Space for Lab Letter Head

**Endothall**

## Report of Analysis

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

**ANALYTICAL RESULTS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOH #** | **ANALYTE** | **DATA QUALIFIER** | **RESULTS** | **SDRL** | **TRIGGER**  **LEVEL** | **MCL** | **UNITS** | **EXCEEDS MCL?**  **(X if Yes)** | **METHOD/ INITIALS** |
| 0151 | Endothall |  |  | 9 | 9 | 100 | µg/L |  |  |

**NOTES**:

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

**ANALYTE:** The name of the analyte being tested for.

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

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

**EXCEEDS MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department’s drinking water regional office in your area to determine follow-up actions.

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

**RESULT:** The laboratory reported result.

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

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

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

**LAB COMMENTS:**