

All fields must be filled out. The information in the Shaded Fields is required for reporting your results to the WA. DOH for compliance.

System Name or Property Owner Name: <input type="checkbox"/> Public <input type="checkbox"/> Private					Sample Type (indicate 1 per sample)	Sample Purpose (indicate 1 per sample)	NUMBER OF CONTAINERS Synthetic Organics (SOCs): 504.1 <input type="checkbox"/> 508.1 <input type="checkbox"/> 515.4 <input type="checkbox"/> 525.2 <input type="checkbox"/> 531.1 <input type="checkbox"/> 547 <input type="checkbox"/> 548.1 <input type="checkbox"/> 549.2 <input type="checkbox"/> Volatile Organics (VOCs): 524.2 <input type="checkbox"/> Disinfection By-Products: THM <input type="checkbox"/> HAA <input type="checkbox"/> Chlorate <input type="checkbox"/> Chlorite <input type="checkbox"/> Bromate <input type="checkbox"/> Treatment & Precursors: Fluoride <input type="checkbox"/> Residual Chlorine <input type="checkbox"/> TOC <input type="checkbox"/> Inorganics (IOC): WA. IOC List <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Metals (Circle Below): Lead & Copper <input type="checkbox"/> Hardness <input type="checkbox"/> Radionuclides ¹ : Gross Alpha <input type="checkbox"/> Gross Beta <input type="checkbox"/> Radon <input type="checkbox"/> Radium 226 <input type="checkbox"/> Radium 228 <input type="checkbox"/> Other: Asbestos ¹ <input type="checkbox"/> Dioxins <input type="checkbox"/>	
Public Water System ID: _____ Group A <input type="checkbox"/> Group B <input type="checkbox"/>								
Project Manager: <i>(Person receiving results)</i>								
Address: <i>(Street/City/State/Zip)</i>								
County:		Phone Number:						
Sampled By: <i>(Please print clearly)</i>		Fax Number:						
Sampler's Signature:								
Sample Name	Date Collected	Time Collected	*Source Number	Specific Location Sample Taken				
COPY OF REPORT TO:		INVOICE INFORMATION			SPECIAL INSTRUCTIONS/COMMENTS:			
Name:		P.O.#:			Circle Metals: Al As Sb Ba Be Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Tl Zn Hg			
Address:		Bill To:						
		Address:						
Fax:								
e-mail					* For composited or blended samples, list all sources in this section. 1 Analysis subcontracted to an outside laboratory, Shipping costs may be charged.			
RELINQUISHED BY:		RECEIVED BY:			RELINQUISHED BY:		RECEIVED BY:	
Printed Name: _____		Printed Name: _____			Printed Name: _____		Printed Name: _____	
Signature: _____		Signature: _____			Signature: _____		Signature: _____	
Date/Time: _____		Date/Time: _____			Date/Time: _____		Date/Time: _____	
Company: _____		Company: _____			Company: _____		Company: _____	