

GWI WATER QUALITY MONITORING REPORT FORM

* To Be Completed Weekly *

System Name:					Month(s)/Year:				
ID#:					Report Submitted By:				
County:					Signature:				
Source Name:]				
Source #: SC		Ranney/Inf.Gal.	Spring	Well	Phone Number:				
Date/Time	Source				Surface Water			Air	Weather, surface water
	Temp (°C)	Conductivity (µmohs/cm)	*	Temp (°C)	Conductivity (µmohs/cm)	*	Level	Temp.	level, other information
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Return completed form to: GWI Program Lead, Department of Health, Office of Drinking Water, P.O. Box 47822, Olympia, WA 98504-7822

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). For additional copies of this form, call 1-800-521-0323.

^{*} Optional: Coliform, HPC, Turbidity, pH