Laboratory Reporting Guidance

331-530 • January 2022

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—top-to-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 Lab Templates webpage.

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.

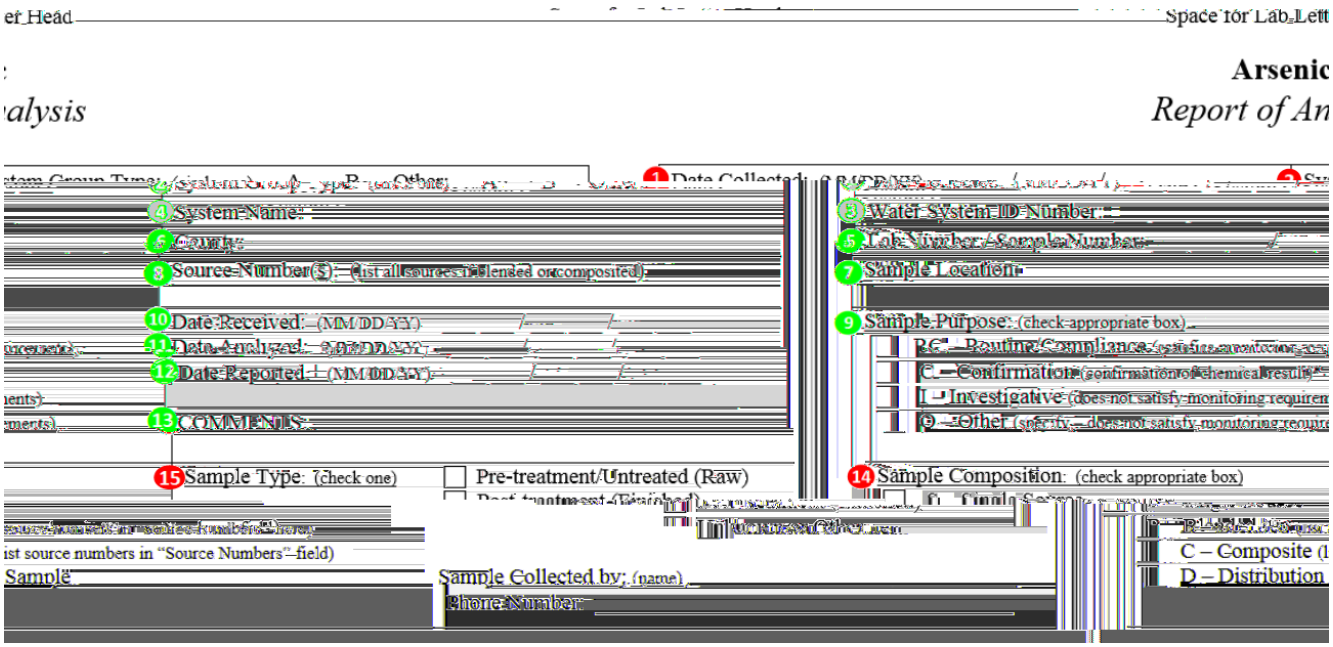
Chemical Monitoring Lab Reports

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.



1 **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).

3 **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 fortress.wa.gov/doh/eh/portal/odw/si/Intro.

4 **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 Sentry Internet (see link in 3 above) and on the WFI form.

5 **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.

6 **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.

7 **nple 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."

8 **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 Sentry (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.

10 **te Received:** List the date the lab received the sample.

11 **Date Analyzed:** List the date the lab analyzed the sample.

12 **Date Reported:** List the date the lab released the report.

13 **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.

14 **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.

15 **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.

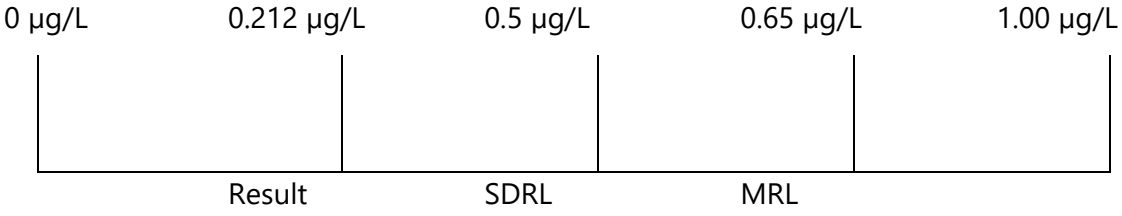
µg/L means micrograms per liter (1µg/L = 1ppb – parts per billion).

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:

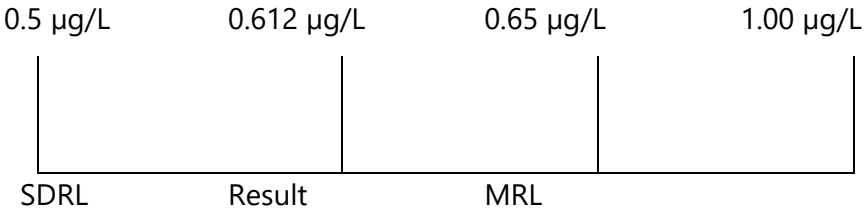
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

Results = ND



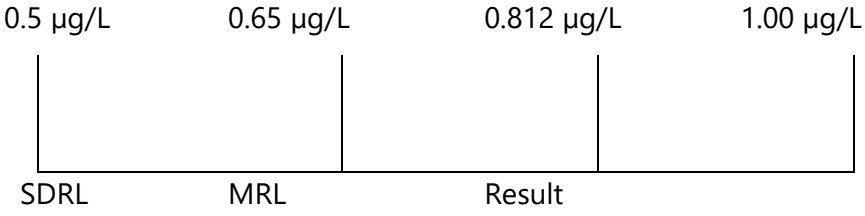
(ii) An estimated concentration, notated with a "J" data qualifier when a result is equal to or greater than the SDRL, but less than the lab's established MRL;

Results = 0.61µg/L (J)



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

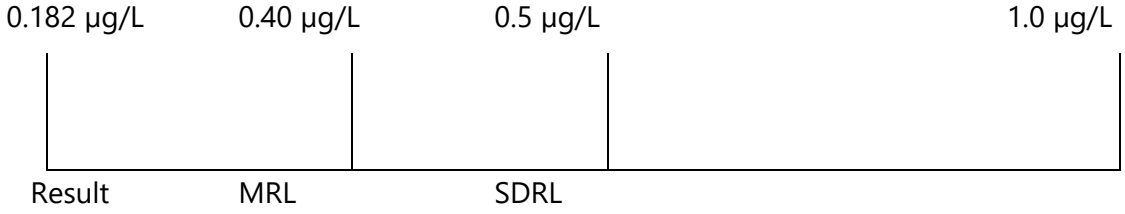
Result = 0.81µg/L



(c) A lab shall report organic chemical contaminant results when the lab's established MRL is less than the SDRL as:

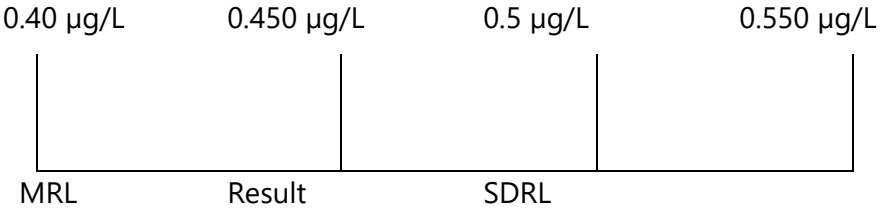
(i) Nondetect or ND when a lab's result is less than the lab's established MRL;

Result = ND



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

Result = ND



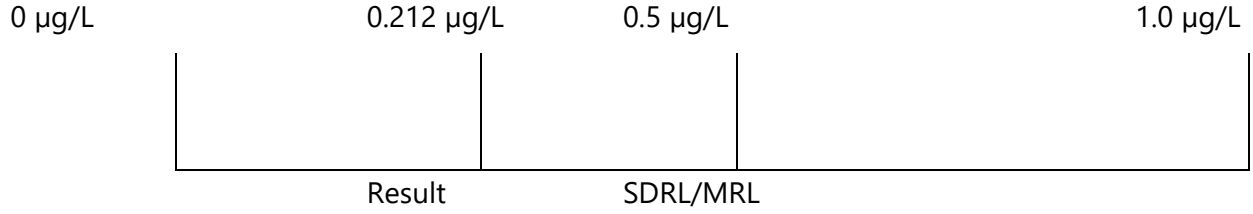
(iii) A number when a result is equal to or greater than the SDRL.

Result = 0.81µg/L

(d) A lab shall report organic chemical contaminant results when their established MRL is equal to the SDRL as:

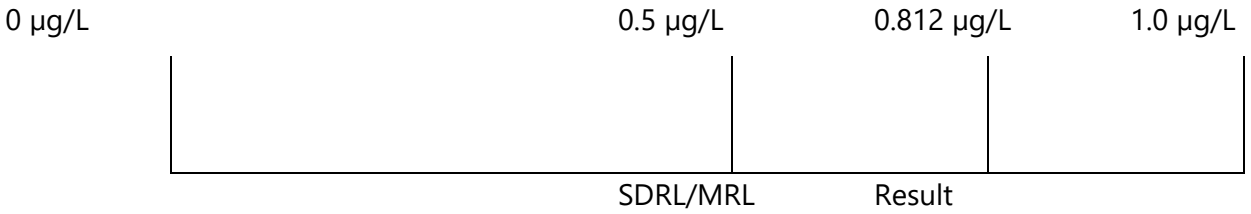
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or

Result = ND



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

Result = 0.81µg/L



Disinfection By-Products (HAA5 and TTHM)

Use a flowing distribution sample (Source **S92**). 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.

Space for Lab Letter Head

Disinfection By-Products

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) ☐ I – Investigative (does not satisfy monitoring requirements) ☐ O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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)

HAA5 ANALYTICAL RESULTS

DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	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		--	µg/L	
0416	Total HAA5			1.0	45	60*	µg/L	

TTHM ANALYTICAL RESULTS

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	
0030	Bromoform			0.5		--	µg/L	
0031	Total TTHM			0.5	60	80*	µg/L	

NOTES:

*Value listed is for the sum of the HAA5 or TTHM contaminants.

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

DOH#: Department assigned contaminant number.

MCL (Maximum Contaminant Level): Highlight result 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.

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.

LAB COMMENTS:

Revised May 2021

Dioxin

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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:

Revised May 2021

Endothall

Space for Lab Letter Head

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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:

Revised May 2021

Fumigant

Space for Lab Letter Head

Soil Fumigants

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 Analyzed: (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 #	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEED MCL? (X if Yes)	METHOD / INITIALS
0102	EDB (Ethylene Dibromide)				0.01	0.05	µg/L		
0103	DBCP (Dibromochloropropane)				0.02	0.2	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:

Revised May 2021

Glyphosate

Space for Lab Letter Head

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) ☐ 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 Analyzed: (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 #	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.

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

LAB COMMENTS:

Revised May 2021

Herbicides

Space for Lab Letter Head

Herbicides

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 Analyzed: (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) _____ _____ _____

UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS	DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL
µg/L			0137	Dalapon				1	200
µg/L			0037	2,4 – D				0.1	70
µg/L			0038	2,4,5- TP (Silvex)				0.2	50
µg/L			0134	Pentachlorophenol				0.04	1
µg/L			0139	Dinoseb				0.2	7
µg/L			0140	Picloram				0.1	500
µg/L	–		0138	Dicamba				0.2	--
µg/L	–		0135	2,4 DB				1	--
µg/L	–		0136	2,4,5 T				0.4	--
µg/L	–		0220	Bentazon				0.2	--
µg/L	–		0221	Dichlorprop				0.2	--
µg/L	–		0223	Acifluorfen				2	--
µg/L	–		0225	DCPA (Acid Metabolites)				0.1	--
µg/L	–		0226	3,5 - Dichlorobenzoic Acid				0.5	--

cremental section.

chapter 246 290 WAC. If you have questions about this

the department.

Revised May 2021

NOTES:

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

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 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

µg/L: micrograms per liter.

LAB COMMENTS:

Insecticides (Carbamate)

Space for Lab Letter Head

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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:

Revised May 2021

PCB—Decachlorobiphenyl

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: (MM/DD/YY) ___ ___/ ___ ___/ ___ ___ Date Analyzed: (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 #	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:

Revised May 2021

Pesticides

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

Space for Lab Letter Head

General Pesticides

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 Analyzed: (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 #	CONTAMINANT	DATA QUALIFIERS	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0033	Endrin				0.01	2	µg/L		
0034	Lindane (BHC - gamma)				0.02	0.2	µg/L		
0035	Methoxychlor				0.1	40	µg/L		
0036	Toxaphene				1	3	µg/L		
0117	Alachlor				0.2	2	µg/L		
0119	Atrazine				0.1	3	µg/L		
0120	Benzo (a) pyrene				0.02	0.2	µg/L		
0122	Chlordane (total)				0.2	2	µg/L		
0124	Di (2-ethylhexyl) adipate				0.6	400	µg/L		
0125	Di (2-ethylhexyl) phthalate				0.6	6	µg/L		
0126	Heptachlor				0.04	0.4	µg/L		
0127	Heptachlor epoxide				0.02	0.2	µg/L		
0128	Hexachlorobenzene				0.1	1	µg/L		
0129	Hexachlorocyclopentadiene				0.1	50	µg/L		
0133	Simazine				0.07	4	µg/L		
0118	Aldrin				0.1	--	µg/L		
0121	Butachlor				0.1	--	µg/L		
0123	Dieldrin				0.1	--	µg/L		
0130	Metolachlor				0.1	--	µg/L		
0131	Metribuzin				0.1	--	µg/L		
0132	Propachlor				0.1	--	µg/L		

Revised May 2021

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[1]				20	--	µg/L		
0174	Arochlor 1232[1]				0.5	--	µg/L		
0175	Arochlor 1242[1]				0.3	--	µg/L		
0176	Arochlor 1248[1]				0.1	--	µg/L		
0177	Arochlor 1254[1]				0.1	--	µg/L		
0178	Arochlor 1260[1]				0.2	--	µg/L		
0179	Bromacil				0.1	---	µg/L		
0180	Arochlor 1016[1]				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.

[1]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

Revised May 2021

Quat

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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.

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:

Revised May 2021

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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

Revised May 2021

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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		

Revised May 2021

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)[1]				0.5	--	µg/L		
0428	DBCP (screening)[1]				0.5	--	µg/L		

NOTES:

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

--No existing trigger or MCL value.

[1]Analysis for EDB and DBCP is screening only. Detections of EDB and DBCP are confirmed using the fumigant test panel.

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

Revised May 2021

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.

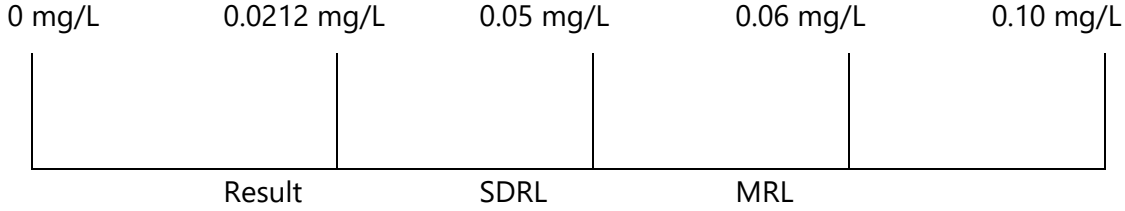
mg/L means milligrams per liter (1 mg/L = 1ppm – parts per million).

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:

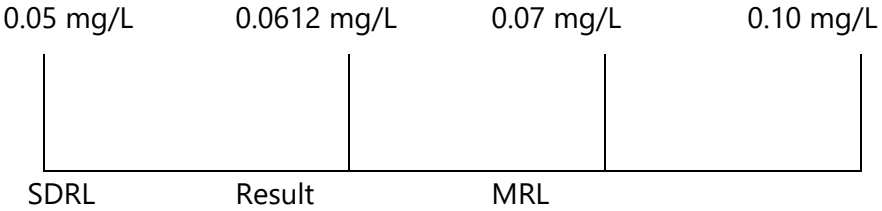
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

Result = ND



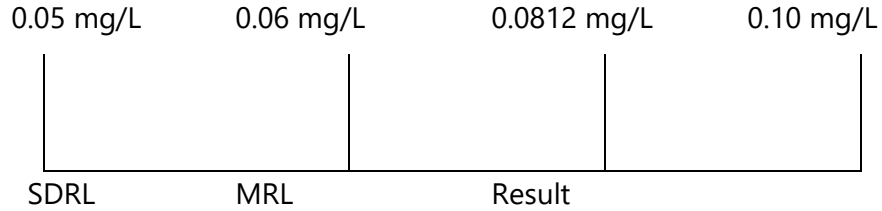
(ii) An estimated concentration, notated with a "J" data qualifier, when a result is equal to or greater than the SDRL, but less than the lab's established MRL;

Result = 0.061mg/L (J)



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

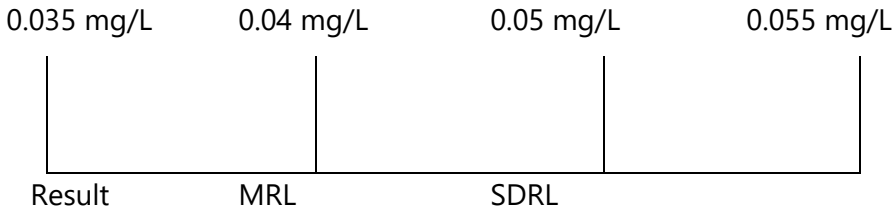
Result = 0.081mg/L



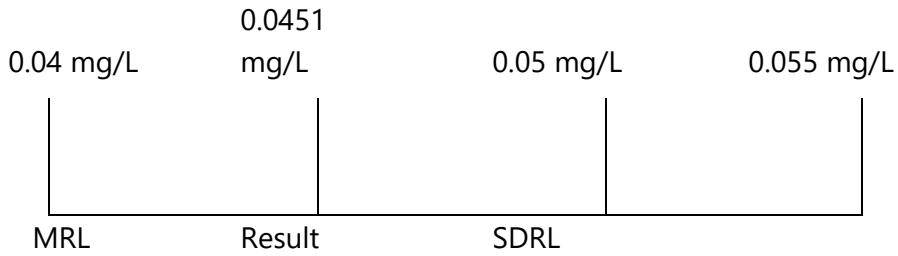
(b) A lab shall report inorganic chemical contaminant results when the lab's established MRL is less than the SDRL as:

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

Result = ND



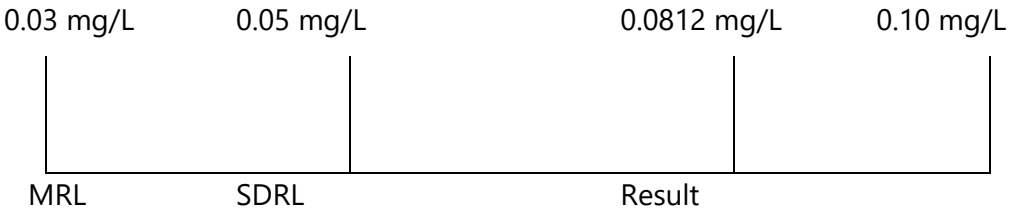
(ii) Nondetect or ND when a lab's result is less than the department's established SDRL, but greater than the lab's established MRL; or



Result = ND

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

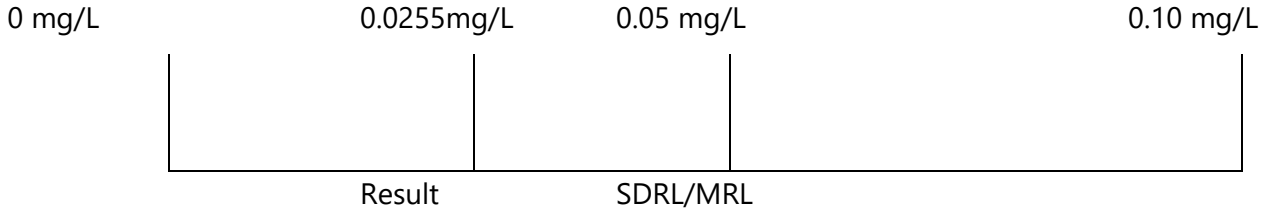
Result = 0.081 mg/L



(c) A lab shall report inorganic chemical contaminant results when the lab's established MRL is equal to the SDRL as:

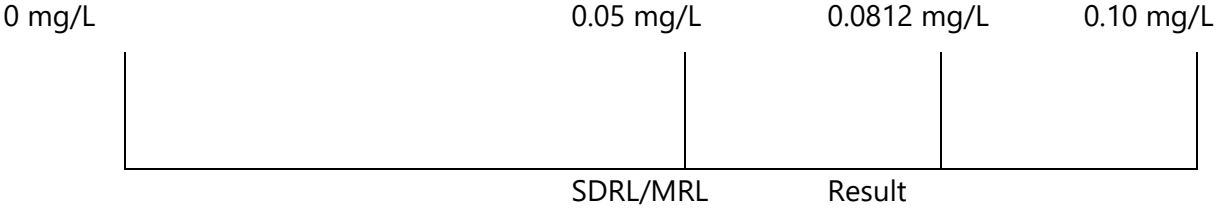
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or

Result = ND



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

Result = 0.081mg/L



Arsenic

Arsenic
Report of Analysis

	System Group Type: (circle one) A B Other:
	System Name:
	County:
	Source Number(s): (list all sources if blended or composited)
uirements) ents) ements)	Date Received: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Reported: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ COMMENTS:
' field) ers" field)	Sample Type: (check one) ☐ Pre-treatment/Untreated (Raw) ☐ Post-treatment (Finished) ☐ Unknown or Other Sample Collected by: (name) _____ Phone Number: _____
	Bill to: (client name)

Date Collected: (MM/DD/YY) ___ ___ / ___ ___ / ___
Water System ID Number: ___ ___ ___ ___ ___ ___
Lab Number / Sample Number: ___ ___ ___ / ___
Sample Location:
Sample Purpose: (check appropriate box) ☐ RC – Routine/Compliance (satisfies monitoring req ☐ C – Confirmation (confirmation of chemical result)* ☐ I – Investigative (does not satisfy monitoring requiren ☐ O – Other (specify – does not satisfy monitoring requir
Sample Composition: (check appropriate box) ☐ S – Single Source ☐ B – Blended (list source numbers in "Source Numbers ☐ C – Composite (list source numbers in "Source Numb ☐ D – Distribution Sample
Send Report to:

ANALYTICAL RESULTS

TS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
		0.001	0.010	0.010	mg/L		

DOH #	CONTAMINANT	DATA QUALIFIER	RESUL
0004	Arsenic		

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
ntact the department's drinking water regional office in your area.
als of the analyst that performed the analysis.

able concentration of a contaminant.
um reportable detection of a contaminant as established by the department.
level. Systems with contaminants detected at concentrations at or above this level may be
quently.

NOTES:

***Confirmation:** Include the original lab number, samp
DATA QUALIFIER: A symbol or letter to denote add
DOH#: Department assigned contaminant number.
EXCEEDS MCL (Maximum Contaminant Level): 1
WAC. If you have questions about this result, please c
METHOD/INITIALS: Analytical method used. / Initi
mg/L: milligrams per liter or parts per million.
MRL (Method Reporting Limit): The lowest quantifi
SDRL (State Detection Reporting Limit): The minim
TRIGGER: The department's drinking water response
required to take additional samples or monitor more fre

LAB COMMENTS:

Revised May 2021

Asbestos

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

Space for Lab Letter Head

Asbestos

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 Analyzed: (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 #	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
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.

TRIGGER: The department's drinking water program level. Systems with contaminants detected at concentrations greater than this level must monitor more frequently.

LAB COMMENTS:

ed May 2021 Revis

Bromate

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) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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.

**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.

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:

Revised May 2021

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: (MM/DD/YY) ___ ___ / ___ ___ / ___ ___ Date Analyzed: (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 #	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:

Revised May 2021

Complete Inorganic Chemistry

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

Complete Inorganic Chemistry
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 #	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Arsenic			0.001	0.010	0.010	mg/L			
0005	Barium			0.1	2	2	mg/L			
0006	Cadmium			0.001	0.005	0.005	mg/L			
0007	Chromium			0.007	0.1	0.1	mg/L			
0011	Mercury			0.0002	0.002	0.002	mg/L			
0012	Selenium			0.002	0.05	0.05	mg/L			
0110	Beryllium			0.0003	0.004	0.004	mg/L			
0111	Nickel			0.005	--	--	mg/L			
0112	Antimony			0.003	0.006	0.006	mg/L			
0113	Thallium			0.001	0.002	0.002	mg/L			
0116	Cyanide			0.05	0.2	0.2	mg/L			
0019	Fluoride			0.2	2.0	4.0	mg/L			
0114	Nitrite-N			0.1	0.5	1.0	mg/L			
0020	Nitrate-N			0.5	5.0	10.0	mg/L			
0161	Total Nitrate/Nitrite			0.5	5.0	10.0	mg/L			
0008	Iron			0.1	--	0.3[1]	mg/L			
0010	Manganese			0.01	--	0.05[1]	mg/L			
0013	Silver			0.1	--	0.1[1]	mg/L			

Revised May 2021

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[1]	mg/L			
0022	Sulfate			2	--	250[1]	mg/L			
0024	Zinc			0.2	--	5[1]	mg/L			
0014	Sodium			5	--	--	mg/L			
0015	Hardness			10	--	--	mg/L			
0016	Conductivity			70	--	700[1]	µmhos /cm			
0017	Turbidity			0.1	--	--	NTU			
0018	Color			15	--	15[1]	color units			
0026	TDS-Total Dissolved Solids[2]			100	--	500[1]	mg/L			
0009	Lead			0.001	--	--	mg/L			
0023	Copper			0.02	--	--	mg/L			

NOTES:

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

--No existing trigger or MCL value.

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

[2]TDS is required to be run if conductivity exceeds the MCL.

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:

Revised May 2021

Inorganic Chemistry—Select

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

Space for Lab Letter Head

Select Inorganic Chemistry
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 #	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0021	Chloride			2	--	250[1]	mg/L			
0016	Conductivity			70	--	700[1]	µmhos/cm			
0004	Arsenic			0.001	0.010	0.010	mg/L			
0020	Nitrate-N			0.5	5.0	10.0	mg/L			
0008	Iron			0.1	--	0.3[1]	mg/L			
0010	Manganese			0.01	--	0.05[1]	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			

NOTES:

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

--No existing trigger or MCL value.

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

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:

Revised May 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

Distribution System - Report of Analyses

Lead and Copper Analyses (LCR)	System Group Type: (circle one) A B Other:
Water System ID Number: ___ ___ ___ ___ ___ ___	System Name:
Source: S93 (standing distribution samples)	County:
	Consecutive System? (circle one) YES NO
Sample Purpose: (check appropriate box) ☐ RC – Routine/Compliance (satisfies monitoring requirements) ☐ I – Investigative (does not satisfy monitoring requirements) ☐ O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ___ ___/___ ___/___ ___ Date Analyzed: (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 #) Analyte	(0009) Lead	(0023) Copper
State Detection Reporting Level (SDRL)	0.001 mg/L	0.02 mg/L
Action Level	0.015 mg/L	1.3 mg/L
Analytical Method / Analyst's Initials	_____/___	_____/___

Lab Number / Sample Number ___ ___ ___/ ___ ___ ___ ___	Date Collected	Sample Location:	Lead (mg/L)	Copper (mg/L)

NOTES:

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

Action Level: The concentration against which the 90th percentile of all distribution samples collected during the monitoring period that, if exceeded, signals the system must take actions to address the corrosivity of the water. Highlight the result if it is greater than or equal to the Action Level.

SDRL (State Detection Reporting Level): The minimum reporting level established by the department.

LAB COMMENTS AND DATA QUALIFERS – Note data qualifiers next to the individual result. Note the definition of the qualifier here:

Revised May 2021

Nitrate/Nitrite

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

Space for Lab Letter Head

Nitrate/Nitrite

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 Analyzed: (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 #	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0020	Nitrate-N				0.5	5.0	10.0	mg/L		
0114	Nitrite-N				0.1	0.5	1.0	mg/L		
0161	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 246-290 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.

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 this level may be required to take additional samples or monitor more frequently.

LAB COMMENTS:

Revised May 2021

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.

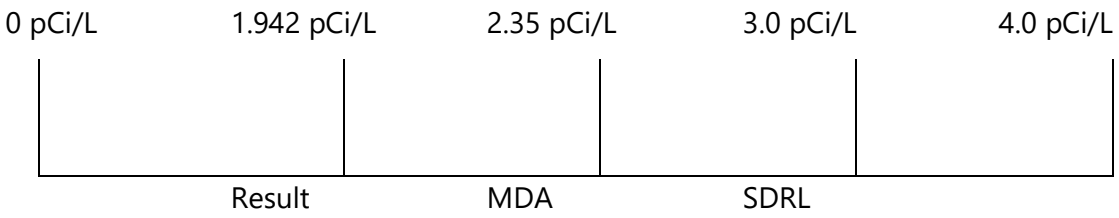
Reporting Examples for radiochemistry in WAC 246-390-075(15) (a)–(b)

(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:

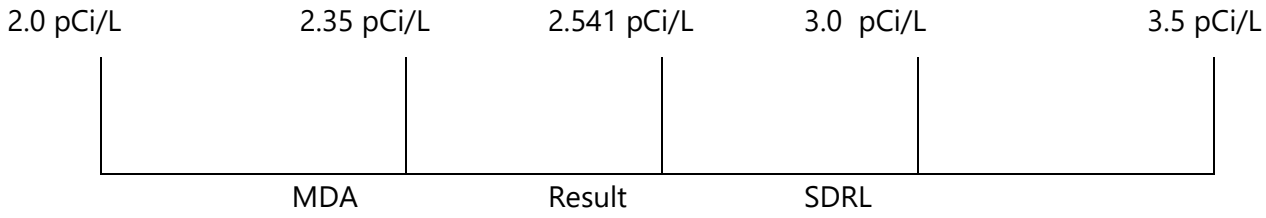
(i) A number and a "U" qualifier if the contaminant was analyzed for, but not detected at or above the lab's established MDA; or

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.

Space for Lab Letter Head

RADIONUCLIDES

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
0165	Gross alpha					3	--	pCi/L		
0166	Radium 228					1	--	pCi/L		
0039	Radium 226					1	--	pCi/L		
0105	Uranium(mass)					1	30	µg/L		
0040	Radium 226 + 228					--	5	pCi/L		
0041	Gross alpha minus uranium					--	15	pCi/L		
0109	Radon					--	--	pCi/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.

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.**

METHOD/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.

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

UNCERT +/-: The total amount of analytical uncertainty associated with the sample analysis.

LAB COMMENTS:

Revised May 2021

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.**

METHOD/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.

ug/L: micrograms per liters or parts per billion

LAB COMMENTS:

Revised May 2021

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).

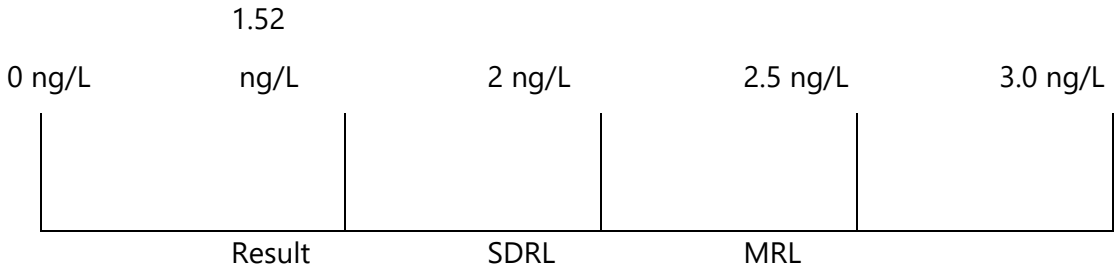
Reporting Examples for PFAS chemicals in WAC 246-390-075(17) (a)–(d)

(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.

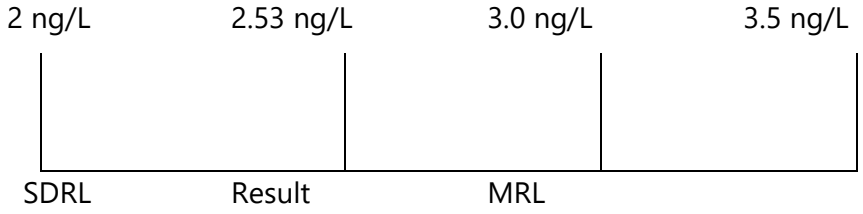
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

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

Result = 2.5 ng/L (J)



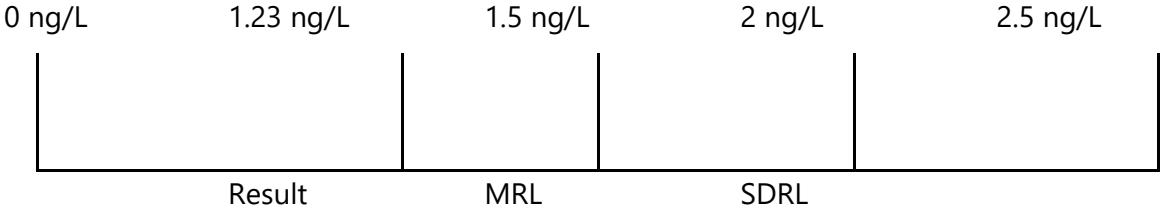
(iii) A number when a result is equal to or greater than the lab's established MRL.

Result = 3.5 ng/L

(c) A lab shall report PFAS contaminant results when the lab's established MRL is less than the SDRL as follows.

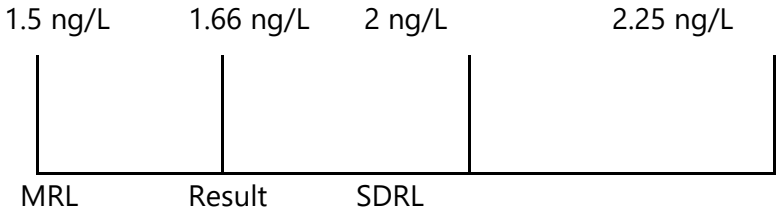
(i) "Nondetect" or "ND" when a lab's result is less than the lab's established MRL.

Result = ND



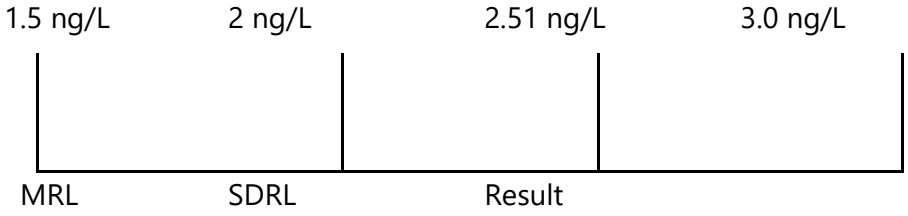
(ii) Nondetect or ND when a lab's result is less than the established SDRL; or

Result = ND



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

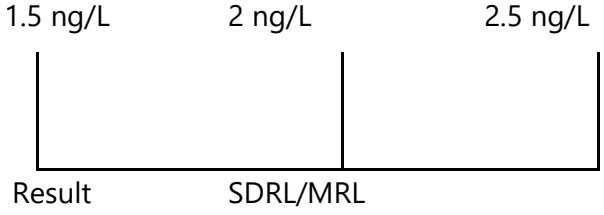
Result = 2.5 ng/L



(d) A lab shall report PFAS contaminant results when the lab's established MRL is equal to the SDRL as follows.

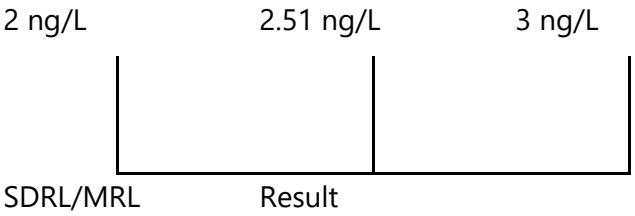
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or

Result = ND



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

Result = 2.5 ng/L



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) ☐ 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 Analyzed: (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)

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.

**To qualify for a monitoring waiver the additional contaminants must be reported to DOH.

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.

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

PFAS By EPA Method 533

Space for Lab Letter Head

Per- and Polyfluoroalkyl Substances (PFAS) By EPA Method 533

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 Analyzed: (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) _____ _____ _____

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		
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		

NOTES:

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

**To qualify for a monitoring waiver the additional contaminants must be reported to DOH.

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.

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.

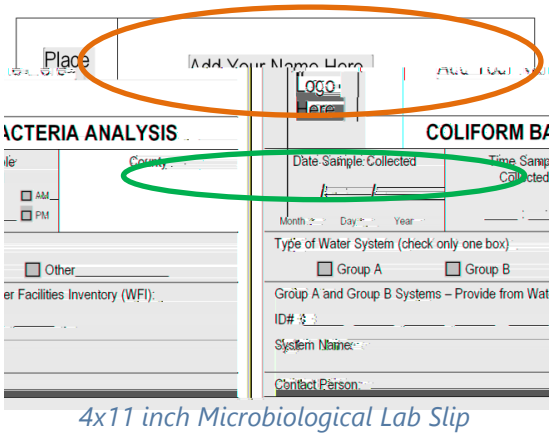
SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS

Revised July 2021

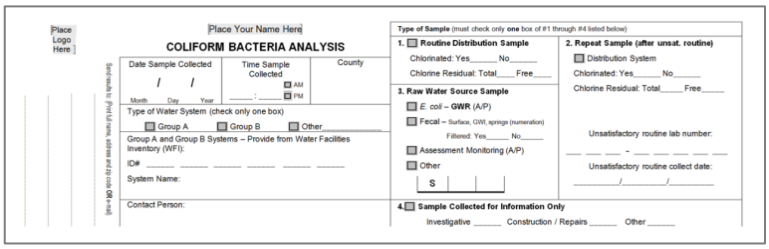
Microbiological Analysis Lab Reports

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 six-character 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.

Place Logo Here	Add Your Name Here
	COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
/ / Month Day Year	____ : ____ ☐ AM ☐ PM	

Type of Water System (check only one box)
☐ Group A ☐ Group B ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# _____ _____ _____ _____ _____ _____
System Name:

Contact Person:

Day Phone: ( )	Cell Phone: ( )
Email:	Eve. Phone: ( )

Send results to: (Print full name, address and zip code or e-mail)

SAMPLE INFORMATION

Sample collected by (name):

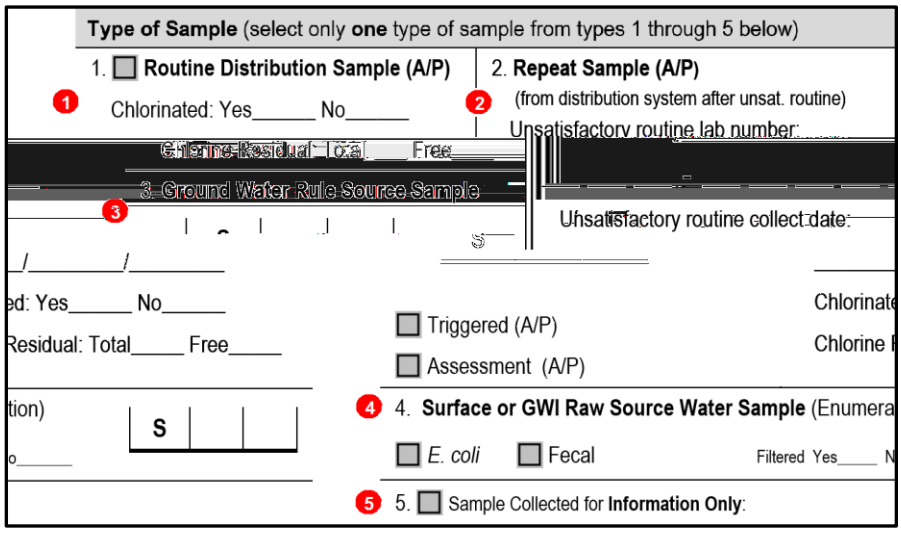
Specific location where sample collected:	Special instructions or comments:

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)



1 **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**.

2 **Repeat Sample (A/P):**** Public water systems must take this sample after a coliform-present routine sample per RTCR.

- **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."
- If yes, list the measured **Free Chlorine Residual**.

3 Ground Water Rule Source Sample

- List the source ID number here: S_____. This source number is found on the Water Facilities Inventory form.
- **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 ____.

5 **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

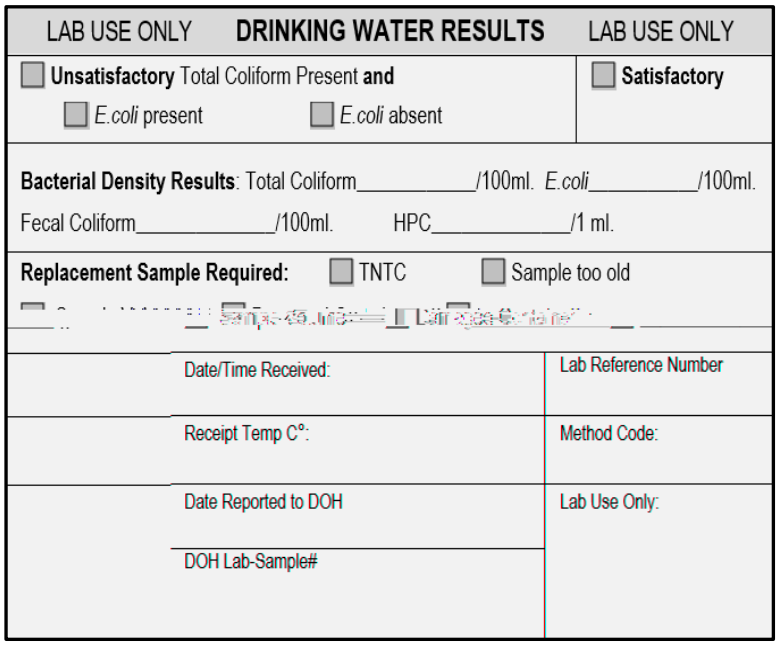
Unsatisfactory: Check if sample is total coliform-present, **AND** *E. coli* present **OR** *E. coli* absent.

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 WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent

☐ **Satisfactory**

Bacterial Density Results: Total Coliform_____/100ml. *E.coli*_____/100ml.
Fecal Coliform_____/100ml. HPC_____/1 ml.

Replacement Sample Required: ☐ TNTC ☐ Sample too old

	Date/Time Received:	Lab Reference Number
	Receipt Temp C°:	Method Code:
	Date Reported to DOH	Lab 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 Sentry internet.

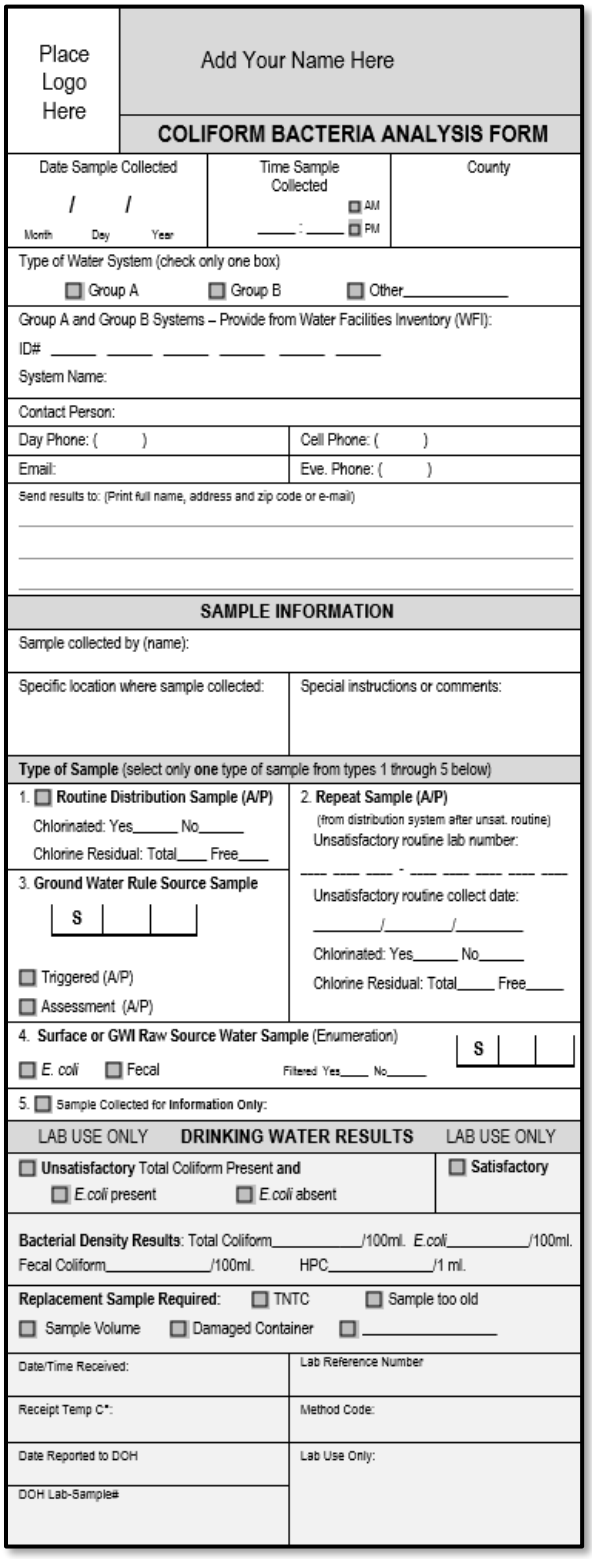
**See *Follow-up to an unsatisfactory routine coliform sample* 331-187 for more information.

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 Your Name Here

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
/ / Month Day Year	☐ AM ☐ PM	

Type of Water System (check only one box)

☐ Group A ☐ Group B ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# _____ _____ _____ _____ _____ _____

System Name:

Contact Person:

Day Phone: ( )	Cell Phone: ( )
Email:	Eve. Phone: ( )

Send results to: (Print full name, address and zip code or e-mail)

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected:	Special instructions or comments:

Type of Sample (select only **one** type of sample from types 1 through 5 below)

1. ☐ **Routine Distribution Sample (A/P)**
   Chlorinated: Yes_____ No_____
   Chlorine Residual: Total____ Free____

2. **Repeat Sample (A/P)**
   (from distribution system after unsat. routine)
   Unsatisfactory routine lab number:
   ____ ____ ____ - ____ ____ ____ ____ ____
   Unsatisfactory routine collect date:
   _____/_____/_____
   Chlorinated: Yes_____ No_____
   Chlorine Residual: Total____ Free____

3. **Ground Water Rule Source Sample**
   S | | |
   ☐ Triggered (A/P)
   ☐ Assessment (A/P)

4. **Surface or GWI Raw Source Water Sample** (Enumeration)
   S | | |
   ☐ *E. coli* ☐ Fecal Filtered Yes____ No_____

5. ☐ Sample Collected for **Information Only:**

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent

☐ **Satisfactory**

Bacterial Density Results: Total Coliform_____/100ml. *E.coli*_____/100ml.
Fecal Coliform_____/100ml. HPC_____/1 ml.

Replacement Sample Required: ☐ TNTC ☐ Sample too old
☐ Sample Volume ☐ Damaged Container ☐ _____

Date/Time Received:	Lab Reference Number
Receipt Temp C*:	Method Code:
Date Reported to DOH	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 for Lab Letter Head

Name of Panel

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 Analyzed: (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 #	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL /SAL	UNITS	EXCEEDS MCL/SAL? (X if Yes)	METHOD / INITIALS

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. Please contact the department's drinking water regional office in your area to determine follow-up actions.

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

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.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

LAB COMMENTS:

Revised May 2021

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

Washington State Department of Health

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 civil.rights@doh.wa.gov.