

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

Drinking Water Methods and Quality Control

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

Test Panels and Special Notes

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

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

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

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

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

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

Testing for contaminants not listed on a template below

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

Chemical Monitoring Lab Reports

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

This section defines all aspects of these headers.

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

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

Space for Lab Letter Head

Arsenic Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
3 Water System ID Number:	4 System Name:
5 Lab Number / Sample Number: / /	6 County:
7 Sample Location:	Source Number(s): (list all sources if blended or composited)
9 Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY) / / /
RC – Routine/Compliance (satisfies monitoring requirements)	UDate Analyzed: (MM/DD/YY) / / /
C – Confirmation (confirmation of chemical result)*	12Date Reported: (MM/DD/YY) ////////////////////////////////
I – Investigative (does not satisfy monitoring requirements)	
O - Other (specify - does not satisfy monitoring requirements)	BCOMMENTS:
13 Sample Composition: (check appropriate box)	Sample Type: (check one) Pre-treatment/Untreated (Raw)
S – Single Source	Post-treatment (Finished)
B – Blended (list source numbers in "Source Numbers" field)	Unknown or Other
C – Composite (list source numbers in "Source Numbers" field)	
D – Distribution Sample	Sample Collected by: (name)
	Phone Number:

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).

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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 <u>fortress.wa.gov/doh/eh/portal/odw/si/Intro</u>.

System Name: Enter the water system's official name. If the name on the lab slip does not match the official water system name, the department's data entry staff can not enter the sample. The official names can be found in our <u>Sentry Internet</u> (see link in 3 above) and on the WFI form.

Lab Number/Sample Number: The first three digits are the identification number the department assigned to the lab. The second five digits are the number the lab assigned to the sample.

County: List the county where the water system is located. If the water system crosses county lines, list the county where most of the system is located.

Onple Location: Provide a detailed description of the sample location point. For example: "123 X Street outside tap on back of house" or "sample station #XX."

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

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

- **Single Source:** Use the source identification number the department assigned to the source (including a wellfield or a springfield).
- **Blended source sample:** If the sample represents two or more sources blended together before entering the distribution system (not a designated well field or spring field), list the number for each source included. For example: S01, S03, and S13. If a water system is collecting samples to meet the requirements of the well or spring field, it is appropriate to list the well or spring field source number instead of all of the wells of the well field or springs of a spring field. Well and spring fields are considered single sources and have their own source number; therefore they should be marked as single sources.
- **Flowing distribution sample:** If the sample is from a flowing water location within the distribution system that has been flushed (e.g., for Haloacetic acids or total trihalomethanes or asbestos.), use "S92."
- **Standing distribution sample:** If the sample is from a standing water location within the distribution system that represents a "first draw" sample (e.g. for Lead and Copper Rule.), use "S93."

9 Sample Purpose: Check ONE box to describe the purpose of this sample. Don't send results for samples marked "Investigative", "Other," or "For Information Only" to the department unless instructed to.

- **Routine:** Sample was taken for routine monitoring purposes as specified on a public water system's (PWS) Water Quality Montoring Schedule (WQMS) or as directed by the department.
- **Confirmation:** A sample that demonstrates the accuracy of results of a sample by analyzing another sample from the same location within a reasonable period of time, generally not to exceed two weeks. Confirmation is when analysis results fall within plus or minus 30 percent of the original sample results.
- **Investigative:** Sample taken to do preliminary investigation. For example: before a distribution line is put back into service after a repair, the line will be tested to see if the distribution line was adequatly disinfected.
- **Other:** Samples that are not one of the examples listed above. For example: a private homeowner sample for a house sale.

We Received: List the date the lab received the sample.

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- **Date Analyzed:** List the date the lab analyzed the sample.
- **Date Reported:** List the date the lab released the report.

COMMENTS: Use this space for addional comments. Laboratories may add a notation containing the laboratory's internal project/reference number/LIMS sample identifier unique to that sample report so that the department or customer can provide that reference number for laboratory personnel to efficiently access the record.

Sample Composition: Check **ONE** box to describe the composition of the sample.

- The following sample compositions must show the different sources from which they originate:
- S Single Source. Sample represents one source, which may be one well field or spring field.

B **Blended**. Sample represents two or more sources blended together before entering the distribution system (not a designated well field or spring field). If a water system is collecting samples to meet the requirements of the well field or spring field, it is appropriate to list the well field or spring field source number instead of all of the wells of the well field or springs of a spring field. Well and spring fields are considered single sources and have their own source number; therefore they should be marked as single sources.

C **Composite**. Sample is from up to five individual sources mixed in the lab on the water system's request.

D **Distribution**. Sample is collected from within the distribution system.

Sample Type: Sampler will indicate whether a sample was taken before or after a treatment process.

- **Pre-treatment/Untreated (Raw)**. Check this box if the sampler collected the sample from a source before treatment or a source before it entered the distribution system when the system doesn't treat the water.
- **Post-treatment**. Check this box if a water system treats the water and the sample was taken after treatment.
- **Unknown or Other**. Check this box if it is unknow whether the sample was collected before or after treatment.
- Include the sampler's name and phone number and the company the sampler works for (if applicable).

Organic Chemicals

Key Definitions

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

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

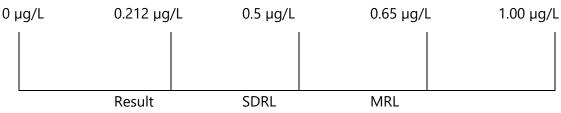
 $\mu g/L$ means micrograms per liter (1 μ g/L = 1ppb – parts per billion).

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

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

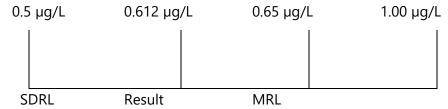
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL;





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





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

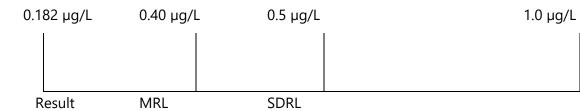
Result = $0.81 \mu g/L$



(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

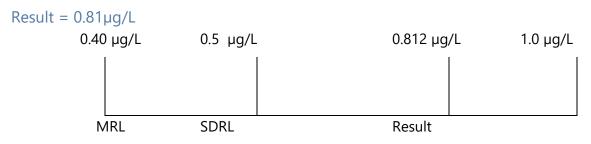


(ii) Nondetect or ND when a lab's result is less than the established SDRL; or



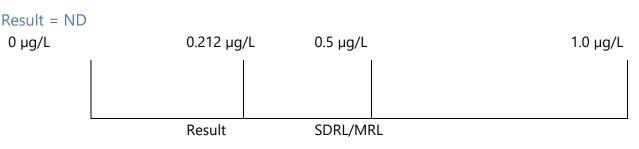


(iii) A number when a result is equal to or greater than the SDRL.



(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



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

Result = 0.81 0 µg/L	µg/L	0.5 μg/L	0.812 µg,	/L 1.0 μg/L
		SDRL/MF	RL Result	

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.

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: (MMDD/YY)/// Date Analyzed: (MMDD/YY)/ // Date Reported: (MM/DD/YY)/ // COMMENTS:
Sample Composition: (check appropriate bog) S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

ANALYTICAL RESULTS

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

<u>NOTES:</u> *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:

Endothall

Space for Lab Letter Head

Endothall

Report of Analysis

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

ANALYTICAL RESULTS

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

NOTES:

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

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

DOH#: Department assigned contaminant number.

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

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

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

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

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

LAB COMMENTS:

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)	Date Received: (MMDD/YY)//
RC – Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)//
C – Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY) /////
 I – Investigative (does not satisfy monitoring requirements) 	
 O – Other (specify – does not satisfy monitoring requirements) 	COMMENTS:
Sample Composition: (check appropriate box) 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:

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: (MMDD/YY)/// Date Analyzed: (MMDD/YY)// Date Reported: (MMDD/YY)// COMMENTS:
Sample Composition: (check appropriate bog) S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

ANALYTICAL RESULTS

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

Space fo	r Lab	Letter	Head
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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: (MMDD/YY) //////							
Sample Composition: (check appropriate bog) S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: (name) Phone Number:							
Send Report to:	Bill to: (client name)							

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS
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				0.5	-	μg/L		
0221	Dichlorprop				0.5	-	μg/L		
0223	Acifluorfen				2	-	μg/L	-	
0225	DCPA (Acid Metabolites)				0.1		μg/L	-	
0226	3,5 - Dichlorobenzoic Acid				0.5	-	µg/L	-	

NOTES:

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

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

DOH#: Department assigned contaminant number.

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

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

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

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

µg/L: micrograms per liter.

LAB COMMENTS:

Insecticides (Carbamate)

Space for Lab Letter Head

Insecticides/Carbamate

Report of Analysis

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

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:

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) в Other: А Water System ID Number: System Name: Lab Number / Sample Number: County: Sample Location: Source Number(s): (list all sources if blended or composited) Date Received: (MM/DD/YY) Sample Purpose: (check appropriate box) RC - Routine/Compliance (satisfies monitoring requirements) Date Analyzed: (MM/DD/YY) C - Confirmation (confirmation of chemical result)* Date Reported: (MM/DD/YY)
 I – Investigative (does not satisfy monitoring requirements)

 O – Other (specify – does not satisfy monitoring requirements)
 COMMENTS: Sample Composition: (check appropriate box) Sample Type: (check one) Pre-treatment/Untreated (Raw) S - Single Source Post-treatment (Finished) B – Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D – Distribution Sample Sample Collected by: (name) _ Phone Number: Send Report to: Bill to: (client name)

ANALYTICAL RESULTS

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

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section. DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

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

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

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

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

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

LAB COMMENTS:

Pesticides

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

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

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	Bromaeil				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.

¹If 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

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: (MMDD/YY)/// Date Analyzed: (MMDD/YY)/// Date Reported: (MMDD/YY)/// COMMENTS:						
Sample Composition: (check appropriate bog) S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: (name) Phone Number:						
Send Report to:	Bill to: (client name)						

ANALYTICAL RESULTS

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

Total Organic Carbon (TOC)

Space for Lab Letter Head

Total Organic Carbon/Alkalinity

Report of Analysis

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

ANALYTICAL RESULTS

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

NOTES:

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

--No existing value

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

DOH#: Department assigned contaminant number.

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

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

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

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

LAB COMMENTS

Volatile Organic Compounds (VOC)

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

Space for Lab Letter Head Volatile Organic Compounds <i>Report of Analysis</i>									
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 bo <u>x)</u>	Date Received: (MMDD/YY)//								
RC - Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)//								
C - Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY)//								
I – Investigative (does not satisfy monitoring requirements) O – Other (specify – does not satisfy monitoring requirements)	COMMENTS:								
Sample Composition: (check appropriate box)	Sample Type: (check one) Pre-treatment/Untreated (Raw)								
S – Single Source	Post-treatment (Finished)								
B – Blended (list source numbers in "Source Numbers" field)	Unknown or Other								
C – Composite (list source numbers in "Source Numbers" field)	Remarks Collected has (mark)								
D – Distribution Sample	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 (Dichloromsthans)				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		

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

Volatile Organic Compounds (VOC)—(Continued)

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.

¹Analysis 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

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)

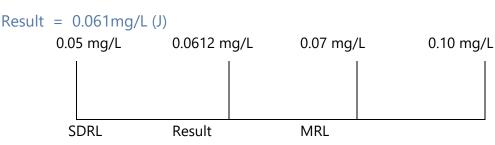
(a) A lab shall report inorganic chemical contaminant results when the lab's established MRL is greater than the SDRL as:

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

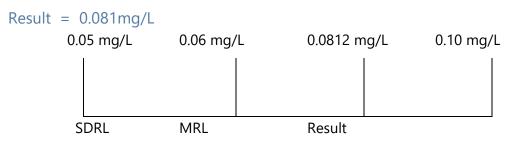
Result = ND



(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;

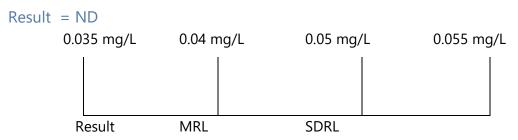


(iii) A number when a result is equal to or greater than the lab's established MRL.

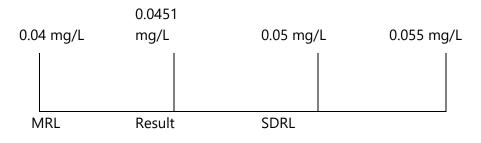


(b) A lab shall report inorganic chemical contaminant results when the lab's established MRL is less than the SDRL as:

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



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



Result = ND

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

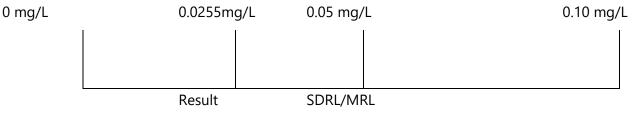
Result = 0.081 mg/L



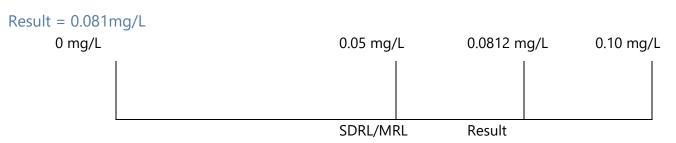
(c) A lab shall report inorganic chemical contaminant results when the lab's established MRL is equal to the SDRL as:

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

Result = ND



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



Arsenic

Space for Lab Letter Head

Arsenic Report of Analysis

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

ANALYTICAL RESULTS

DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0004	Arsenic				0.001	0.010	0.010	mg/L		

NOTES:

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

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

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under 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:

Asbestos

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

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			R	Asbe						
			K	eport of	Anaiy	515				
Date Co	llected: (MM/DD/YY	r)/	/		System	Group Type:	(circle one)	A	B Other:	
	ystem ID Number:				System I					
	nber / Sample Num Location:	1ber:	_/		County:	Number(s): (li	at all a sum	an if blandad	an annua itad)	
sample.	Location:				Source I	vumber(s): (i	IST ALL SOURC	es il olended	or composited)	
	Purpose: (check appro			_					/	
	C – Routine/Compli – Confirmation (con			nts)	Date An Date Re	alyzed: (MM) ported: (MM)	DD/YY) DD/YY)	<u> </u>	/	_
🗌 I-	Investigative (does	not satisfy monito	ring requirements)				,			_
0.	– Other (specify – doe	es not satisfy moni	toring requirements))	COMM	ENTS:				
Sample	Composition: (check	k appropriate box)			Sample	Type: (check a	se)		itment/Untreate	· ·
	- Single Source - Blended (list source	a muchara in "Sau	rea Mumbers'' field)				F		atment (Finishe vn or Other	ed)
🗖 C-	– Composite (list sou	urce numbers in "S					L			
□ D.	– Distribution Sam	ple				Collected by: Jumber:				
Send Re	naut ta.					(client name)				
Send Ke	port to.				Bill to:	(client name)				
				_						
				_						
DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	
DOH # 0115	CONTAMINANT Asbestos		RESULTS	MRL	SDRL	TRIGGER	MCL 7	units MFL		
0115 NOTES: *Confirr DATA Q DOH#: I EXCEEI questions METHO MFL: N MRL (M SDRL (S TRIGGH to take ad	Asbestos	QUALIFIER original lab num bol or letter to de contaminant num a Contaminant num a Contaminant i sase contact the o vical method us- liter. mit): The lowes orting Limit): T 's drinking water	ber, sample numb- enote additional in aber. Level): Marked i lepartment's drink ed. / Initials of the t quantifiable con he minimum repo response level. S	er, and collect formation abo f the contamin ing water reg analyst that p centration of a rtable detection	0.2 ion date of o out the result ional office in performed the a contamination of a contained	7 original sample t. exceeds the M0 in your area. ie analysis. nt. aminant as estat	7 in either o CL under o plished by	MFL comment se chapter 246 the departs	MCL? (X if Yes) ection. 5-290 WAC. If y	

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: (MMDD/YY) // Date Analyzed: (MMDD/YY) // Date Reported: (MMDD/YY) // Date Reported: (MMDD/YY) // COMMENTS: / /
Sample Composition: (check appropriate bog) S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

ANALYTICAL RESULTS

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

Space for Lab Letter Head

Chlorite

Report of Analysis

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

ANALYTICAL RESULTS

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

NOTES:

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

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

DOH#: Department assigned contaminant number.

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

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

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

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

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

LAB COMMENTS:

Complete Inorganic Chemistry

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
 - o Conductivity in micromhos per centimeter (μmhos/cm).
 - 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.

				-	.ab Letter H					
			-		r ganic C of Analy		ry			
			, r	epon	y Anaiy	515				
	ollected: (MM/DD/Y		/					(circle one)	A B	Other:
	ystem ID Number:				stem Nam	e:				
	mber / Sample Nun Location:	nber:	_′		unty: urce Numi	her(s): (li	st all sources i	f blended or con	mosited)	
-										•
Sample R	Purpose: (check appr C – Routine/Compl	<u>opriate box)</u> iance (satisfies m	unvitoring rece	iromonts')	Da	te Receive te Reporte	ed: (MMI al: AMI	D/YY)	',	_/
🗖 C	- Confirmation (co	afirmation of chem	uical result)*	,						_^
	 Investigative (does Other (specify – do 				co	MMENT	S:			
	– Other (specify – do	es not satisfy mou	wing require	inenits)						
	Composition: (chec – Single Source	k appropriate box)			Sa	nple Type	e: (check a		Pre-treatment Post-treatmen	(Untreated (Ra t (Finished)
Πв	- Blended (list sourc	e numbers in "Sou	rce Numbers''	field)					Jost-treatmen Unknown or (
Πč	– Composite (list so – Distribution Sam	urce numbers in "S mla	šource Numbe	rs'' field)	87	mple Coll	acted bar	(11110)		
	- Distribution Sam	ipie			Ph	one Numb	ected by:	(12116)		
Send R	eport to:				Bi	l to: (clier	tt name)			
	-				_					
					-					
			Al	ALYTIC	AL RESU	JLTS				
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			
	Chromium			0.007	0.1	0.1	mg/L			
0007				0.0000						
0011	Mercury	0.0002	0.002	0.002	mg/L					
0011 0012	Selenium			0.002	0.05	0.05	mg/L			
0011 0012 0110	Selenium Beryllium			0.002	0.05	0.05 0.004	mg/L mg/L			
0011 0012 0110 0111	Selenium Beryllium Nickel			0.002 0.0003 0.005	0.05 0.004 	0.05 0.004 	mg/L mg/L mg/L			
0011 0012 0110 0111 0112	Selenium Beryllium Nickel Antimony			0.002 0.0003 0.005 0.003	0.05 0.004 0.006	0.05 0.004 0.006	mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113	Selenium Beryllium Nickel Antimony Thallium			0.002 0.0003 0.005 0.003 0.001	0.05 0.004 0.006 0.002	0.05 0.004 0.006 0.002	mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116	Selenium Beryllium Nickel Antimony Thallium Cyanide			0.002 0.0003 0.005 0.003 0.001 0.05	0.05 0.004 0.006 0.002 0.2	0.05 0.004 0.006 0.002 0.2	mg/L mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116 0019	Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride			0.002 0.0003 0.005 0.003 0.001 0.05 0.2	0.05 0.004 0.006 0.002 0.2 2.0	0.05 0.004 0.006 0.002 0.2 4.0	mg/L mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116 0019 0114	Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N			0.002 0.0003 0.005 0.003 0.001 0.05 0.2 0.1	0.05 0.004 0.006 0.002 0.2 2.0 0.5	0.05 0.004 0.006 0.002 0.2 4.0 1.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116 0019 0114 0020	Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrate-N			0.002 0.0003 0.005 0.003 0.001 0.05 0.2 0.1 0.5	0.05 0.004 0.006 0.002 0.2 2.0 0.5 5.0	0.05 0.004 0.006 0.002 0.2 4.0 1.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161	Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N			0.002 0.0003 0.005 0.003 0.001 0.05 0.2 0.1 0.5 0.5	0.05 0.004 0.006 0.002 0.2 2.0 0.5	0.05 0.004 0.006 0.002 0.2 4.0 1.0 10.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161 0008	Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrite-N Nitrate-N Total Nitrate/Nitrite Iron			0.002 0.0003 0.005 0.003 0.001 0.05 0.2 0.1 0.5 0.5 0.1	0.05 0.004 0.006 0.002 0.2 2.0 0.5 5.0	0.05 0.004 0.006 0.002 0.2 4.0 1.0 10.0 10.0 0.3 ¹	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161	Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrate-N Total Nitrate/Nitrite			0.002 0.0003 0.005 0.003 0.001 0.05 0.2 0.1 0.5 0.5	0.05 0.004 0.006 0.002 0.2 2.0 0.5 5.0 5.0	0.05 0.004 0.006 0.002 0.2 4.0 1.0 10.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			

Complete Inorganic Chemistry (Continued)

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0021	Chloride			2		250 ¹	mg/L			
0022	Sulfate			2		250 ¹	mg/L			
0024	Zinc			0.2		51	mg/L			
0014	Sodium			5			mg/L			
0015	Hardness			10			mg/L			
0016	Conductivity			70		700 ¹	µmhos /em			
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.

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

²TDS 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:

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 L	etter Head				
			Sel	lect In	organic	: Chemist	trv			
					<u> </u>	nalysis				
Date Co	llected: (MM/DD/)	ry)/	/			System Grou	up Type: (circle o	ne) A	B Other	-
	ystem ID Number			_		System Nam	le:	-		
	nber / Sample Nu	mber:	/			County:				
Sample I	Location:					Source Num	lber(s): (list all so	irces if blend	ed or composited	1)
	Purpose: (check app					Date Receiv	ed: (MMDD/YY) ed: (MMDD/YY)		//_	
	C – Routine/Comp – Confirmation (co			uirements)		Date Report	ed: (MM/DD/YY)		//_	
	Investigative (doe			ients)		COMMENT	S:			
	– Other (specify – d									
Sample	Composition: (che	ck appropriate bo	<u>x)</u>			Sample Typ	e: (check one)	Pre-tre	atment/Untre	eated (Raw)
	- Single Source								reatment (Fin	
	– Blended (list sour – Composite (list s								own or Other	
	– Distribution Sar		301102 140110	ers menn)		Sample Coll Phone Num	ected by: (name) , ber:			
Send Re	port to:					Bill to: (clie	nt name)			
				ANAL	YTICAL	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		0.31	mg/L			
0010	Manganese			0.01		0.051	mg/L			
0017	Turbidity			0.1			NTU			
0019	Fluoride			0.2	2.0	4.0	mg/L			
0014	Sodium			5			mg/L			
0022	Sulfate			2			mg/L			
-No existir Secondary	ation: Include the o ag trigger or MCL v MCL (Established ALIFIER: A symb	alue. for aesthetic pu	rposes, not he	alth based	i).	-	l sample in either o	comment se	tion.	
-	partment assigned o									
XCEEDS	MCL (Maximum	Contaminant	Level): Mark					chapters 24(5-290 and 246-	291 WAC. If
-	uestions about this r		•		-	-	-			
	VINITIALS: Analy			f the analy	st that perfo	ormed the analy	/515.			
-	ligrams per liter or p helemetric turbidity		L							
-	helometric turbidity ite Detection Repo		ha minimum	renortable	detection o	f a contaminan	t as astablished by	the departm	ant	
RIGGER	t: The department's itional samples or m	s drinking water	response lev	-			-	-		ay be required
	: micro mhos per ce			er centime	ter is equiva	alent to one mi	cro Siemen per cer	ıtimeter (uS	(cm).	
LAB COM	MENTS:							F	levised Ma	y 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**.

Lead and Copper Analys		Space for La	b Letter Head		
lead and Copper Analys		Lead and	d Copper		
lead and Copper Analys	Dist		- Report of Analyses	2	
Seau and Copper manya		v	System Group Type: (circle o)ther:
Water System ID Number:	65 (11016)		System Name:		/ulei.
Source: \$93 (standing distrib	oution sample:	s)	County:		
l D	·		Consecutive System? (circle		r
Sample Purpose: (check appropr RC – Routine/Complian		nitoring requirements)	Date Received: (MM/DD/YY) Date Analyzed: (MM/DD/YY	<u></u>	/ <u></u>
 I – Investigative (does no 	ot satisfy monitori	ing requirements)	Date Reported: (MM/DD/YY))' <u></u> /	/
 O – Other (specify – does r 	not satisfy monito	ring requirements)	COMMENTS:		
			COMMENTS:		
Sample Composition: (check a	appropriate box)		Sample Type: (check one)		Untreated (Raw)
S – Single Source	1			Post-treatment	
B – Blended (list source m C – Composite (list source)				Unknown or C	her
D – Distribution Sample			Sample Collected by: (name))	
			Phone Number:		
end Report to:			Bill to: (client name)		
			AL RESULTS		
			H #) Analyte Reporting Level (SDRL)	(0009) Lead 0.001 mg/L	(0023) Copper 0.02 mg/L
			ction Level	0.015 mg/L	1.3 mg/L
			thod / Analyst's Initials	/	/
.ab Number / Sample Number	Date Collected	Samj	ple Location:	Lead	Copper
	Concerca			(mg/L)	(mg/L)
I					
		4			

Nitrate/Nitrite

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

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

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:

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.

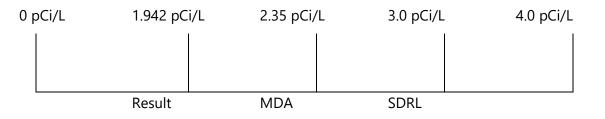
Reporting Examples for radiochemistry in WAC 246-390-075(15) (a)-(b)

(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:

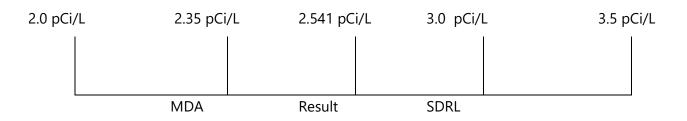
(i) A number and a "U" qualifier if the contaminant was analyzed for, but not detected at or above the lab's established MDA; or

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 (μ g/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.

		S	pace for La	b Letter He	ad					
		R	ADION	UCLID	FS					
			eport of							
		Λ	eponoj	лпиц	515					
Date Coll	ected: (MM/DD/YY) / /	//	_	System	1 Grou	p Type:	(circle o	nne) A	B Oth	ier:
Water Sy	stem ID Number:			System	n Name	£:				
	ber / Sample Number:	_/		County						
Sample L	ocation:			Source	Numb	er(s): ()	list all so	urces if ble	nded or composi	ited)
	urpose: (check appropriate box)					d: (MM)			_//	
	 Routine/Compliance (satisfies m Confirmation (confirmation of chem 		nents)	Date R	eporte	d: (MM	DD/YY)	_/	
	Investigative (does not satisfy monito)	COM	/ENTS	š:				
	Other (specify - does not satisfy moni									
Sample (opposition: (check appropriate hore)			Sample	a Turne	(check o	na)	Dre D	treatment/I be	treated (Raw)
Sample Composition: (check appropriate bog) S – Single Source			Sample	e Type		(DE)		t-treatment (F		
🗖 В-	Blended (list source numbers in "Sou								nown or Oth	
	Composite (list source numbers in "S	ource Numbers" f	field)		~ "					
	Distribution Sample			Phone	e Colle Numbe	cted by: er:	(name)			
Send Rep	ort to:			Bill to:	client (name)				
		AN	ALYTICA	L RESU	LTS					
DOIT #	CONTAINSINTS	DATA	RESULTS	UNCERT	LAB	SDRI.	1/07	UNDER	DATE	METHOD /
DOH #	CONTAMINANTS	QUALIFIER	RESULTS	+/-	MDA	SDKL	MCL	UNITS	ANALYZED	INITIALS
	Gross alpha					3		pCi/L		
	Radium 228					1		pCi/L		
	Radium 226					1		pCi/L		
	Uranium(mass)					1	30	μg/L		
	Radium 226 + 228						5	pCi/L		
	Gross alpha minus uranium						15	pCi/L		
0109	Radon							pCi/L		
<u>NOTES:</u> *Confirmation	m: Include the original lab number, sam	iple number, and o	collection date o	of original sam	uple in ei	ther comm	nent sect	ion.		
No existing				_						
-	LIFIER: A symbol or letter to denote ad	ditional information	on about the res	ult.						
-	rtment assigned contaminant number. num Contaminant Level): Highlight th	a result if the cont	aminant amount	t is annal to a	r orpator	than the N	(CL and	or chanter ¹	146-100 WAC	If you have
	ut this result, please contact the departm					ulan ule r	vicit und	e ciapie i	240-290 W.A.C.	n you nave
	inimum detectable amount or smallest a									
	ed with ninety-five percent probability. 1 NTTIALS: Analytical method used. / Init		-		DKT 101	i dhe resu	ns từ Đế	accepted b	y the departme	11.
	uries per liter (a measure of radioactivity									
	Detection Reporting Limit): The mini	mum reportable d	etection of a co	ntaminant as e	establish	ed by the (departme	ent.		
	grams per liters or parts per billion.	when many since 1 and	h tha unuu la	- huis						
UNCERT +/-	: The total amount of analytical uncertai	my associated wit	n ine sample an	ary315.						
LAB COM	MENTS:									
									Revis	ed 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: (MMDD/YY)// Date Reported: (MMDD/YY)// COMMENTS:
Sample Composition: (check appropriate box) S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

ANALYTICAL RESULTS

DOH #	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

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

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

LAB COMMENTS:

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.

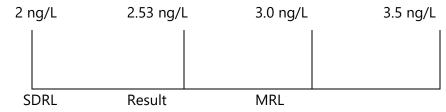
(i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

Result = ND

	1.52			
0 ng/L	ng/L	2 ng/L	2.5 ng/L	3.0 ng/L
	Result	SDRL	MRL	

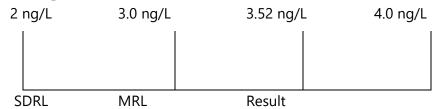
(ii) An estimated concentration, notated with a "J" data qualifier when a result is equal to or greater than the SDRL, but less than the lab's established MRL; or

Result = 2.5 ng/L (J)



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

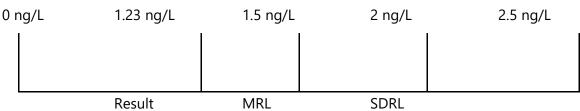
Result = 3.5 ng/L



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

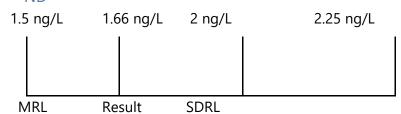
(i) "Nondetect" or "ND" when a lab's result is less than the lab's established MRL.

Result = ND



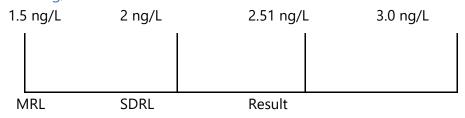
(ii) Nondetect or ND when a lab's result is less than the established SDRL; or

Result = ND



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

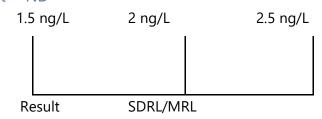
Result = 2.5 ng/L



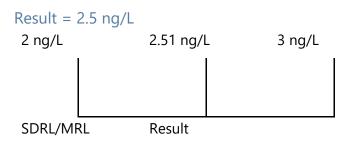
(d) A lab shall report PFAS contaminant results when the lab's established MRL is equal to the SDRL as follows.

(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.



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 I		2) P v 1	7DA M	othod 5'	27 1		
	Per- and Polyfluoroalkyl	Report of.			LPA M	etiiou 5.	57.1		
Date (Collected: (MM/DD/YY) / /		System Gr	oup Type	: (circle one) A	B Other:		
	System ID Number:		System Na			,			
	umber / Sample Number: /		County:						
	le Location:			mber(s).	(list all sour	es if blanded	or composited)		
oump.					(er compositio)		
Sample Purpose: (check appropriate box) RC - Routine/Compliance (satisfies monitoring requirements) C - Confirmation (confirmation of chemical result)* I - Investigative (does not satisfy monitoring requirements) O - Other (specify - does not satisfy monitoring requirements)			Date Received: (MMDD/YY) // Date Analyzed: (MMDD/YY) // Date Reported: (MMDD/YY) // COMMENTS: //						
Samni	le Composition: (check appropriate box)		Sample Ty	ne: (chack	(01a)	Pre-treat	ment/Untrea	ted (Raw)	
	S – Single Source B – Blended (list source numbers in "Source Numbers" fiel C – Composite (list source numbers in "Source Numbers" : D – Distribution Sample			llected by	/: (name)	Post-trea Unknow	atment (Finis 'n or Other	hed)	
Send I	Report to:		Bill to: (cli	ient name)					
	REQUI	RED ANALY	TICAL RI	ESULTS	5				
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		<u> </u>	
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			
	(9CI-PF3ONS) 9-Chlorohexadecafluoro-3-			2	n/a				
0446	oxanonane-1-sulfonic acid			-	n/a	ng/L			
0447	(HFPO-DA) Hexafluoropropylene oxide dimer acid			2	n/a	ng/L			
0.1.10	(11Cl-PF3OUdS) 11-Chloroeicosafluoro-3-			2	n/a	ng/L			
0448	oxaundecane-1-sulfonic acid (PFTrDA) Perfluorotridecanoic acid			2	7/2				
0439					n/a	ng/L		<u> </u>	
0440	(PFTA) Perfluorotetradecanoic acid (NEtFOSAA) N-ethyl			2	n/a	ng/L	-		
0441	perfluorooctanesulfonamidoacetic acid (NMeFOSAA) N-methyl			3	n/a	ng/L			
0442	perfluorooctanesulfonamidoacetic acid		1	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.

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

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

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

LAB COMMENTS

Revised July 2021

PFAS By EPA Method 533

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Space for Lab	Letter Head
Per- and Polyfluoroalkyl Substan	ces (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) ////
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)

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

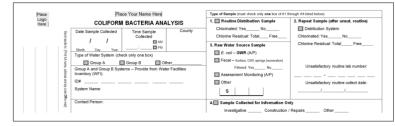
Microbiological Analysis Lab Reports

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.

Place Logo Here	Add Your Name Her	е
	OLIFORM BACTER	RIA ANALYSIS
Date Sample Collected	Time Sample Collected	County
Month Day Year	: PM	
Type of Water System (check	only one box)	
Group A	Group B Ot	her
Group A and Group B Systems	s – Provide from Water Facilitie	s Inventory (WFI):
System Name:		
Contact Person:		

4x11 inch Microbiological Lab Slip

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



5x8 inch Microbiological Lab Slip

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

Basic Sample and Water System Information

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

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

County:* County location for the water system.

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

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

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

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

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

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

Place Logo Here].	[Add Your Name Here]							
Date Sample (/ Month Day	Collected AM							
Type of Water System (check only one box)								
🔲 Group	Group A Group B Other							
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):								
ID#								
System Name:								
Contact Person:								
Day Phone: (Day Phone: () Cell Phone: ()							
Email:	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)

ORoutine 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**.

2Repeat Sample (A/P):** Public water systems must take this sample

Type of Sample (select only one type of s	ample from types 1 through 5 below)
 Routine Distribution Sample (A/P) Chlorinated: YesNo Chlorine Residual: Total Free Ground Water Rule Source Sample S Triggered (A/P) Assessment (A/P) 	2. Repeat Sample (A/P) 2 (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total Free
4. Surface or GWI Raw Source Water Sam	nple (Enumeration) tered Yes No

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**.

³Ground Water Rule Source Sample

- List the source ID number here: L. 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.

• 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.
- **2.** Filtered surface or GWI systems.
 - 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. $\$

⁽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 WA	ATER RESULTS	LAB USE ONLY			
Unsatisfactory Total Coliform Present ar	d Satisfactory				
E.coli present E.col					
Bacterial Density Results: Total Coliform	/100ml. <i>E.coli/</i> 100ml.				
Fecal Coliform/100ml.	HPC/	1 ml.			
Replacement Sample Required:	ITC 📃 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#					

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 labassigned 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 11¹/₂ sheet of paper for printer convenience.

Coliform 5x8

	DOH Lab-Sample #			alternative format, call 800.525.0127 (TDD/TTY call 711). This and other publications are available at www.doh.wa.gov/drnkingwater.
Lab Use Only:	Date Reported to DOH:			DOH Form #331-320 (effective 6/17) If you need this publication in an
Method Code:	Receipt Temp C°:			
Lab Reference Number	Date/Time Received:			
ntainer	Sample Volume Damaged Container			
C Sample too old	Replacement Sample Required: INTC			
_/1ml	Fecal Coliform /100ml HPC	Special instructions or comments:	Specific location where sample collected:	
/100ml. <i>E.coli</i> /100ml.	Bacterial Density Results: Total Coliform	-	Sample collected by (name):	
E.coli absent	E.coli present	SAMPLE INFORMATION	SAMPLE IN	
nd Satisfactory	Unsatisfactory Total Coliform Present and	FAX: ()	Eve. Phone: ()	
ER RESULTS LAB USE ONLY	LAB USE ONLY DRINKING WATER R	Cell Phone: ()	Day Phone: ()	
	5. Sample Collected for Information Only		Contact Person:	(0
ample (Enumeration) Filtered YesNo S	4. Surface or GWI Raw Source Water Sample (Enumeration)		System Name:	boo qiz bns e
Chlorine Residual: TotalFree	Assessment (A/P)		Group A and Group B System	e, adres
Chlorinated: Yes No	Triggered (A/P)	B Other	Group A Group B	men II.
	S	- L	f Water Syst	i) trir9)
Unsatisfactory routine collect date:	Irce (PM	 Month Day Year	:of stilu
(trom distribution system after unsat. routine) Unsatisfactory routine lab number:	Chlorinated: YesNo Chlorine Residual: Total Free	Time Sample County Collected	Date Sample Collected	ser breð
2. Repeat Sample (A/P)	1. Routine Distribution Sample (A/P)	COLIFORM BACTERIA ANALYSIS	COLIFORM BAC	Here
type of sample from types 1 through 5 below)	TYPE OF SAMPLE (select only one type of	Place Your Name Here	Place You	Place

Coliform 4x11

Place Logo Here	Add Your Name Here							
COLIFORM BACTERIA ANALYSIS FORM								
Date Sample	Collected		Sample		County			
/ /			llected					
Month Day	Year		_: 🗖 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: (Pr	int full name, add	fress and zip co	de or e-mail)					
			FORMATION					
		SAMPLE IN	IFORMATION	4				
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) 2. Repeat Sample (A/P)							
Chlorinated: Yes <u>No</u> (from distribution system after unsat. routine) Chlorine Residual: Total Free Unsatisfactory routine lab number:								
3. Ground Wate	r Rule Source	Sample	Unsatisfacto	ry routin	e collect date:			
S			/.		_/			
			Chlorinated:	Yes	No			
Triggered (A/			Chlorine Res	sidual: T	otal Free			
Assessment		- Weter Com	-l- /F	-1				
4. Surface or G		e water Sam	iple (Enumeration	n)	S			
E. coli	Fecal	F	Filtered Yes No.					
5. 🔲 Sample Collected for Information Only:								
LAB USE O	NLY DR	INKING W	ATER RESUL	.TS	LAB USE ONLY			
Unsatisfacto	•				Satisfactory			
🔲 E.coli p	resent	🔲 E.co	li absent					
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								
DaterTime Received: Lab Reference Number								
Receipt Temp C*:			Method Code:					
Date Reported to D	DOH Lab Use Only:							
DOH Lab-Sample#)H 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.

Name of Panel Report of Analysis Date Collected: (MMDD'YY)	Space for Lab Letter Head									
Date Collected: (AMIDD YY)/										
Water System ID Number:	Report of Analysis									
Lab Number / Sample Number: /										
Sample Location: Source Number(s): (list all source if blended or composited) Sample Purpose: (clack performance (staffing monitoring requirements) Date Received: (MMDD YY)										
Simple Purpose: (check appropriate bag) Date Re-erived: (MAIDD YT)						County:				
CC - Continuation (Compliance (antifies maticinity requirements) Date Analyzed: (MMDD'YY)// D ate Analyzed: (MMDD'YY)// Date Analyzed: (MMDD'YY)// D - Other (specify - does not satisfy monitoring requirements) Date Analyzed: (MMDD'YY)/ Sample Connosition: (Catck appropriate bog) Date Analyzed: (MMDD'YY)/ B - Blended (lat source numbers in "Source Number" field) Dott reatment (Finished) D - Distribution Sample Sample Collected by: (came) Phone Number:								osited)		
CC - Continuation (Compliance (attrifies matitating requirements) Date Analyzed: (MMDDYY)	Sample Purpose: (check appropriate box) Date Received: (MMDD/YY) //									
I - Investigative (does not satisfy monitoring requirements) COMMENTS: Sample Connosition: (dack appropriate log) Sample Type: (dack cog) Pre-treatment/Untreated (Raw) B - Slangle Source B - Blended (lifs source numbers in "Source Numbers" field) Sample Type: (dack cog) Pre-treatment/Untreated (Raw) B - Distribution Sample B - Distribution Sample Sample Type: (dack cog) Post-treatment (lifsished) Send Report to: Bill to: (client name) Bill to: (client name) Mone Number: Bill to: (client name) MOH # CONTAMINANT DATA QUALIFIER RESULTS SRL MCL UNITS EXCEEDS METHOD/ INITIALS NOTES ************************************						Date Analyz	ed: (MM	DD/YY)		_(
O - Other (specify- does not satisfy monitoring requirements) COMMENTS: Sample Composition: (check approriate logs) Sample Type. (check cone) Pre-treatment/Untreated (Raw) B - Single Source Sample Composition: (check approriate logs) Sample Type. (check cone) Pre-treatment/Untreated (Raw) B - Single Source Sample Collected by: (name) Post-treatment (Timished) Unknown or Other Send Report to: Bill to: (client name) Sample Collected by: (name) Phone Number: Send Report to: Bill to: (client name) Sample Contraction (Xif Yei) METHOD / INTIALS DOH # CONTAMINANT DATA QUALIFIER RESULTS SDRL TRIGGER MCL UNITS EXCFEDS METHOD / INTIALS NOTES NOTES CONTAMINANT DATA (Client name), and plant in a containe about the result. DOH # CONTAMINANT Result for a contained name in a containe about the result. NOTES *Contrastine: Include the original bo number, sample number, and collection date of original sample in either comment section. DATA (QUALIFIER: A symbol client to denoe additional information about the result. NOTES *Contrastine flow or additional information about the result. DOH: Contrastine flow or additional information about the result. NO						Date Reported: (MM/DD/YY)///				
Sample Composition: (check appropriate bag) Sample Type: (check cog) Pre-treatment Untreated (Raw) B - Blended (lifs source mubers in "Source Numbers" field) Dotter antered (finished) Unknown or Other B - Distribution Sample Sample Collected by: (came) Phone Number: Sample Collected by: (came) Send Report to: Bill to: (client name) Bill to: (client name) Sample Collected by: (came) MALVITCAL RESULTS DOH # CONTAMINANT DATA QUALIFIER RESULTS SDRL TRIGGER MCL WITS Excreps METHOD / INITIALS NOTES ** Contramination: Include the original abo number, and collection date of original sample in either comment section. NATA QUALIFIER NETHOD / INITIALS NOTES ** Contraminant news. EXCEEDS NC. (Astimum Commanisment Level): Marked if the contaminant mount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department 'chicking water regional office a transment for analystin. METHODINITIALS: Amalytical method used / Initials of the analystin. Statistical of the analystin. Statistical Concentrations are to concentration of out analysting regional office in any out group of contaminant method. Statistical out and						COMMENTS:				
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