: (cli	ent name)							
Send 1	Report to:			Bi	ll to: (cli	ent name)							
Send I	Report to:		ANALYTI										
	CONTAMINANT	DATA QUALIFIER	ANALYTI				UNITS	EXCEED MCL? (Xif Yes)	METHOD/ INITIALS				
OH#		DATA		CAL R	RESULT	rs		EXCEED MCL?	METHOD /				
OH#	CONTAMINANT	DATA		CAL R	SDRL	TS MCL	UNITS	EXCEED MCL?	METHOD /				
OH#  D102  D103  NOTE *Conf DATA  DOH#  EXCE questic METH  MRL (  SDRL	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)	DATA QUALIFIER  number, sample nu to denote additions number. ant Level): Marko the department's d it used. / Initials of west quantifiable	RESULTS  Imber, and col al information ed if the conta rinking water the analyst th concentration	MRL  Illection de about the aminant a regional lat perfor of a control	SDRL  0.01  0.02  ate of orige e result.  mount excoffice in ymed the araminant.	MCL 0.05 0.2 ceeds the your area.nalysis.	UNITS  µg/L  µg/L  µg/L  MCL und	EXCEED MCL? (X if Yes)	METHOD / INITIALS				

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Glyphosate

### Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY)//
RC - Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)//
C - Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY)
I − Investigative (does not satisfy monitoring requirements)	
O - Other (specify - does not satisfy monitoring requirements)	COMMENTS:
Sample Composition: (check appropriate box)	Sample Type: (check one) Pre-treatment/Untreated (Raw)
S – Single Source	☐ Post-treatment (Finished)
■ B – Blended (list source numbers in "Source Numbers" field)	Unknown or Other
☐ C − Composite (list source numbers in "Source Numbers" field)	
☐ D – Distribution Sample	Sample Collected by: (name)
	Phone Number:
Send Report to:	Bill to: (client name)
The state of the s	Date to Canada Marco

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS
0152	Glyphosate				6	700	μg/L		

### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

 $\mu g/L$ : micrograms per liter or parts per billion.

LAB COMMENTS:

## Herbicides

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Date Collected: (MM/DD/YY) //			System Group Typ	e: (circle one)	A B	Other:		$\neg$
Water System ID Number:			System Name:					$\dashv$ $\mid$
Lab Number / Sample Number:/_			County:					$\dashv$ $\mid$
Sample Location:			Source Number(s):	(list all sources i	f blended or co	emposited)		$\dashv$ $\mid$
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Sample Purpose: (check appropriate box)			Date Received: (M					$\dashv$
☐ RC – Routine/Compliance (satisfies monitoring)			Date Analyzed: (M Date Reported: (M					
☐ C - Confirmation (confirmation of chemical result)			Date Reported: (N	MDD/YY) _	/	/		
☐ I − Investigative (does not satisfy monitoring required O − Other (specify − does not satisfy monitoring required)			COMMENTS:					.
Sample Composition: (check appropriate box)  S – Single Source			Sample Type: (chec		Pre-treatmer Post-treatme			)
B – Blended (list source numbers in "Source Number C – Composite (list source numbers in "Source Number D – Distribution Sample			Sample Collected b		Unknown or	r Other		
D-Distribution sample			Phone Number:					_
Send Report to:			Bill to: (client name)	1				$\exists$
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. UNITS - ESCREDS METHOD/ MCJ.2   DNITALS   (Xii Ye)	DCHS		CONTAMUSANT	DATA QUALIFIER	regre (m. 0 . results			
µд√.	0137		מפקיד.				1	200
µд7-	0037	2,4					0.1	70
μ <b>α</b> J-	0038		5-TP (Silver)				0.2	50
μ <b>α</b> J-	0134		tachlorophenol				0.04	1
µд√.	0139	-	doug	•			0.2	7
μд 7-	0140		neron				0.1	900
μη. —	0138		anha -				0.2	-
μя,σ. —	0135	2,4)					1	-
µдЛ. —	0136 0220	2.42	o II. Gazono				0.4	-
µдЛ. —	0220		tazono. Minerareno				0.7	
идл	0221		nontrop Huonica	-		$\vdash$	3	<del>-</del>
µдл. —	0225		PA (Acid Metabolites)			1 1	0.1	
изТ. —	0226	_	- Dichlorobenzoic Acid	!			0.5	
1 bets	NODES:	:		:	,			<b>'</b>
comment section.			de the original lab umaber, A symbol or leiter to deno	-		_	al sample	ia cither (
	_		signad contaminant numbe					
chapter 246 290 WAC. If you have questions about this			editana Contaminani Les			amount exces	eds the MC	CL under
	_		ne department's drinking w	-			•	
			: Analytical method used.				lysis.	
Also discount or good			ting Limit): The lowest que Reporting Limit): The				eed as outal	dished by
the department.	μg/L: microgra			minimum reports	III GENELLIGIU VII	. A CHES	III es vaca	Niceta cy
	LAG COMMEN		DIG.					
Revised May 2021	Lette transmiss	MEIS.						
MONEY MANY TOLL								

### **Insecticides (Carbamate)**

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### Insecticides/Carbamate

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number:/	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate bog)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0146	Carbofuran				0.9	40	μg/L		
0148	Oxamyl				2	200	μg/L		
0142	Aldicarb				0.5	3	μg/L		
0143	Aldicarb sulfone				0.8	2	μg/L		
0144	Aldicarb sulfoxide				0.5	4	μg/L		
0145	Carbaryl				2		μg/L		
0147	Methomyl				4		μg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

μg/L: micrograms per liter.

LAB COMMENTS:

Space for Lab Letter Head

### PCB TEST PANEL (SOC - PCB as decachlorobiphenyl EPA Method 508A)

Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate bog)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0401	PCB (as decachlorobiphenyl)				0.1	0.5	μg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

μg/L: micrograms per liter or parts per billion.

LAB COMMENTS:

### **Pesticides**

If arochlor is detected in a sample, the lab must use method 508A to analyze the sample for decachlorobiphenyl.

		Sp	ace for Lab	Letter He	ead				
		G	eneral P	esticid	les				
		Re	port of	Analy	sis				
ate Collec	cted: (MM/DD/YY)/	/		System	Group Ty	pe: (circle	one) A	B Othe	r:
Vater Syst	em ID Number:			System	Name:				
	er / Sample Number:	_/		County:					
ample Location:				Source l	Number(s	): (list all s	ources if blend	ed or composite	d)
☐ RC = ☐ C = C ☐ I = In	pose: (check appropriate box) Routine/Compliance (satisfies more confirmation (confirmation of chemic vestigative (does not satisfy monitoria	al result)* ng requirements)	3)	Date Ar Date Re	alyzed: ( ported: (	MM/DD/YY	n.	// //;	
0-0	O - Other (specify - does not satisfy monitoring requirements)				ENTS:				
ample Composition: (check appropriate box)  S – Single Source  B – Blended (list source numbers in "Source Numbers" field)  C – Composite (list source numbers in "Source Numbers" field)				Sample	Type: (ch	eck one)	Post-t	eatment/Untr reatment (Fir own or Other	nished)
	Distribution Sample			Sample Phone N	Collected	l by: (name)			
end Repo	rt to:				(client nam				
			_						
			_						
		Al	NALYTICA	L RESUL	TS				
DOH#	CONTAMINANT	DATA QUALIFIERS	NALYTICA RESULTS	T	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	
<b>DOH</b> #	CONTAMINANT	DATA	I		<u> </u>	MCL 2	UNITS µg/L	MCL?	
	Endrin	DATA	I		SDRL			MCL?	
0033		DATA	I		SDRL 0.01	2	μg/L	MCL?	
0033	Endrin Lindane (BHC - gamma)	DATA	I		SDRL 0.01 0.02	2 0.2	μg/L μg/L μg/L	MCL?	
0033 0034 0035	Endrin Lindane (BHC - gamma) Methoxychlor	DATA	I		SDRL 0.01 0.02 0.1	2 0.2 40	μg/L μg/L	MCL?	
0033 0034 0035 0036	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene	DATA	I		SDRL 0.01 0.02 0.1	2 0.2 40 3	μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor	DATA	I		0.01 0.02 0.1 1 0.2	2 0.2 40 3 2	µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1	2 0.2 40 3 2 3	µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02	2 0.2 40 3 2 3 0.2	µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total)	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02 0.1 0.2 0.1	2 0.2 40 3 2 3 0.2 2	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6	2 0.2 40 3 2 3 0.2 2 400	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.1 0.002 0.6	2 0.2 40 3 2 3 0.2 2 400 6	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04	2 0.2 40 3 2 3 0.2 2 400 6	µg/L µg/L µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04	2 0.2 40 3 2 3 0.2 2 400 6 0.4	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04 0.02	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorocyclopentadiene	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.2  0.	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04 0.02 0.1 0.02	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118 0121	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.2  0.	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118 0121 0123	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin Butachlor	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04 0.02 0.1 0.1 0.07	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	METHOD INITIALS
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118 0121	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin Butachlor Dieldrin	DATA	I		0.01 0.02 0.1 1 0.02 0.1 0.02 0.2 0.6 0.6 0.04 0.02 0.1 0.1 0.07	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	

Revised May 2021

 $\mu g/L$ 

### **Pesticides** (Continued)

DOH#	CONTAMINANT	DATA QUALIFIERS	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0254	Fluorene				0.2		μg/L		
0173	Arochlor 1221 <sup>1</sup>				20		μg/L		
0174	Arochlor 12321				0.5		μg/L		
0175	Arochlor 12421				0.3		μg/L		
0176	Arochlor 1248 <sup>1</sup>				0.1		μg/L		
0177	Arochlor 1254 <sup>1</sup>				0.1		μg/L		
0178	Arochlor 1260 <sup>1</sup>				0.2		μg/L		
0179	Bromacil				0.1		μg/L		
0180	Arochlor 1016 <sup>1</sup>				0.08		μg/L		
0190	Terbacil				0.1		μg/L		
0208	EPTC				0.1		μg/L		
0218	Molinate				0.1		μg/L		
0232	4,4 DDD				0.1		μg/L		
0233	4,4 DDE				0.1		μg/L		
0234	4,4 DDT				0.1		μg/L		
0243	Trifluralin				0.1		μg/L		
0244	Acenaphthylene				0.2		μg/L		
0246	Anthracene				0.2		μg/L		
0247	Benzo (a) anthracene				0.2		μg/L		
0248	Benzo (b) fluoroanthene				0.2		μg/L		
0250	Benzo (k) fluoranthene				0.2		μg/L		
0251	Chrysene				0.2		μg/L		
0256	Phenanthrene				0.2		μg/L		
0257	Pyrene				0.2		μg/L		
0258	Benzyl butyl phthalate				1.0		μg/L		
0259	Di-n-butyl phthalate				1.0		μg/L		
0260	Diethyl phthalate				1.0		μg/L		
0261	Dimethyl phthalate				1.0		μg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

-No existing value.

<sup>1</sup>If detected using Method 505, 508, or 508.1, sample must be reanalyze using Method 508A to quantify PCBs (as decachlorobiphenyl).

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department. µg/L: micrograms per liter or parts per billion.

#### LAB COMMENTS

Space for Lab Letter Head

### Diquat and Paraquat

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:							
Water System ID Number:	System Name:							
Lab Number / Sample Number: / /	County:							
Sample Location:	Source Number(s): (list all sources if blended or composited)							
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)							
Sample Composition: (check appropriate box)   S - Single Source   S - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:							
Send Report to:	Bill to: (client name)							

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0150	Diquat				0.4	20	μg/L		
0400	Paraquat				0.8	-	μg/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

 $\mathbf{MRL} \; (\mathbf{Method} \; \mathbf{Reporting} \; \mathbf{Limit}) \text{: The lowest quantifiable concentration of a contaminant.}$ 

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

 $\mu g/L$ : micrograms per liter or parts per billion.

LAB COMMENTS:

## **Total Organic Carbon (TOC)**

Space for Lab Letter Head

### Total Organic Carbon/Alkalinity

Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate bog)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	MRL	SDRL	MCL	UNITS	METHOD / INITIALS
0421	Total Organic Carbon (TOC)				0.7		mg/L	
0403	Alkalinity-Lab				5		mg/L	

### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS

## **Volatile Organic Compounds (VOC)**

Total Xylenes are the sum of m/p-Xylenes and o-Xylene. Analysis for EDB and DBCP are at a screening level only. Detections of EDB and DBCP require further analysis using the fumigant test panel.

Space for Lab Letter Head  Volatile Organic Compounds  Report of Analysis											
										Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
										Water System ID Number:	System Name:
Lab Number / Sample Number: / /	_ County:										
Sample Location:	Source Number(s): (list all sources if blended or composited)										
Sample Purpose: (check appropriate box)  RC - Routine/Compliance (satisfies monitoring requirements)  C - Confirmation (confirmation of chemical result)*  I - Investigative (does not satisfy monitoring requirements)  O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)// Date Analyzed: (MMDD/YY)// Date Reported: (MMDD/YY)// COMMENTS:										
Sample Composition: (check appropriate box)  S – Single Source  B – Blended (list source numbers in "Source Numbers" field)  C – Composite (list source numbers in "Source Numbers" field)  D – Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:										
Send Report to:	Bill to: (client name)										

### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0045	Vinyl chloride				0.5	2	μg/L		
0046	1,1 Dichloroethylene				0.5	7	μg/L		
0047	1,1,1 Trichloroethane				0.5	200	μg/L		
0048	Carbon tetrachloride				0.5	5	μg/L		
0049	Benzene				0.5	5	μg/L		
0050	1,2 Dichloroethane				0.5	5	μg/L		
0051	Trichloroethylene				0.5	5	μg/L		
0052	1,4 Dichlorobenzene (para-Dichlorobenzene)				0.5	75	μg/L		
0056	Methylene chloride (Dichloromethane)				0.5	5	μg/L		
0057	trans- 1,2 Dichloroethylene				0.5	100	μg/L		
0060	cis- 1,2 Dichloroethylene				0.5	70	μg/L		
0063	1,2 Dichloropropane				0.5	5	μg/L		
0066	Toluene				0.5	1000	μg/L		
0067	1,1,2 Trichloroethane				0.5	5	μg/L		
0068	Tetrachloroethylene				0.5	5	μg/L		
0071	Chlorobenzene (monochlorobenzene)				0.5	100	μg/L		
0073	Ethylbenzene				0.5	700	μg/L		
0076	Styrene				0.5	100	μg/L		
0084	1,2 Dichlorobenzene (ortho-Dichlorobenzene)				0.5	600	μg/L		

### **Volatile Organic Compounds (VOC)**—(Continued)

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0095	1,2,4 Trichlorobenzene				0.5	70	μg/L		
0160	Total xylenes				0.5	10,000	μg/L		
0074	m/p Xylenes (MCL for total)				0.5		μg/L		
0075	o- Xylene (MCL for total)				0.5		μg/L		
0027	Chloroform				0.5		μg/L		
0028	Bromodichloromethane				0.5		μg/L		
0029	Dibromochloromethane				0.5		μg/L		
0030	Bromoform				0.5		μg/L		
0031	Total trihalomethane						μg/L		
0053	Chloromethane				0.5		μg/L		
0054	Bromomethane				0.5		μg/L		
0058	1,1 Dichloroethane				0.5		μg/L		
0072	1,1,1,2 Tetrachloroethane				0.5		μg/L		
0078	Bromobenzene				0.5		μg/L		
0079	1,2,3 Trichloropropane				0.5		μg/L		
0081	o- Chlorotoluene				0.5		μg/L		
0085	Trichlorofluoromethane				0.5		μg/L		
0086	Bromochloromethane				0.5		μg/L		
0089	1,3,5 Trimethylbenzene				0.5		μg/L		
0091	1,2,4 Trimethylbenzene				0.5		μg/L		
0092	sec-Butylbenzene				0.5		μg/L		
0093	p-Isopropyltoluene				0.5		μg/L		
0094	n-Butylbenzene				0.5		μg/L		
0096	Naphthalene				0.5		μg/L		
0104	Dichlorodifluoromethane				0.5		μg/L		
0154	1,3 Dichloropropene				0.5		μg/L		
0055	Chloroethane				0.5		μg/L		
0059	2,2 Dichloropropane				0.5		μg/L		
0062	1,1 Dichloropropene				0.5		μg/L		
0064	Dibromomethane				0.5		μg/L		
0070	1,3 Dichloropropane				0.5		μg/L		
0080	1,1,2,2 Tetrachloroethane				0.5		μg/L		
0082	p- Chlorotoluene				0.5		μg/L		
0083	m- Dichlorobenzene				0.5		μg/L		
0087	Isopropylbenzene				0.5		μg/L		
0088	n- Propylbenzene				0.5		μg/L		
0090	tert- Butylbenzene				0.5		μg/L		
0097	Hexachlorobutadiene				0.5		μg/L		
0098	1,2,3 Trichlorobenzene				0.5		μg/L		
0427	EDB (screening)				0.5		μg/L		
0428	DBCP (screening) <sup>1</sup>				0.5		μg/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

 $\mu g/L\colon$  micrograms per liter or parts per billion.

#### LAB COMMENTS

<sup>--</sup>No existing trigger or MCL value.

<sup>&</sup>lt;sup>1</sup>Analysis for EDB and DBCP is screening only. Detections of EDB and DBCP are confirmed using the fumigant test panel.

### **Inorganic Chemicals**

### **Key Definitions**

Method reporting limit (MRL) means the lowest concentration of a standard used for calibration.

State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

mg/L means milligrams per liter (1 mg/L = 1ppm – parts per million).

Reporting Examples for inorganic chemicals in WAC 246-390-075(14) (a)–(c)

- (a) A lab shall report inorganic chemical contaminant results when the lab's established MRL is greater than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

(ii) An estimated concentration, notated with a "J" data qualifier, when a result is equal to or greater than the SDRL, but less than the lab's established MRL;

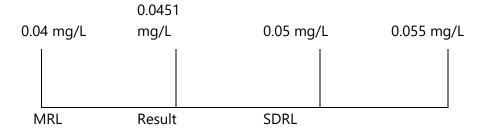
(iii) A number when a result is equal to or greater than the lab's established MRL.

Result = 0.081mg/L
0.05 mg/L
0.06 mg/L
0.0812 mg/L
0.10 mg/L
SDRL
MRL
Result

- **(b)** A lab shall report inorganic chemical contaminant results when the lab's established MRL is less than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the lab's established MRL;

### 

(ii) Nondetect or ND when a lab's result is less than the department's established SDRL, but greater than the lab's established MRL; or



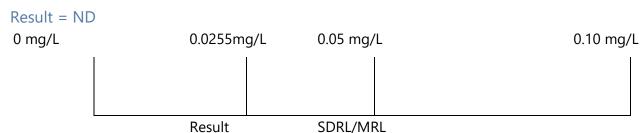
### Result = ND

(iii) A number when a result is equal to or greater than the SDRL.

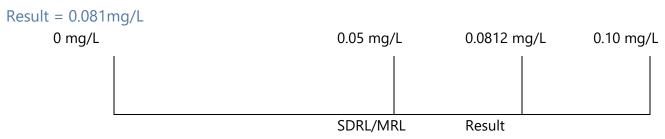
Result = 0.081 mg/L



- **(c)** A lab shall report inorganic chemical contaminant results when the lab's established MRL is equal to the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or



(ii) A number when a result is equal to or greater than the SDRL and the lab's established MRL.



## Arsenic

	vita i kin	radio se												
		rsenic												
7.		of Anal	ugig											
1	ероп	oj Anai	ysis											
		Systen	a Group Type	: (circle or	ne) A I	B Other:		1	Date Co	ollected: (MM/DD/Y)	0/_	/_		
		Systen	n Name:						Water S	ystem ID Number:				
		Count								mber / Sample Num	ber:	1		
		Source	Number(s):	(list all sou	rces if blended (	or composited)			Sample	Location:				
							_	1	Sample	Purpose: (check appro	priate box)			
quiren	ients)					/	_			C - Routine/Compli				
ients'		Date N	Reported: (M)	M/DD/YY)	/-	/	_			<ul> <li>Confirmation (con</li> <li>Investigative (does)</li> </ul>				
emen		COM	MENTS:							- Other (specify - doe				
		Sampl	e Type: (check	one)	☐ Pre-treat	ment/Untreate	d (Raw)	1	Sample	Composition: (check	appropriate box)			
						tment (Finishe	ed)			- Single Source				
" fielders" f	,				Unknow	n or Other		B - Blended (list source numbers in "Source Num C - Composite (list source numbers in "Source)						
	Sample Collected by: (name) Phone Number:							D - Distribution Sample						
	Phone Number:													
	Bill to: (client name)								Send Re	eport to:				
Al	NALYTICAL RESULTS													
TS	MRL						METHOD/ INITIALS		DOH#	CONTAMINANT	DATA QUALIFIER	RESUL		
		0.001	0.010	0.010	mg/L			] [	0004	Arsenic				
Mark ontac als of able num:	le number, and collection date of original sample in either comment section.  Itional information about the result.  Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 intact the department's drinking water regional office in your area.  Ils of the analyst that performed the analysis.  able concentration of a contaminant.  It is contaminant as established by the department.  I level. Systems with contaminants detected at concentrations at or above this level may be quently.							DATA DOHA EXCE WAC. METI mg/L: MRL SDRL TRIG require	ES:  firmation: Include the A QUALIFIER: A systematic properties of the A guardinary o	mbol or letter to d contaminant no im Contaminan is about this resul- alytical method u or parts per million Limit): The lower porting Limit): it's drinking wat	denote add imber. t Level): l t, please co ised. / Initi on. est quantifi The minin er response			
					Ret	vised May 2	021							

### **Asbestos**

This sample usually comes from the distribution system (S92 flowing distribution), but may come directly from a surface water source (S01 or S02).

				s	pace for La	lb Letter He	ad				
Date Collected: (AMIDDYY)					Asb	estos					
Water System ID Number:				R	eport o	f Analy.	sis				
System ID Number:   System Name:   County:   County:   County:   Sample Number:     County:   Sample Number:     Surve Number(s): (list all sources if blended or composited)	D-4- C-1	1 4-1 ABUDDAT		r		T.C.,	C T	r imila and	· A	D 04	
Lab Number / Sample Number:   County:				′				(circle one)	) A	B Otner:	
Sample Location:   Source Number(s): (list all sources if blended or composited)						-					
Sample Purpose: (thack appropriate box)			1061.					st all sourc	es if blended	d or composited)	
S = Single Source B = Blended (list source numbers in "Source Numbers" field) C = Composite (list source numbers in "Source Numbers" field) D = Distribution Sample  ANALYTICAL RESULTS  Sample Collected by: (name) Phone Number:  Bill to: (client name)  ANALYTICAL RESULTS  DOH # CONTAMINANT QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS MCL? (X if Yes)  O115 Asbestos  O2 7 7 MFL  NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  TDIGCER: The decomposition of the contaminant should be contaminant as established by the department.	RC   C-   I-1	– Routine/Compli - Confirmation (con Investigative (does	iance (satisfies m nfirmation of chem not satisfy monito	nical result)* ring requirements)		Date An	alyzed: (MMI ported: (MMI	DD/YY)	/	/	
ANALYTICAL RESULTS  DOH# CONTAMINANT DATA QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS CALC. (X if Yes)  0115 Asbestos  0.2 7 7 MFL  NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  TENGCENE: The decorporate is a first interpretable detection of a contaminant as established by the department.	S-   B-   C-	Single Source Blended (list source Composite (list sou	e numbers in "Sou urce numbers in "S	rce Numbers'' field)		Sample (	Collected by:	(name)	Post-tre Unknov	eatment (Finishe wn or Other	ed)
DOH# CONTAMINANT DATA QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS MCL? (X if Yes) MITHAI O115 Asbestos 0.2 7 7 MFL  NOTES: *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.	Send Rep	port to:				Bill to: (	(client name)				
DOH# CONTAMINANT DATA QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS MCL? (X if Yes) MITHAI O115 Asbestos 0.2 7 7 MFL  NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.											
DOH# CONTAMINANT QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS MCL? (X if Yes)  115 Asbestos 0.0.2 7 7 MFL  NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  EXECUTE: Analytical method water and the state of a contaminant as established by the department.			T	AN	ALYTICA	AL RESU	LTS		т	EVCTEDS	T
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  THIGGERS: This department is a first instance reportance of a lower parameter and other analysis.	DOH#	CONTAMINANT		RESULTS	MRL				UNITS	MCL?	METHO INITIAL
*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  MFL: Millions of fibers per liter.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.	0115	Asbestos				0.2	7	7	MFL		
	*Confirm DATA QU DOH#: D EXCEED questions : METHOI MFL: Mi MRL (Me SDRL (St	UALIFIER: A symbol pepartment assigned of DS MCL (Maximum about this result, plea D/INITIALS: Analy illions of fibers per li ethod Reporting Lin tate Detection Repo	bol or letter to de contaminant num in Coutaminant I ease contact the d ytical method use liter. imit): The lowest orting Limit): T	enote additional in nber. Level): Marked if department's drinki ed. / Initials of the t quantifiable cond the minimum repor- reports days. S.	formation ab f the contamin ing water reg analyst that p centration of rtable detecti	inant amount gional office i performed th a contaminar ion of a conta	t.  exceeds the MC in your area. ie analysis.  nt. aminant as estab	CL under of	chapter 246	5-290 WAC. If yo	
LAB COMMENTS:			West Constitution of the C	CO. STRUMENT	120100 Sunt Source	Part all a					
			LAB COMIN	ENTS:							

Space for Lab Letter Head

#### **Bromate**

### Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY)
Sample Composition: (check appropriate box)   S - Single Source     B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL**	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0419	Bromate					0.010	mg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS:

<sup>\*\*</sup>Labs that use EPA method 317.0, 326.0, or 321.8 must meet a 0.0010 mg/L SDRL for bromate. All other methods must meet 0.005mg/L SDRL.

#### Space for Lab Letter Head

#### Chlorite

### Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0418	Chlorite				0.02	1.0	mg/l		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS:

### **Complete Inorganic Chemistry**

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
  - o Conductivity in micromhos per centimeter (µmhos/cm).
  - o Turbidity in nephelometric turbidity units (NTU).
  - o Color in color units (CU).
- To satisfy the monitoring and reporting requirement for "Complete Inorganic Chemistry," the public water system must have all listed contaminants analyzed and submitted to us.

				Space for L	ab Letter F	Head						
			Compl	ete Inor	ganic (	Chemist	ry					
			_	Report o	_		-					
Date Co	ollected: (MM/DD/Y	Y)/_	/_		Sy	stem Grou	ір Туре:	(circle one)	A B	Other:		
	ystem ID Number:			_		rstem Nam	e:					
	mber / Sample Nun	aber:	/			ounty:	1 () 0:			1. 10		
Sample	Location:				Sc	ource Num	ber(s): (li	ist all sources i	f blended or con	nposited)		
Sample	Purpose: (check appr	opriate box)			D:	ate Receive	ed: (MMI	DD/YY) _	/	_/		
H R	C – Routine/Compl – Confirmation (co	iance (satisfies m	ionitoring required to a control of the control of	nirements)	D:	Date Reported: (MM/DD/YY)//						
□ I-	- Investigative (does	not satisfy monito	ring requirem		C	COMMENTS:						
□ 0	<ul> <li>Other (specify – do</li> </ul>	es not satisfy moni	itoring require	ments)								
Sample	Composition: (chec	k appropriate box	ł		Sa	ample Type	e: (check or	ne) 🗌 I	re-treatment	Untreated (		
S - S - S - S - S - S - S - S - S -	– Single Source							;	Post-treatmen	t (Finished)		
	<ul> <li>Blended (list source)</li> <li>Composite (list source)</li> </ul>							Ц,	Unknown or (	Jiner		
	<ul> <li>Distribution Sam</li> </ul>			,								
						none Numb						
Send R	eport to:				Bi	ill to: (clien	it name)					
					-							
			AI	NALYTIC	AL KES	ULIS	I		Ι	Ι		
DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	R MCL	UNITS	MCL? (X if Yes)	DATE ANALYZED	METHOD INITIALS		
0004	Arsenic			0.001	0.010	0.010	mg/L					
0004				0.4								
0005	Barium			0.1	2	2	mg/L					
	Barium Cadmium			0.001	0.005	0.005	mg/L mg/L					
0005							_					
0005 0006	Cadmium			0.001	0.005	0.005	mg/L mg/L mg/L					
0005 0006 0007	Cadmium Chromium			0.001 0.007	0.005	0.005	mg/L mg/L					
0005 0006 0007 0011	Cadmium Chromium Mercury			0.001 0.007 0.0002	0.005 0.1 0.002	0.005 0.1 0.002	mg/L mg/L mg/L					
0005 0006 0007 0011 0012	Cadmium Chromium Mercury Selenium			0.001 0.007 0.0002 0.002	0.005 0.1 0.002 0.05	0.005 0.1 0.002 0.05	mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110	Cadmium Chromium Mercury Selenium Beryllium			0.001 0.007 0.0002 0.002 0.003	0.005 0.1 0.002 0.05 0.004	0.005 0.1 0.002 0.05 0.004	mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111	Cadmium Chromium Mercury Selenium Beryllium Nickel			0.001 0.007 0.0002 0.002 0.0003 0.005	0.005 0.1 0.002 0.05 0.004	0.005 0.1 0.002 0.05 0.004 	mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.005	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium			0.001 0.007 0.0002 0.002 0.0003 0.005 0.003 0.001	0.005 0.1 0.002 0.05 0.004  0.006 0.002	0.005 0.1 0.002 0.05 0.004  0.006 0.002	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.005	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116 0019	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.05 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 4.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116 0019	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.05 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0 0.5	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 4.0 1.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrate-N Total			0.001 0.007 0.0002 0.0003 0.003 0.003 0.001 0.05 0.2 0.1 0.5 0.5	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0 0.5	0.005 0.1 0.002 0.05 0.004 0.006 0.002 0.2 4.0 1.0 10.0 0.3¹	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L					
0005 0006 0007 0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrate-N Total Nitrate-Nitrite			0.001 0.007 0.0002 0.0003 0.003 0.003 0.001 0.05 0.2 0.1 0.5	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0 0.5 5.0	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 4.0 1.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L					

### **Complete Inorganic Chemistry** (Continued)

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0021	Chloride			2		250 <sup>1</sup>	mg/L			
0022	Sulfate			2		250 <sup>1</sup>	mg/L			
0024	Zinc			0.2		5 <sup>1</sup>	mg/L			
0014	Sodium			5			mg/L			
0015	Hardness			10			mg/L			
0016	Conductivity			70		700¹	µmhos /em			
0017	Turbidity			0.1			NTU			
0018	Color			15		15 <sup>1</sup>	color units			
0026	TDS-Total Dissolved Solids <sup>2</sup>			100		500¹	mg/L			
0009	Lead			0.001			mg/L			
0023	Copper			0.02		1	mg/L			

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

NTU: Nephelometric turbidity units.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required to take additional samples or monitor more frequently.

μmhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).

#### LAB COMMENTS:

<sup>--</sup> No existing trigger or MCL value.

Secondary MCL (Established for aesthetic purposes, not health based).

 $<sup>^{2}</sup> TDS$  is required to be run if conductivity exceeds the MCL.

## **Inorganic Chemistry—Select**

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
  - o Conductivity in micromhos per centimeter (µmhos/cm).
  - o Turbidity in nephelometric turbidity units (NTU).
  - o Color in color units (CU).

Select Inorganic Chemistry Report of Analysis					Space	for Lab L	etter Head				
Date Collected: (AMADDYY)				Sel	loct In	organi	Chamis	tev			
Water System D Number:				Sei				.i.y			
Lab Number / Sample Number:	Date Co	llected: (MM/DD/)	YY)/	/_			System Gro	up Type: (circle o	ne) A	B Other	r:
Sample Location:   Source Number(s): (list all sources if blended or composited)	Water S	ystem ID Number	r:				System Nan	ne:			
Sample Purcose: (deck repropriate (spitisfies monitoring requirements)			mber:	/							
C - Contine Compliance (stifies monitoring requirements)   C - Contine Table (so not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   Sample Commostition. (does amounts in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample   Sample Type: (check one)   Pro-t-treatment (Timished)   Unknown or Other   Sample Collected by: (name)   Phone Number:   Sample Collected Sa	Sample	Location:					Source Nun	ıber(s): (list all so	urces if blend	ed or composited	d)
C - Contine Compliance (stifies monitoring requirements)   C - Contine Table (so not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   C - Other (pecify - does not satisfy monitoring requirements)   Sample Commostition. (does amounts in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample   Sample Type: (check one)   Pro-t-treatment (Timished)   Unknown or Other   Sample Collected by: (name)   Phone Number:   Sample Collected Sa	Sample	Purpose: (check ap)	propriate box)				Date Receiv	red: (MM/DD/YY)		//	
COMMENTS:   COMM					(uirements		Date Report	ed: (MM/DD/YY)		//	
O - Other (specify - does not satisfy monitoring requirements)							COMMENT	re.			
S - Single Source   B - Blended (dist source numbers in "Source Numbers" field)   C - Composite (dist source numbers in "Source Numbers" field)   D - Distribution Sample   D - D - D - D - D - D - D - D - D - D							COMMEN				
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B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample  ANALYTICAL RESULTS  Bill to: (client nume)    Bill to: (client nume)			ск арргориале оо	M			oampie Typ	e. (clieck dise)			
Send Report to:    Bill to: (client name)	🔲 в.	– Blended (list sour									
Phone Number:    Bill to: (client name)				"Source Numb	ers" field)		91- C-11				
ANALYTICAL RESULTS  DOH * CONTAMINANT QUALIFIER RESULTS SDRL TRIGGER MCL UNITS MCL? (X if Ve) DATE METHOD NITIALS  0021 Chloride 2 250 mg/L  0016 Conductivity 70 700 µmhos/cm  0004 Arsenic 0.001 0.010 0.010 mg/L  0020 Nitrate-N 0.5 5.0 10.0 mg/L  0030 Iron 0.1 0.3 mg/L  0010 Manganese 0.0.01 0.05 mg/L  0017 Turbidity 0.1 NTU    0019 Fluoride 0.2 2.0 4.0 mg/L  0019 Sodium 5 mg/L  0022 Sulfate 2 mg/L  0022 Sulfate 2 mg/L  0025 Sulfate 1 mg/L  0026 Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  Now existing trigger or MCL value.  Secondary MCL (Established for aesthetic purposes, not health based).  ATA QUALIFIER: A symbol or letter to denote additional information about the result.  OHF: Department assigned contaminant number.  XCEEDS MCL (Maximum Contaminant number.  XCEEDS MCL (Afaximum Contaminant number.  XCEEDS MCL (Afaximum Contaminant number.  XCEEDS MCL (Afaximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If no have questions about this result, please contact the department's drinking water regional office in your area.  ETTHODINITIALS: Analytical method used / Initials of the analyst that performed the analysis.  10g/L: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  10		- Distribution Sar	npie				Phone Numi	ber:			
DOH# CONTAMINANT QUALIFIER RESULTS SDRL TRIGGER MCL UNITS MCLT (X if Yes) DATE MCLT (X if Yes) INITIALS  O021 Chloride 2 2 250 mg/L  O016 Conductivity 70 700 mg/L  O004 Arsenic 0.001 0.010 0.010 mg/L  O020 Nitrate-N 0.5 5.0 10.0 mg/L  O030 Iron 0.1 0.3 mg/L  O010 Manganese 0.0.01 0.05 mg/L  O017 Turbidity 0.1 NTU  O019 Fluoride 0.2 2.0 4.0 mg/L  O022 Sulfate 2 mg/L  O022 Sulfate 2 mg/L  O022 Sulfate 2 mg/L  O023 Sulfate 2 mg/L  O044 Sodium 5 mg/L  O055 Sodium 5 mg/L  O065 Sodium 5 mg/L  O0765 Sodium 5 mg/L  O0765 Sodium 5 mg/L  O086 Sulfate 2 mg/L  O097 Sulfate 2 mg/L  O098 Iron 0.1 mg/L  O099 Fluoride 0.2 2.0 4.0 mg/L  O017 Sulfate 1 mg/L  O018 Sulfate 1 mg/L  O019 Fluoride 0.2 2 mg/L  O019 Sulfate 1 mg/L  O010 Sulfate 1 mg/L  O010 Sulfate 1 mg/L  O010 Sulfate 1 mg/L  O011 Sulfate 1 mg/L  O011 Sulfate 1 mg/L  O012 Sulfate 1 mg/L  O013 Sulfate 1 mg/L  O014 Sodium 5 mg/L  O015 Sulfate 1 mg/L  O016 Sulfate 1 mg/L  O017 Sulfate 1 mg/L  O017 Sulfate 1 mg/L  O018 Sulfate 1 mg/L  O019 Sulfate 1 mg/L  O019 Sulfate 1 mg/L  O019 Sulfate 1 mg/L  O010 Sulfate 1 m	Send Re	port to:					Bill to: (clie	nt name)			
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0020 Nitrate-N 0.5 5.0 10.0 mg/L  0008 Iron 0.1 0.3¹ mg/L  0010 Manganese 0.01 0.05¹ mg/L  0017 Turbidity 0.1 NTU  0019 Fluoride 0.2 2.0 4.0 mg/L  0014 Sodium 5 mg/L  0022 Sulfate 2 mg/L  0022 Sulfate 2 mg/L  0025 Sulfate 1 mg/L  0046 Secondary MCL (Established for aesthetic purposes, not health based).  ATA QUALIFIER: A symbol or letter to denote additional information about the result.  OH#: Department assigned contaminant number.  XCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If on have questions about this result, please contact the department's drinking water regional office in your area.  IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  Ig/L: milligrams per liter or parts per million.  ITU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	0016	Conductivity			70		700¹	μmhos/cm			
0008   Iron   0.1     0.3   mg/L	0004	Arsenic			0.001	0.010	0.010	mg/L			
0010 Manganese 0.01 0.051 mg/L 0017 Turbidity 0.1 NTU 0019 Fluoride 0.2 2.0 4.0 mg/L 0014 Sodium 5 mg/L 0022 Sulfate 5 mg/L 0022 Sulfate 2 mg/L 0022 Sulfate 2 mg/L 0022 Sulfate 7	0020	Nitrate-N			0.5	5.0	10.0	mg/L			
O17 Turbidity O19 Fluoride O2 2.0 4.0 mg/L O19 Fluoride O2 Sodium O3	0008	Iron			0.1		0.31	mg/L			
O019   Fluoride	0010	Manganese			0.01		0.05 <sup>1</sup>	mg/L			
0014 Sodium 5 mg/L  0022 Sulfate 2 mg/L  0025 Sulfate 2 mg/L  0026 Sulfate 2 mg/L  0027 Sulfate 2 mg/L  0027 Sulfate 2 mg/L  0028 Sulfate 2 mg/L  0029 Sulfate 2 mg/L  0029 Sulfate 2 mg/L  0029 Sulfate 2 mg/L  0020 Sulfate 2 mg	0017	Turbidity			0.1			NTU			
OTES: Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  No existing trigger or MCL value. Secondary MCL (Established for aesthetic purposes, not health based).  ATA QUALIFIER: A symbol or letter to denote additional information about the result.  OH#: Department assigned contaminant number.  XCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  IgL: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  Mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	0019	Fluoride			0.2	2.0	4.0	mg/L			
OTES: Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  No existing trigger or MCL value. Secondary MCL (Established for aesthetic purposes, not health based).  ATA QUALIFIER: A symbol or letter to denote additional information about the result.  OH#: Department assigned contaminant number.  XCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If our have questions about this result, please contact the department's drinking water regional office in your area.  IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  Ig/L: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  Mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).					5			mg/L			
Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.  No existing trigger or MCL value.  Secondary MCL (Established for aesthetic purposes, not health based).  ATA QUALIFIER: A symbol or letter to denote additional information about the result.  OH#: Department assigned contaminant number.  XCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If on have questions about this result, please contact the department's drinking water regional office in your area.  IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  Ing/L: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  Mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	0022	Sulfate			2			mg/L			
OH#: Department assigned contaminant number.  XCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If ou have questions about this result, please contact the department's drinking water regional office in your area.  IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  IEZE: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  INDICATE MARCH OF THE PROPRIES OF THE PROPRIE	No existi: ¹Secondary	ng trigger or MCL v MCL (Established	alue. for aesthetic pu	rposes, not he	alth based	i).	-	ll sample in either	comment se	ction.	
ou have questions about this result, please contact the department's drinking water regional office in your area.  IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  Ig/L: milligrams per liter or parts per million.  ITU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	_	-									
IETHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  ag/L: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).		,		,					chapters 240	6-290 and 246	-291 WAC. If
ag/L: milligrams per liter or parts per million.  TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	-			-		_	-	-			
TU: Nephelometric turbidity units.  DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).		-			t the analy	st that perf	ormed the anal	ys1s.			
DRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.  RIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required take additional samples or monitor more frequently.  mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	_		_	L							
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mhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).	TRIGGER	C: The department	s drinking water	response leve	-			-	_		ay be required
D : 434 0004		-			er centime	ter is equiv	alent to one mi	cro Siemen per cer	ntimeter (uS	(cm).	
				-		•			`_		2021

## **Lead and Copper Rule**

Use a standing distribution sample (Source S93). There should be specific distribution sample locations for each sample. Highlight any results that exceed the **Action Level**.

		Space for Lab	Letter Head		
		Lead and	Copper		
	Dist	ribution System -	- Report of Analyses	5	
Lead and Copper Analys	es (LCR)		System Group Type: (circle o	me) A B O	ther:
Water System ID Number: _			System Name:		
Source: S93 (standing distrib	ution sample:	i)	County:		
Sample Purpose: (check appropr	rista hav\		Consecutive System? (circle of Date Received: (MM/DD/YY)		I
RC - Routine/Complian		nitoring requirements)	Date Analyzed: (MM/DD/YY	S/	′,
I − Investigative (does not	t satisfy monitori	ing requirements)	Date Analyzed: (MM/DD/YY Date Reported: (MM/DD/YY)	í <u></u> /	/
O – Other (specify – does n	lot satisfy monito	ring requirements)	COMMENTS:		
Sample Composition: (check a	ppropriate box)		Sample Type: (check one)	☐ Pre-treatment/	
S – Single Source	1	37		Post-treatment	
■ B − Blended (list source m ■ C − Composite (list source					
☐ D – Distribution Sample		-	Sample Collected by: (name) Phone Number:		
Send Report to:			Bill to: (client name)		
		ANALYTICAL	L RESULTS H#) Analyte	(0009) Lead	(0023) Copper
			Reporting Level (SDRL)	0.001 mg/L	0.02 mg/L
		Act	tion Level	0.015 mg/L	1.3 mg/L
		Analytical Meth	hod / Analyst's Initials		/_
Lab Number / Sample Number	Date Collected	Sampl	ole Location:	Lead (mg/L)	Copper (mg/L)
		1			
					l

## **Nitrate/Nitrite**

To satisfy a public water system's nitrate monitoring requirement, only the nitrate analysis on this test panel is required.

Water System ID Number:  Lab Number / Sample Number:  Sample Location:  Sample Purpose: (check appropriate box)  RC - Routine/Compliance (satisfies monitoring requirements)  C - Confirmation (confirmation of chemical result)*  I - Investigative (does not satisfy monitoring requirements)  O - Other (specify - does not satisfy monitoring requirements)  Sample Composition: (check appropriate box)  S - Single Source  B - Blended (list source numbers in "Source Numbers" field)  C - Composite (list source numbers in "Source Numbers" field)  D - Distribution Sample  ANALYTICAL RESULTS								
Date Collected: (MMDDYY)/								
System ID Number:								
Lab Number / Sample Number: / County: Sample Location: Source Number(s): (hist all sources if blended or com Sample Purpose: (check appropriate box)  RC - Routine Compliance (satisfies monitoring requirements)  RC - Routine (Compliance (satisfies monitoring requirements)  C - Confirmation (confirmation of chemical result)*  I - Investigative (does not satisfy monitoring requirements)  O - Other (specify - does not satisfy monitoring requirements)  Sample Composition: (check appropriate box)  S - Single Source  B - Blended (fits source numbers in "Source Numbers" field)  D - Distribution Sample  Sample Collected by: (same)  Phone Number:  Send Report to:  Bill to: (client name)  ANALYTICAL RESULTS  DOH# CONTAMINANT QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS (X if MC X if MC	Other:							
Sample Location:  Sample Purpose: (check appropriate box)  RC - Routine/Compliance (satisfies monitoring requirements)  RC - Routine/Compliance (satisfies monitoring requirements)  C - Confirmation (confirmation of chemical result)*  I - Investigative (does not statisfy monitoring requirements)  O - Other (specify - does not statisfy monitoring requirements)  Sample Composition (check appropriate box)  S - Single Source  B - Blended dist source numbers in "Source Numbers" field)  C - Composite (list source numbers in "Source Numbers" field)  D - Distribution Sample  ANALYTICAL RESULTS  Sample Collected by: (name)  Phone Number:  Send Report to:  Bill to: (client name)  ANALYTICAL RESULTS  OO20 Nitrate-N  O .5 5.0 10.0 mg/L  O114 Nitrite-N  O .1 0.5 1.0 mg/L  NOTIES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section—No trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH: DOH: DOH: DOH: DOH: DOH: DOH: DOH:								
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C - Confirmation (confirmation of chemical result)*   Date Reported: (MMDD/Y)								
COMMENTS:	_′,——							
O - Other (specify - does not satisfy monitoring requirements)   COMMENTS:	_'							
S - Single Source								
B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample    Sample Collected by: (name)   Phone Number:	Untreated (Raw)							
C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample  Sample Collected by: (name) Phone Number:  Bill to: (client name)  ANALYTICAL RESULTS  Bill to: (client name)  ANALYTICAL RESULTS  CONTAMINANT  DATA QUALIFIER RESULTS  MRL SDRL TRIGGER MCL UNITS  MC X if								
D - Distribution Sample   Sample Collected by: (name)   Phone Number:	Jiner							
ANALYTICAL RESULTS    Bill to: (client name)								
ANALYTICAL RESULTS  DOH# CONTAMINANT DATA QUALIFIER RESULTS MRL SDRL TRIGGER MCL UNITS  O020 Nitrate-N 0.5 5.0 10.0 mg/L  0114 Nitrite-N 0.1 0.5 1.0 mg/L  O161 Total Nitrate + Nitrite 0.5 10.0 mg/L  NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section—No trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-25 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.  METHODINITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  mg/L: milligrams per liter or parts per million.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above to	Phone Number:							
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LAB COMMENTS:	L							
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### **Radiochemistry**

### **Key Definitions**

Minimum detectable activity (**MDA**) means the smallest activity or concentration of radioactive material in a sample that will yield a net count (above sample background) that can be detected with ninety-five percent probability.

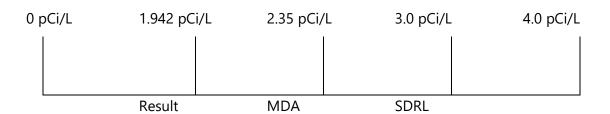
State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

pCi/L means picocuries per liter.

Reporting Examples for radiochemistry in WAC 246-390-075(15) (a)–(b)

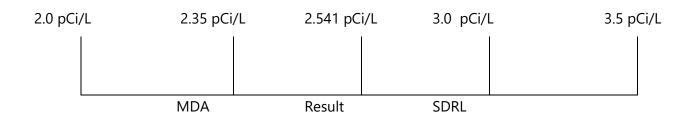
- (a) A lab's MDA must meet the established SDRL levels for the analysis to be considered for compliance purposes.
- **(b)** A lab shall report radiochemistry contaminant results as:
- (i) A number and a "U" qualifier if the contaminant was analyzed for, but not detected at or above the lab's established MDA; or

Result = 1.94 pCi/L U



(ii) A number when a result is equal to or greater than the lab's established MDA.

Result = 2.54 pCi/L



### **Radionuclides Alpha Emitters**

Report results in picocuries per liter (pCi/L) except for uranium, which should be reported in micrograms per liter (µg/L). If the sum of the alpha activity plus the radium 228 activity is greater than 5 pCi/L, quantify radium 226 activity. If the gross alpha activity exceeds 15 pCi/L, quantify uranium mass. A lab's MDA **must** meet the established SDRL levels for the analysis to be considered for compliance purposes.

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Date Coll	lected: (MM/DD/YY)/_	/		System	Group	р Туре:	(circle o	me) A	B Oth	her:		
Water Sy:	stem ID Number:			System	1 Name	E:						
Lab Numl	ber / Sample Number:	/			County:							
Sample Lo	ocation:			Source	Numb	er(s): (l	list all so	urces if ble	nded or composi	ited)		
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	Confirmation (confirmation of chem			201.0	T0.000							
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	Composition: (check appropriate box)	1		Sample	Type	(check o	me)			streated (Raw)		
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_	-			Phone	Numbe	er:						
Send Report to: Bill to: (client name)												
			—									
		AN	NALYTICA	L RESU	LTS							
DOH #	CONTAMINANTS	DATA QUALIFIER	RESULTS	UNCERT +/-	LAB MDA	SDRL	MCL	UNITS	DATE ANALYZED	METHOD / INITIALS		
0165	Gross alpha					3		pCi/L				
	Radium 228		!			1		pCi/L				
	Radium 226					1		pCi/L				
0105	Uranium(mass)		<u> </u>			1	30	μg/L		$\perp$		
	Radium 226 + 228		<u> </u>				5	pCi/L		$\perp$		
0041	Gross alpha minus uranium		l				15	pCi/L				
0109	Radon							pCi/L				
NOTES: Confirmation	on: Include the original lab number, sam	onle number and o	collection date c	of original sam	onle in ei	ther comm	ment sect	ion				
-No existing v		pre manou, and	.Uliconom care o	I trigum sum	pre	like Comm	iltin seen	IOLL.				
	LIFIER: A symbol or letter to denote ad	iditional informati	on about the res	ult.								
-	rtment assigned contaminant number.											
dCL (Maxim	num Contaminant Level): Highlight the ut this result, please contact the departme	e result if the cont	aminant amoun	t is equal to or	greater	than the N	ACL und	er chapter 2	246-290 WAC.	If you have		
	ui uns resuit, piesse contact uie departme ninimum detectable amount or smallest a	-	-			ole that w	dll vield :	a net count	/ahove sample b	sackground) that		
an be detected	ed with ninety-five percent probability. T	The MDA must b	e equal to or le	ss than the S								
	NTTIALS: Analytical method used. / Init		that performed	the analysis								
	uries per liter (a measure of radioactivity Detection Reporting Limit): The mini		lataction of a co	etaminant as c	-+-blish	ed by tho	donartme					
	Detection Reporting Limit): The mini gams per liters or parts per billion.	mum reportante o	etection of a con	Maminani də e	Sidousia	an oy me o	16barune	ML.				
_	: The total amount of analytical uncertain	inty associated wit	th the sample an	alysis.								
LAB COM	MENTS:											
									<b>.</b> .			
									Retris	ed May 202		

### **Radionuclides Beta Emitters**

Space for Lab Letter Head

#### Radionuclides Beta Emitters

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number://	_ County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY)// Date Reported: (MM/DD/YY)// COMMENTS:
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw)  Post-treatment (Finished)  Unknown or Other  Sample Collected by: (name)  Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH #	CONTAMINANTS	DATA QUALIFIER	RESULTS	UNCERT +/-	LAB MDA	SDRL	MCL	UNITS	DATE ANALYZED	METHOD/ INITIALS
0042	Gross beta**					4	50	pCi/L		
0043	Tritium**					1,000	20,000	pCi/L		
0044	Strontium 90**					2	8	pCi/L		
0107	Cesium 134**					10	80	pCi/L		
0108	Iodine 131**					1	3	pCi/L		

#### NOTES:

- \*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.
- \*\*The MCL for beta particle and photon radioactivity from man-made radionuclides is the average annual concentration, which shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirems per year (mrem/yr).

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

MCL (Maximum Contaminant Level): Highlight the result if the contaminant amount is equal to or greater than the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

MDA: The minimum detectable amount or smallest activity or concentration of radioactive material in a sample that will yield a net count (above sample background) that can be detected with ninety-five percent probability. The MDA must be equal to or less than the SDRL for the results to be accepted by the department.

 $\label{eq:method_initial} \textbf{METHOD}/\textbf{INITIALS}: Analytical method used. / Initials of the analyst that performed the analysis$ 

pCi/L: picocuries per liter (a measure of radioactivity).

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

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Revised May 2021

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### **Per- and Polyfluoroalkyl Substances (PFAS)**

### **Key Definitions**

Method reporting limit (MRL) means the lowest concentration of a standard used for calibration.

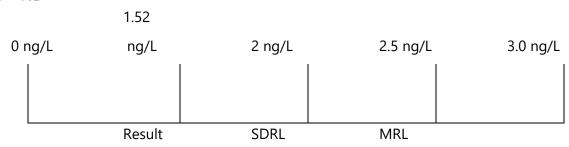
State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

**ng/L** means nanograms per liter (1ng/L = 1ppt - parts per trillion).

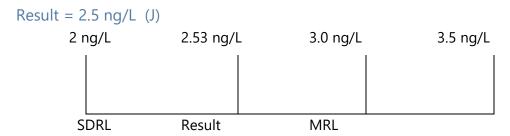
Reporting Examples for PFAS chemicals in WAC 246-390-075(17) (a)–(d)

- (a) A lab shall analyze PFAS samples using EPA method 537.1, or EPA method 533, or with written approval, other department-approved methods.
- **(b)** A lab shall report PFAS contaminant results when the lab's established MRL is greater than the SDRL as follows.
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

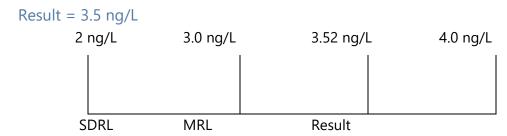
$$Result = ND$$



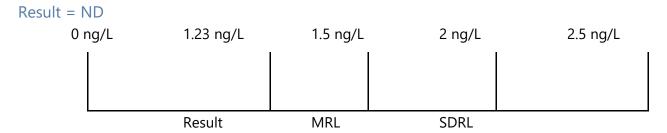
(ii) An estimated concentration, notated with a "J" data qualifier when a result is equal to or greater than the SDRL, but less than the lab's established MRL; or



(iii) A number when a result is equal to or greater than the lab's established MRL.



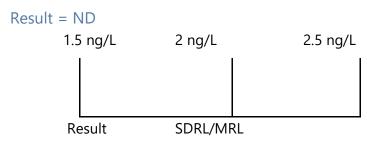
- **(c)** A lab shall report PFAS contaminant results when the lab's established MRL is less than the SDRL as follows.
- (i) "Nondetect" or "ND" when a lab's result is less than the lab's established MRL.



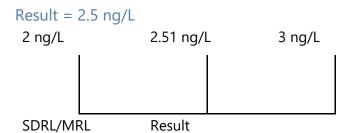
(ii) Nondetect or ND when a lab's result is less than the established SDRL; or

(iii) A number when a result is equal to or greater than the SDRL.

- **(d)** A lab shall report PFAS contaminant results when the lab's established MRL is equal to the SDRL as follows.
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or



(ii) A number when a result is equal to or greater than the SDRL and the lab's established MRL.



### PFAS By EPA Method 537.1 OR EPA Method 533

A lab may choose to run PFAS by EPA method 537.1 **OR** EPA method 533. To satisfy monitoring and reporting requirements for PFAS the public water system must have all contaminants listed under the required analytical results analyzed and submitted to the department.

## **PFAS By EPA Method 537.1**

Space for Lab Letter Head

### $Per-\ and\ Polyfluoroalkyl\ Substances\ (PFAS)\ By\ EPA\ Method\ 537.1$

Report of Analysis

Date Collected: (MM/DD/YY) / / /	System Group Type: (circle one) A B Other:						
Water System ID Number:	System Name:						
Lab Number / Sample Number://	County:						
Sample Location:	Source Number(s): (list all sources if blended or composited)						
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY) / /						
RC - Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)						
C - Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY)						
I - Investigative (does not satisfy monitoring requirements)							
O - Other (specify - does not satisfy monitoring requirements)	COMMENTS:						
Sample Composition: (check appropriate box)	Sample Type: (check one) Pre-treatment/Untreated (Raw)						
S - Single Source	Post-treatment (Finished)						
■ B − Blended (list source numbers in "Source Numbers" field)	Unknown or Other						
C - Composite (list source numbers in "Source Numbers" field)	_						
D - Distribution Sample	Sample Collected by: (name)						
	Phone Number:						
Send Report to:	Bill to: (client name)						
Send Report to.	Bill to. (client name)						

#### REQUIRED ANALYTICAL RESULTS

DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	SAL	UNITS	EXCEEDS SAL? (X if Yes)	METHOD/ INITIALS
0434	(PFOA) Perfluorooctanoic acid			2	10	ng/L		
0433	(PFOS) Perfluorooctanesulfonic acid			2	15	ng/L		
0431	(PFHxS) Perfluorohexanesulfonic acid			2	65	ng/L		
0432	(PFNA) Perfluorononanoic acid			2	9	ng/L		
0429	(PFBS) Perfluorobutanesulfonic acid			2	345	ng/L		
0430	(PFHpA) Perfluoroheptanoic acid			2	n/a	ng/L		
0435	(PFHxA) Perfluorohexanoic acid			2	n/a	ng/L		
0436	(PFDA) Perfluorodecanoic acid			2	n/a	ng/L		
0437	(PFUnA) Perfluoroundecanoic acid			2	n/a	ng/L		
0438	(PFDoA) Perfluorododecanoic acid			2	n/a	ng/L		
0445	(ADONA) 4,8-Dioxa-3H-perfluorononanoic acid			2	n/a	ng/L		
0446	(9Cl-PF3ONS) 9-Chlorohexadecafluoro-3- oxanonane-1-sulfonic acid			2	n/a	ng/L		
0447	(HFPO-DA) Hexafluoropropylene oxide dimer acid			2	n/a	ng/L		
0448	(11Cl-PF3OUdS) 11-Chloroeicosafluoro-3- oxaundecane-1-sulfonic acid			2	n/a	ng/L		
0439	(PFTrDA) Perfluorotridecanoic acid			2	n/a	ng/L		
0440	(PFTA) Perfluorotetradecanoic acid			2	n/a	ng/L		
0441	(NEtFOSAA) N-ethyl perfluorooctanesulfonamidoacetic acid			3	n/a	ng/L		
0442	(NMeFOSAA) N-methyl perfluorooctanesulfonamidoacetic acid			3	n/a	ng/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS SAL: Marked if the contaminant amount exceeds the SAL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

 $\mathbf{ng}/\mathbf{L}\colon$  nanograms per liter or parts per trillion.

SAL (State Action Level) means the concentration of a contaminant or group of contaminants, without an MCL, established to protect public health in accordance with WAC 246-290-315 and which, if exceeded, triggers actions a purveyor takes in accordance with WAC 246-290-320.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS Revised July 2021

<sup>\*\*</sup>To qualify for a monitoring waiver the additional contaminants must be reported to DOH.

| Space for Lab Letter Head

| Per- and Polyfluoroalkyl Substances (PFAS) By EPA Method 533
| Report of Analysis | System Group Type: (circle one) | A | B | Bumber: | System Name: | System System Name: | System System Name: | System System

Date Collected: (MM/DD/YY) / / /	System Group Type: (circle one) A B Other:						
Water System ID Number:	System Name:						
Lab Number / Sample Number: / /	County:						
Sample Location:	Source Number(s): (list all sources if blended or composited)						
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY) / /						
RC - Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY) / / /						
☐ C − Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY) / /						
O - Other (specify - does not satisfy monitoring requirements)	COMMENTS:						
1 🗆 🔻							
	Unknown or Other						
D - Distribution Sample							
	Prione Number:						
Send Report to:	Bill to: (client name)						
Sample Composition: (check appropriate box)  S - Single Source  B - Blended (list source numbers in "Source Numbers" field)  C - Composite (list source numbers in "Source Numbers" field)  D - Distribution Sample	Sample Type: (check one)						

#### REQUIRED ANALYTICAL RESULTS

DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	SAL	UNITS	EXCEEDS SAL? (X if Yes)	METHOD/ INITIALS
0434	(PFOA) Perfluorooctanoic acid			2	10	ng/L		
0433	(PFOS) Perfluorooctanesulfonic acid			2	15	ng/L		
0431	(PFHxS) Perfluorohexanesulfonic acid			2	65	ng/L		
0432	(PFNA) Perfluorononanoic acid			2	9	ng/L		
0429	(PFBS) Perfluorobutanesulfonic acid			2	345	ng/L		
0430	(PFHpA) Perfluoroheptanoic acid			2	n/a	ng/L		
0435	(PFHxA) Perfluorohexanoic acid			2	n/a	ng/L		
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0437	(PFUnA) Perfluoroundecanoic acid			2	n/a	ng/L		
0438	(PFDoA) Perfluorododecanoic acid			2	n/a	ng/L		
0445	(ADONA) 4,8-Dioxa-3H-perfluorononanoic acid			2	n/a	ng/L		
0446	(9CI-PF3ONS) 9-Chlorohexadecafluoro-3- oxanonane-1-sulfonic acid			2	n/a	ng/L		
0447	(HFPO-DA) Hexafluoropropylene oxide dimer acid			2	n/a	ng/L		
0448	(11Cl-PF3OUdS) 11-Chloroeicosafluoro-3- oxaundecane-1-sulfonic acid			2	n/a	ng/L		
0450	(4:2FTS)1H,1H, 2H, 2H-Perfluorohexane sulfonic acid			2	n/a	ng/L		
0451	(6:2FTS)1H,1H, 2H, 2H-Perfluorooctane sulfonic acid			2	n/a	ng/L		
0452	(8:2FTS)1H,1H, 2H, 2H-Perfluorodecane sulfonic acid			2	n/a	ng/L		
0453	(NFDHA)Nonafluoro-3,6-dioxaheptanoic acid			2	n/a	ng/L		
0454	(PFBA)Perfluorobutanoic acid			2	n/a	ng/L		
0455	(PFHpS)Perfluoroheptanesulfonic acid			2	n/a	ng/L		
0456	(PFMBA)Perfluoro-4-methoxybutanoic acid			2	n/a	ng/L		
0457	(PFMPA)Perfluoro-3-methoxypropanoic acid			2	n/a	ng/L		
0458	(PFPeA)Perfluoropentanoic acid			2	n/a	ng/L		
0459	(PFPeS)Perfluoropentanesulfonic acid			2	n/a	ng/L		
0460	(PFEESA)Perfluoro(2-ethoxyethane)sulfonic acid		·	2	n/a	ng/L	, and the second	

### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

 $\label{eq:METHOD/INITIALS: Analytical method used.} \textit{/} Initials of the analyst that performed the analysis.}$ 

ng/L: nanograms per liter or parts per trillion.

SAL (State Action Level) means the concentration of a contaminant or group of contaminants, without an MCL, established to protect public health in accordance with WAC 246-290-315 and which, if exceeded, triggers actions a purveyor takes in accordance with WAC 246-290-320.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

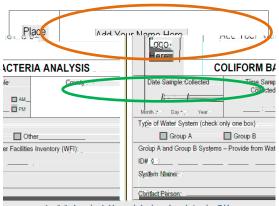
LAB COMMENTS

Revised July 2021

<sup>\*\*</sup>To qualify for a monitoring waiver the additional contaminants must be reported to DOH.

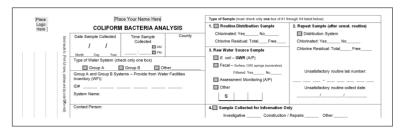
### **Microbiological Analysis Lab Reports**

This section explains how to complete lab slips for microbiological sample analysis. The template comes in two sizes: 4x11 inches and 5x8 inches. The 4x11 version fits conveniently around most collection bottles. The 5x8 version meets postal requirements to mail in a standard-sized window envelop so the address is visible.



4x11 inch Microbiological Lab Slip

**Test Panel Title:** There is space at the top of each panel for the laboratory letterhead, graphics, or other symbols (orange circle). The test panel name (green circle) must be at the top of each test panel report.



5x8 inch Microbiological Lab Slip

**Test Panel Header:** This section contains information from the sampler about the water system and the sample. Samplers can record this information on our *Chain of Custody* or *Sample Information Form*, or use their own template. See the full lab slips below for specific sequence and order of the 4x11 inch and 5x8 inch forms.

## **Basic Sample and Water System Information**

**Date Sample Collected:** Two-digit month, day, and year the sample was collected, for example 02/15/2017.

**Time Sample Collected:** Time sample collected. Check AM or PM.

County:\* County location for the water system.

**Type of Water System:\*** Group A, Group B, or Other.

Water Facilities Inventory (WFI) ID#:\* The five or sixcharacter water system ID.

**System Name:\*** Enter the water system's official name. If the name on the lab slip does not match the official water system name, our database will not accept it. The official names can be found in Sentry Internet and on the WFI form.

**Contact Person:** The person the lab or department staff should contact with questions about this sample.

**Day/Cell/Evening Phone and Email:** List the best way to reach the Contact Person.

**Send results to:** List the best mail and email address for the lab to send the results.

Here COLIFORM BACTERIA ANALYSIS							
Date Sample  / Month Day	Collected /		e Sample illected AM	County			
Type of Water Sy	stem (check only	y one box)					
Group	Α [	Group B	Otl	ner			
Contact Person: Day Phone: ( Email: Send results to: (Pr	Cell Phone: ( Eve. Phone: ( ode or e-mail)	)					
	SA	MPLE IN	IFORMATION	1			
Sample collected	hy (name):						

**Sample collected by:** List the person who collected the sample.

**Specific location where sample collected:** Describe, in detail, the sample location point. Do not include the water system's address if it is not the specific location where the sample is collected.

**Specific instructions or comments:** Include any specific instructions for the lab.

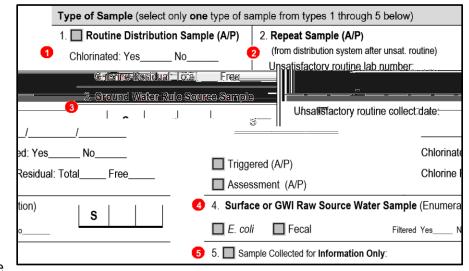
Sample Purpose (Type of Sample)

# Routine Distribution Sample

**(A/P):** Public water systems must take this sample on a routine basis per the federal Revised Total Coliform Rule (RTCR).

- Chlorinated: Mark "Yes" or "No."
- If yes, list the measured Free Chlorine Residual.

**Repeat Sample (A/P):\*\*** Public water systems must take this sample



after a coliform-present routine sample per RTCR.

- o **Distribution System Sample**: Take at a sample tap in the distribution system.
- **Unsatisfactory routine lab number:** List the lab and sample ID number from the original unsatisfactory routine sample.
- Unsatisfactory routine collect date: Enter collection date for the original unsatisfactory routine sample.
- Chlorinated: Mark "Yes" or "No."
- o If yes, list the measured **Free Chlorine Residual**.

## Ground Water Rule Source Sample

- o **Triggered (A/P):** Raw source sample following a coliform-present routine sample.
- Assessment (A/P): Department directed some public water systems to monitor their groundwater source monthly for twelve months, even if they have no coliform-present routine samples.
- 4 Surface or GWI Raw Source Water Sample (Enumeration):

There are two types of surface water or GWI systems in Washington state:

1. Unfiltered surface or GWI systems (as of 2021 there are only three in Washington)

- a. They must follow the **federal** Surface Water Treatment Rule monitoring guidelines as outlined in WAC 246-290, PART 6 Surface Water Treatment, Subpart A Introduction and General Requirements.
- b. The hold time for routine coliform samples from this type of system is **8 hours**.
- c. Mark the microbiological slip as **unfiltered**.
- d. Mark the analysis for totals or fecal.
- e. The results must be enumeration and not an absence/presence result.
- f. The source must be clearly identified using the space provided. \[ \s \] \].
- 2. Filtered surface or GWI systems.
  - a. They must follow the additional **state** Surface Water Treatment Rule monitoring guidelines as outlined in WAC 246-290, PART 6 Surface Water Treatment, Subpart B Requirements for Filtered Systems.
  - b. The hold time for routine coliform samples from this type of system is **30 hours**.
  - c. Mark the microbiological slip as **filtered** even though the sample is taken before filtration. Marking the coliform slip as "filtered" establishes that the sample is being analyzed as part of the **state** surface water treatment requirements.
  - d. Mark whether the analysis is for fecal or *E.coli*.
  - e. The results must be enumeration and not an absence/presence result.
  - f. The source must be clearly identified using the space provided. \[ \s \] \].

**Sample Collected for Information Only:** Check if sample is for engineering purposes, construction or repairs, a home sale, or other uses. These microbiological slips do not need to be sent to the department's data processing staff.

## **Drinking Water Results**

**Unsatisfactory:** Check if sample is total coliform-present, **AND** *E. coli* present **OR** *E. coli* absent.

**Satisfactory:** Check if no coliforms detected.

**Bacterial Density Results:** Record the colony count or most-probable number if the test yields it (both are enumeration methods).

**Replacement Sample Required:** Check if sample is not viable for any reason, such as "too old" or "volume less than 100mL."

**Date/Time Received:** Enter the date and time the laboratory received the sample.

LAB USE ONLY	DRINKING WA	ATER RE	SULTS	LAB USE ONLY
Unsatisfactory Total	Coliform Present ar	nd		Satisfactory
E.coli present				
Bacterial Density Result	/100ml. E.co	oli/100ml.		
Fecal Coliform	/100ml.	HPC		1 ml.
Replacement Sample Re	quired: TN	ITC	Sample	too old
	eniae 45. line	Läfa	ea Containe	·
 Date/	Fime Received:		La	b Reference Number
Recei	pt Temp C°:		Me	ethod Code:
Date I	Reported to DOH		La	b Use Only:
DOH	Lab-Sample#			

Lab Reference Number: Lab staff generate this number or reference ID for in-laboratory tracking.

**Receipt Temp C**: Required for unfiltered surface water samples.

**Method Code:** Enter the code for the analytical method used to analyse the sample (SM-9223B or SM-9222B, not MICR codes).

**Date Reported to DOH:** Enter the date that the sample was reported to the department.

**DOH Lab-Sample#:** Enter the three-digit department-assigned lab number and then the five-digit lab-assigned sample ID number.

**Lab Use Only:** A space for the lab's own purpose. For example, to record an internal labortry reference number.

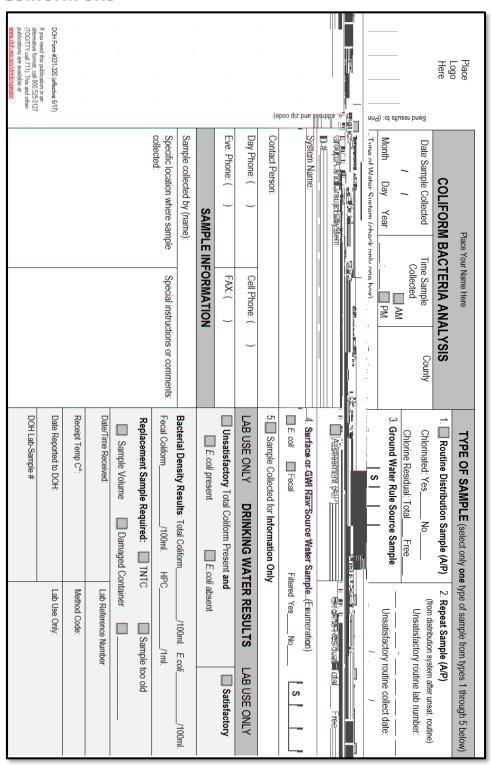
\*This information is on the Water Facilities Inventory form and our <u>Sentry internet</u>.

<sup>\*\*</sup>See Follow-up to an unsatisfactory routine coliform sample 331-187 for more information.

## Microbiological

Microbiological test panels are designed to print two on an 8 X 11½ sheet of paper for printer convenience.

### Coliform 5x8



## Coliform 4x11

						_			
Place Logo Here	Add Tour Name Tiere								
11010	COLI	FORM B	ACTERIA A	NAL	YSIS.	FOI	RM		
Date Sample	Collected		Sample		Cou	inty			
1	1	"	illected						
Month Day	Year	_	_: 🗖 PM						
Type of Water S	Type of Water System (check only one box)								
☐ Grou	Group A Group B Other								
Group A and Gro	oup B Systems	- Provide fro	m Water Facilities	Invent	ory (WFI)				
ID#									
System Name:									
Contact Person:									
Day Phone: (	)		Cell Phone: (	)					
Email:			Eve. Phone: (	)					
Send results to: (P	rint full name, adı	fress and zip co	de or e-mail)						
		SAMPLE IN	NFORMATION	ı					
Sample collected	d by (name):								
Specific location	where sample	collected:	Special instruct	tions or	commen	ts:			
Type of Sample	(select only or	ne type of san	nple from types 1	through	5 below	)			
1. Routine D	istribution Sa	mple (A/P)	2. Repeat Sam						
Chlorinated: Y	es No_		(from distribution system after unsat. routine) Unsatisfactory routine lab number:						
Chlorine Resid	dual: Total	Free	Onsoustactor	-	IC IOD III	ilioui.			
3. Ground Water	r Rule Source	Sample	Unsatisfactor	rv routin	e collect	date:			
S					/				
			Chlorinated:				_		
Triggered (A	(P)		Chlorine Res						
Assessment	(A/P)								
4. Surface or G	WI Raw Source	e Water San	ple (Enumeration	1)	s	ī	1 1		
■ E. coli	] Fecal	F	Filtered Yes No.		3				
5. Sample Col	lected for Inform	ation Only:							
LAB USE O			ATER RESUL	TS	LAB U	SE C	ANI V		
Unsatisfacto				.10	Sa				
	resent					iioiuc	otory .		
Bacterial Densi	ty Results: To	tal Coliform_	/100	ml. E.o	oli		_/100ml.		
Fecal Coliform_		_/100ml.	HPC		/1 ml.				
Replacement S	ample Require	ed: 🔲 Ti	NTC 🔲	Sample	too old				
Sample Volu	ıme 🔲 Da	amaged Conta	einer 🔲			_			
Date/Time Receive	d:		Lab Reference N	umber					
Receipt Temp C*:			Method Code:						
Date Reported to D	104		Lah Has Only						
Date Reported to L	nui?		Lab Use Only:						
DOH Lab-Sample#									

### **Generic Template**

The name of the panel will be determined by the department. The DOH #, Contaminant name, SDRL, Trigger, MCL, and Units will be determined by the . The order of the contaminants listed on the panel will be in "DOH #" numerical order from smallest to largest. Use MCL or SAL as applicable.

			Space fo	or Lab L	etter Head				
Name of Panel									
			- 1		nalysis				
Deta Caller	-t-1. aarmman				Secretary Con-	Т	fairely and	) A B (	Other:
	Date Collected: (MMDD/YY)/// Water System ID Number:				System Gro System Nan		(ctrcle one	) A D (	Juner:
	er / Sample Number:		_		County:	ie.			
Sample Lo						ber(s): (	list all sourc	es if blended or comp	oosited)
	rpose: (check appropriate box) Routine/Compliance (satis		/seminance		Date Receiv			/	-/,
	Confirmation (confirmation of				Date Report				-'/
	vestigative (does not satisfy a								
U 0-0	Other (specify – does not satisfy	monitoring requi	rements)		COMMENT	·S:			
Sample Co	mposition: (check appropriat	e box)			Sample Typ	e: (check o	me)	Pre-treatment/	Untreated (Raw)
☐ S – S:	ingle Source						_ [	Post-treatment	(Finished)
	lended (list source numbers in Somposite (list source number					Unknown or Other			
	Distribution Sample	SIL SOMCEIVAM	oeis neau)		Sample Collected by: (name)				
					Phone Num	ber:			
Send Repor	rt to:				Bill to: (clie	nt name)			
			ANATA	FICAT	RESULTS				
	T	·	ANALI	IICAL	KESULIS				
DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL /SAL	UNITS	EXCEEDS MCL/SAL? (X if Yes)	METHOD / INITIALS
									<del>                                     </del>
NOTES:									
	: Include the original lab numbe	er, sample number	, and collection	date of or	iginal sample in	either com	nent section	L	
-	FIER: A symbol or letter to der		ormation about	the result.					
-	nent assigned contaminant num! L (Maximum Contaminant L		the contaminan	t zmount e	vroads the MCT	under chan	tors 246-20	0 and 246-201 WAC	Dlozeo contact the
	inking water regional office in y				process are mon	unuer enug	1015 210 25	V MMC 270 251 W/IC.	Prouse connect are
	TIALS: Analytical method used					FOT1	11.51		
	tion Level) means the concentra d which, if exceeded, triggers ac						lished to pro	tect public health in a	iccordance with WAC
SDRL (State D	etection Reporting Limit): The	e minimum reporta	able detection o	of a contain	iinant as establisl	ned by the o	•		
	he department's drinking water i itor more frequently. Please con								ired to take additional
LAB COMM	ENTS:								
									Revised May 2021

Our publications are online at doh.wa.gov/drinkingwater.



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email <a href="mailto:civil.rights@doh.wa.gov">civil.rights@doh.wa.gov</a>.