Space for Lab Letter Head

**PCB TEST PANEL**

**(SOC - PCB as decachlorobiphenyl EPA Method 508A)**

## Analysis Report

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

**ANALYTICAL RESULTS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOH #** | **Contaminant** | **Data Qualifier** | **Results** | **MRL** | **SDRL** | **MCL** | **Units** | **Exceeds MCL?**  **(X if Yes)** | **Method/Initials** |
| 0401 | PCB (as decachlorobiphenyl) |  |  |  | 0.1 | 0.5 | µg/L |  |  |

**NOTES**

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

**Data Qualifier:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned contaminant number.

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

**Method/Initials:** Analytical method used/Initials of the analyst that performed the analysis.

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

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

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

**LAB COMMENTS**