Space for Lab Letter Head

**TTHM TEST PANEL**

*Distribution System - Report of Analysis*

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| **TRIHALOMETHANE ANALYSIS**  | System Group Type: (circle one) A B Other:  |
| Water System ID Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | System Name: |
| Source: S92 (Distribution samples) | County: |
| 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 OtherSample Collected by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Send Report to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Bill to: (client name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **(DOH #)** **ANALYTE** | (0027)**Chloroform,****(µg/L)** | (0028)**Bromodichloromethane****(µg/L)** | (0029)**Dibromochlormethane****(µg/L)** | (0030)**Bromoform****(µg/L)** | (0031)**TTHMs****(µg/L)** |
| **SDRL** | 0.5 | 0.5 | 0.5 | 0.5 |  |
| **MCL** | -- | -- | -- | -- | 80\*\* |

**METHOD/INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRIHALOMETHANE ANALYSIS (cont.)**

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| **Lab Number / Sample Number**\_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_  | **Date** **Collected** | **Sample Location:** | **Chloroform,****(µg/L)** | **Bromodichloromethane****(µg/L)** | **Dibromochlormethane****(µg/L)** | **Bromoform****(µg/L)** | **TTHMs****(µg/L)** |
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| **DATA QUALIFER –** Note data qualifiers next to the individual result. Note the definition of the qualifier here: |

**NOTES**:

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

**\*\***Value listed is for the sum of the four trihalomethanes

**--**No existing value.

**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.

**MCL (Maximum Contaminant Level):** Highlight result 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.

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

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

**LAB COMMENTS:**