



# DRAFT Laboratory Reporting Guidance

## Introduction

This guide is designed to assist laboratories prepare and report drinking water analytical results to the state Office of Drinking Water (ODW or Department). Included in this guidance are the sample templates for all test panels. The most **important** aspect of these templates is that the information is presented in a specific order to provide for efficient and accurate processing of the data by the Department.



Laboratories may develop their own forms as long as *they conform to the same sequence and order—top-to-bottom and left-to-right—as shown in the templates*. Individual elements, such as font type and size, spacing, boxing, or other similar attributes are allowed to be different from ODW’s laboratory templates. Copies of these test panels can be obtained from the department or online at

<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/LabTemplates>

## Coliform Bacteria Analysis Lab Slips

This section provides information on how to complete lab slips for a coliform sample analysis. The template was developed in two sizes: 5x8 and 4x11. The 5x8 version was developed to meet the requirements of the U.S. Post Office for mailing information in a standard-sized window envelop so the address is visible.

**Test Panel Title:** At the top of each panel there is a space provided to include the laboratory letterhead, graphics, or other symbols. The test panel name must be included at the top of each test panel report.

4x11 Coliform Lab Slip

Place Logo Here		Add Your Name Here	
<b>COLIFORM BACTERIA ANALYSIS</b>			
Date Sample Collected		Time Sample Collected	County
Month / Day / Year		: AM / PM	
Type of Water System (check only one box)			
<input type="checkbox"/> Group A		<input type="checkbox"/> Group B	<input type="checkbox"/> Other
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):			
ID# _____			
System Name: _____			
Contact Person: _____			

5x8 Coliform Lab Slip

Place Logo Here		Place Your Name Here	
<b>COLIFORM BACTERIA ANALYSIS</b>			
Date Sample Collected		Time Sample Collected	County
Month / Day / Year		: AM / PM	
Type of Water System (check only one box)			
<input type="checkbox"/> Group A		<input type="checkbox"/> Group B	<input type="checkbox"/> Other
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):			
ID# _____			
System Name: _____			
Contact Person: _____			
Type of Sample (must check only one box of #1 through #4 listed below)			
<b>1. Routine Distribution Sample</b> Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___		<b>2. Repeat Sample (after unsat. routine)</b> Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___ Source Groundwater Rule (GWR) (Population of 1,000 or less) S [ ] [ ] [ ] Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli – GWR (A/P) <input type="checkbox"/> Fecal – Surface, GW, springs (numerical) <input type="checkbox"/> Assessment Monitoring (AP) <input type="checkbox"/> Other		S [ ] [ ] [ ] Unsatisfactory routine collect date: _____	
<b>4. Sample Collected for Information Only</b> Investigative    Construction / Repairs    Other			



**Test Panel Header:** This section contains water system and sample specific information which is provided by the water system personnel or others collecting the sample. This information should be provided to the lab on the chain of custody or sample information form. This information must be in the same sequence and order as follows:

### 4x11 Coliform Lab Slip

[Place Logo Here]	[Add Your Name Here]	
<b>COLIFORM BACTERIA ANALYSIS</b>		
<b>(1) Date Sample Collected</b> / / <small>Month Day Year</small>	<b>(2) Time Sample Collected</b> : : <small>AM PM</small>	<b>(3) County</b>
<b>(4) Type of Water System (check only one box)</b> <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):		
<b>(5) ID#</b> _____		
<b>(6) System Name:</b> _____		
<b>(7) Contact Person:</b> _____		
<b>(8a) Day Phone:</b> (    )		<b>(8b) Cell Phone:</b> (    )
<b>(8c) Eve. Phone:</b> (    )		<b>(8d) FAX:</b> (    )
<b>(10) Send results to:</b> (Print full name, address and zip code) _____ _____ _____		
<b>SAMPLE INFORMATION</b>		
<b>(9) Sample collected by (name):</b> _____		
<b>(11) Specific location where sample collected:</b> _____		<b>(12) Special instructions or comments:</b> _____
<b>(13) Type of Sample (must check only one box of #1 through #4 listed below)</b>		
<b>1. <input type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> <i>E. coli</i> – GWR (A/P) <input type="checkbox"/> Fecal – Surface, GWI, springs (enumeration) <input type="checkbox"/> Assessment Monitoring (A/P) <input type="checkbox"/> Other  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">S</div>	<input type="checkbox"/> Source Groundwater Rule (GWR) (A/P) (Population of 1,000 or less)  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">S</div> Unsatisfactory routine lab number: _____  Unsatisfactory routine collect date: _____/_____/_____	
<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Investigative _____ Construction / Repairs _____ Other _____		

## 5x8 Coliform Lab Slip

Place Logo Here	Place Your Name Here	(13) Type of Sample (must check only one box of #1 through #4 listed below)
Send results to: Print full name, address and zip code (10)	<b>COLIFORM BACTERIA ANALYSIS</b>	<b>1. Routine Distribution Sample</b> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
	(1) Date Sample Collected: / / Month Day Year (2) Time Sample Collected: : : <input type="checkbox"/> AM <input type="checkbox"/> PM	
	(3) County: _____	<b>2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____ <input type="checkbox"/> Source Groundwater Rule (GWR) (A/P) (Population of 1,000 or less) S       Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____
	(4) Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): (5) ID# _____ (6) System Name: _____	
(7) Contact Person: _____ (8a) Day Phone: ( ) _____ (8b) Cell Phone: ( ) _____ (8c) Eve. Phone: ( ) _____ (8d) FAX: ( ) _____	<b>3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli – GWR (A/P) <input type="checkbox"/> Fecal – Surface, GW, springs (enumeration) <input type="checkbox"/> Assessment Monitoring (A/P) <input type="checkbox"/> Other S	
<b>SAMPLE INFORMATION</b>		
(9) Sample collected by (name): _____		
(11) Specific location where sample collected: _____	(12) Special instructions or comments: _____	

1. **Date Sample Collected:** The month, day, and last two digits of the year the sample was collected for example, 4/01/16.
2. **Time Samples Collected:** The time, hour and minutes, that the sample was collected. AM or PM must be marked.
3. **County:** The county where the water system is located. Note: Some water systems are located in two counties. Choose the county in which the majority of the system is located.
4. **Type of Water System:** Public water system are “A” or “B.” Private water sources or non-drinking water samples are “Other.” (for example, shell fish, Washington State ferry, etc.). Do not send sample results for “other” to the Department.
5. **ID#:** The 5- or 6-digit public water system ID provided by the Department. ID numbers can be found at Sentry Internet: <https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx> or on the Water Facilities Inventory (WFI) form.
6. **System Name:** The official public water system’s name. Official names can be found at Sentry Internet (see link to Sentry in #5 above) and on the WFI form. If the name on the lab slip is not very similar to the official water system name, the sample cannot be entered by the Department’s data processing.
7. **Contact Person:** The name of the person that should be contacted for any questions regarding the sample information.
8. (a-d) **Phone Numbers:** Day time, Cell, Evening, and Fax contact phone numbers
9. **Sample Collected by:** The name of the person and company that collected the sample.
10. **Send Results to:** The address where the results should be mailed and/or emailed.
11. **Specific location where sample collected:** A detailed description of where the sample was taken. For example, 123 X Street outside tap on back of house.
12. **Special instructions or comments:** Comments made by the client to the laboratory.
13. **Type of Sample:**
  - 1 Routine Distribution Sample: Required by a water system’s specific monitoring schedule or a sample collected by a non-public water system. If the sample was chlorinated then the “Yes” is marked and the results of the sampler’s chlorine residue (free or total) tests are filled in. If the sample is not chlorinated then the “No” is marked. All samples marked as “Routine Distribution Sample” should be reported as absence/presence (A/P) for total coliform with an *E. coli* confirmation on positive total coliform results.

- 2 Repeat Sample is required after an unsatisfactory, or present routine sample result. A repeat sample is collected from the distribution system unless the water system consists only of a well and no distribution piping, for example a hand pump well. If the repeat distribution sample was chlorinated then the “Yes” is marked and the results of the sampler’s chlorine residue (free or total) tests are filled in. If the sample is not chlorinated then the “No” is marked. If a system serves a population less than 1,000 under the Groundwater Rule (GWR) the system can use a raw groundwater sample as one of their repeat samples. Please indicate the source number where this sample was drawn. The three-digit laboratory number, the five-digit /sample number and the collect date of the unsatisfactory routine sample is required so the Department can link a repeat sample to the unsatisfactory routine sample. A repeat sample should be reported as A/P for total coliform with an *E. coli* confirmation on a total coliform positive result.
- 3 Raw Water Source Sample is used to meet the requirements of the GWR, the Surface Water Treatment Rule (SWTR), and ODW requested/required assessment monitoring. For GWR report as A/P for total coliform with an *E. coli* confirmation on a total coliform positive result. The Department’s source number, for example S01, should be indicated on the form. The source number can be found on the water system’s WFI or on SENTRY. For SWTR report with enumeration for fecal coliform. The Department’s source number, for example S01, can be found on the water system’s WFI or on SENTRY. For Assessment Monitoring, report as A/P for total coliform with an *E. coli* coliform confirmation on positive results. The Department’s source number, for example S01, can be found on the water system’s WFI or on SENTRY. Sample Collected for Information Only: **Do not send the results to the Department.**
- 4 Sample Collected for Information Only is collected by a public water system or private water system for their information only. **Do not send the results to the Department.**

**Test Panel Results:** this section contains the results as recorded from the laboratory.

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
(1) <input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> <i>E. coli</i> present <input type="checkbox"/> <i>E. coli</i> absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	(2) <input type="checkbox"/> <b>Satisfactory</b>	
(3) <b>Replacement Sample Required:</b> <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____		
(4) Bacterial Density Results: Total Coliform _____ /100ml. <i>E. coli</i> _____ /100ml. Fecal Coliform _____ /100ml.    HPC _____ /1 ml.		
(5) Method Code:		(6) Date and Time Received:
(7) Date and Time Analyzed:		(8) Date Reported:
(9) Sample Number (DOH number plus five digits)		(10) Lab Use Only:

1. Mark **Unsatisfactory Total Coliform Present and *E. coli* present or *E. coli* absent or Fecal coliform present or Fecal coliform absent.** A total coliform present sample that is not reported as either *E. coli* present or absent will be considered present by the department for MCL compliance.
2. Mark **Satisfactory** if the sample is run A/P and the sample results come back negative.
3. **Replacement Sample Required:** Mark any option or write in an option if a replacement sample is needed.
4. **Bacterial Density Results:** is used to record the results when performing an enumeration analysis.
5. **Method Code:** Indicate what method was used to perform the analysis. I.E. SM 9223 (not MICR codes)
6. **Date and Time Received:** is used to signify when the laboratory received the sample.
7. **Date and Time Analyzed:** is used to signify when the laboratory started incubation of the sample.
8. **Date Reported:** is used to signify when the laboratory reported the results to the department.
9. **Sample Number:** the first three numbers are the department assigned laboratory identification numbers. The second five numbers are the laboratory assigned numerical sample number.
10. **Lab Use Only:** is a space provided for the laboratory. I.E. a place to note the temperature upon arrival.

## Source Water Chemical Monitoring Lab Slips

This section provides information on how to complete lab slips for all source water monitoring sample analysis. The test panel title and header information is discussed below. Each test panel template is provided with specific notes if applicable.

**Test Panel Title:** At the top of each panel there is a space provided to include the laboratory letterhead, graphics, or other symbols. The test panel name must be included at the top of each test panel report.

**Test Panel Header:** This section contains water system and sample specific information which is provided by the water system personnel or others collecting the sample. This information should be provided to the lab on the chain of custody or sample information form. This information must be in the same sequence and order as follows:

Space For Lab Letter Head	
<b>Arsenic</b> <i>Report of Analysis</i>	
(1) Date Collected: (MM/DD/YY) ____/____/____	(2) System Group Type: (circle one)    A    B    Other:
(3) Water System ID Number: _____	(4) System Name:
(5) Lab Number / Sample Number: ____/____	(6) County:
(7) Location Where Sample Collected:	(8) Source Number(s): (list all sources if blended)
(9) <b>Sample Purpose:</b> (check appropriate box) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result) <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	(10) Date Received: (MM/DD/YY) ____/____/____ (11) Date Analyzed: (MM/DD/YY) ____/____/____ (12) Date Reported: (MM/DD/YY) ____/____/____ (13) COMMENTS:
(14) <b>Sample Composition:</b> (check appropriate box) <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list multiple source numbers in "Source Numbers" field) <input type="checkbox"/> C – Composite (specify in "Comments" field) <input type="checkbox"/> D – Distribution sample	(15) <b>Sample Type:</b> (check one) <input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Unknown or Other Sample Collected by: (name) _____ Phone Number: _____

- Date Collected:** The numerical month, day, and last two digits of year sample was collected, for example, 3/14/12.
- System Group Type:** Public water system are "A" or "B." Private water sources are "Other." Private water sources are not typically sent to the Department.
- Water System ID Number:** The 5- or 6-digit public water system ID provided by the Department. ID numbers can be found at Sentry Internet: <https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx>
- System Name:** Public water system name. Note: Official names can be found at Sentry Internet (see link to Sentry in #3 above).
- Lab Number/Sample Number:** The first 3-digit number the Department of Health assigned to the lab running the sample. The next 5 digits are a unique sequential number generated by the lab to identify the particular sample.
- County:** The county where the water system is located. Note: Some water systems are located in two counties. Choose the county in which the majority of the system is located.
- Location Where Sample Collected:** Very specific location information, for example, 123 X Street by backdoor, outside tap.
- Source Number(s):**

- a. If the sample is **blended** by the purveyor or comes from a blended source, show this by writing all source numbers that represent that sample, for example, S01, S03, S13 and so on.
  - b. If the sample is obtained from a **flowing distribution** line IE. Halo Acidic Acid or Total Trihalomethanes use “**S92**”
  - c. If the sample is obtained from a **standing distribution** line IE. Lead and Copper Rule use “**S93**”
  - d. Any sample coming directly from the source, use the source number identifiers referred to by the Department. These can be found on Sentry Internet (see link to Sentry in #3 above).
9. **Sample Purpose:** Check only ONE box to describe the purpose of this sample. (Typically I-Investigative or O- Other do not get mailed to the Department.)
  10. **Date Received:** This box is for lab use only. It describes when a sample was received
  11. **Date Analyzed:** This box is for lab use only. It describes when a sample was analyzed. This box may or may not appear in the header information. If it does not appear in the header information than it was added to the body of the results.
  12. **Date Reported:** This box is for lab use only. It describes when the report was released from the lab.
  13. **COMMENTS:** This is a place for any additional comments.
  14. **Sample Composition:** Check only ONE box to describe composition of sample.
    - a. “Blended” samples are done in the field by the purveyor or sample was taken where multiple sources are blended before distribution.
    - b. “Composite” samples are done in the lab under direction of the purveyor.  
(Both of these types of samples must show the different sources from which they come.)
  15. **Sample Type:** Purveyor will mark to show if sample was taken before treatment process or after. If no treatment, mark “Untreated.” If unknown, mark “Unknown or Other.” Include the name and phone number of who collected the sample.



















**Insecticides (Carbamate)**—Results are reported in µg/L – micrograms per liter or parts per billion.

Space For Lab Letter Head								
<b>Carbamate/Insecticides</b> <i>Report of Analysis</i>								
Date Collected: (MM/DD/YY) ____/____/____				System Group Type: (circle one)    A    B    Other:				
Water System ID Number: _____				System Name: _____				
Lab Number / Sample Number: _____/_____				County: _____				
Location Where Sample Collected: _____				Source Number(s): (list all sources if blended or composited) _____				
<b>Sample Purpose:</b> (check appropriate box) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)				Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____				
<b>Sample Composition:</b> (check appropriate box) <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (list multiple source numbers in 'Source Numbers' field) <input type="checkbox"/> C - Composite (Specify in 'Comments' field) <input type="checkbox"/> D - Distribution sample				<b>Sample Type:</b> (check one) <input type="checkbox"/> Untreated (raw) <input type="checkbox"/> Treated <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____				
Send Report to: _____				Bill to: (client name) _____				
<b>EPA REGULATED AND STATE REGULATED OR REQUIRED</b>								
DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS MCL? (X if Yes)	METHOD/Analyst's initials
0146	Carbofuran		µg/L	1.98	1.98	40		
0148	Oxamyl (Vydate)		µg/L	4.4	4.4	200		
0142	Aldicarb		µg/L	1.1	1.1	3		
0143	Aldicarb sulfone		µg/L	0.8	0.8	2		
0144	Aldicarb sulfoxide		µg/L	1.76	1.76	4		
0145	Carbaryl		µg/L	2	2	--		
0147	Methomyl		µg/L	4	4	--		
<b>NOTES:</b> *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section. --: No existing MCL value. <b>MCL (Maximum Contaminant Level):</b> If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions. <b>NA (Not Analyzed):</b> In the results column, indicates this compound was not included in the current analysis. <b>ND (Not Detected):</b> In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL. <b>SRL (State Reporting Level):</b> The minimum reporting level established by the Washington State Department of Health (DOH). <b>Trigger Level:</b> DOH 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 your DOH drinking water regional office for further information. µg/L: micrograms per liter. <i>Lab Qualifiers and Comments</i>								



DOH #	ANALYTE	RESULTS	DATE ANALYZED	UNITS	SRL	TRIGGER	MCL	EXCEEDS MCL? (X if Yes)	Method/Analyst's initials
0024	Zinc			mg/L	0.2	--	5 <sup>1</sup>		
0014	Sodium			mg/L	5	--	--		
0015	Hardness			mg/L	10	--	--		
0016	Conductivity			µmhos/cm	70	--	700 <sup>1</sup>		
0017	Turbidity			NTU	0.1	--	--		
0018	Color			color units	15	--	15 <sup>1</sup>		
0026	TDS-Total Dissolved Solids			mg/L	100	--	500 <sup>1</sup>		
0111	Nickel			mg/L	0.005	--	--		
0009	Lead			mg/L	0.001	--	--		
0023	Copper			mg/L	0.02	--	--		

**NOTES:**

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

--: No existing trigger or MCL value.

<sup>1</sup>: Secondary MCL (Established for aesthetic purposes, not health based).

**MCL (Maximum Contaminant Level):** If the contaminant amount exceeds the MCL (except for secondary MCLs), please contact your regional DOH office to determine follow-up actions.

**mg/L:** milligrams per liter or parts per million.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

**ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL.

**NTU:** nephelometric turbidity units.

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH 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 your DOH drinking water regional office for further information.

**µmhos/cm:** Micro ohms per centimeter. One micro ohm per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).

*Lab Qualifiers & Comments:*





**Pesticides**—Results are reported in µg/L – micrograms per liter or parts per billion. If a sample has a detection of any Arochlor then the sample **MUST** be analyzed for Decacholobiphenyl by method 508A and results **MUST** be listed on this panel.

Space For Lab Letter Head								
<b>General Pesticides</b> <i>Report of Analysis</i>								
Date Collected: (MM/DD/YY) ____/____/____				System Group Type: (circle one)    A    B    Other:				
Water System ID Number: _____				System Name: _____				
Lab Number / Sample Number: ____/____				County: _____				
Location Where Sample Collected: _____				Source Number(s): (list all sources if blended or composited)				
<b>Sample Purpose: (check appropriate box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)				Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____				
<b>Sample Composition: (check appropriate box)</b> <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (list sources in 'Source Numbers' field) <input type="checkbox"/> C - Composite (list sources in 'Source Numbers' field) <input type="checkbox"/> D - Distribution sample				<b>Sample Type: (check one)</b> <input type="checkbox"/> Untreated (raw) <input type="checkbox"/> Treated <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____				
Send Report to: _____ _____				Bill to: (client name) _____ _____				
EPA REGULATED AND STATE REGULATED OR REQUIRED								
DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS MCL? (X if Yes)	METHOD/Analyst initials
0033	Endrin		µg/L	0.022	0.022	2		
0034	Lindane (BHC - gamma)		µg/L	0.044	0.044	0.2		
0035	Methoxychlor		µg/L	0.22	0.22	40		
0036	Toxaphene		µg/L	2.2	2.2	3		
0117	Alachlor		µg/L	0.44	0.44	2		
0119	Atrazine		µg/L	0.22	0.22	3		
0120	Benzo (a) pyrene		µg/L	0.044	0.044	0.2		
0122	Chlordane (total)		µg/L	0.44	0.44	2		
0124	Di (2-ethylhexyl) adipate		µg/L	1.32	1.32	400		
0125	Di (2-ethylhexyl) phthalate		µg/L	1.32	1.32	6		
0126	Heptachlor		µg/L	0.088	0.088	0.4		
0127	Heptachlor epoxide		µg/L	0.044	0.044	0.2		
0128	Hexachlorobenzene		µg/L	0.22	0.22	1		
0129	Hexachlorocyclopentadiene		µg/L	0.22	0.22	50		
0133	Simazine		µg/L	0.154	0.154	4		
0188	Aldrin		µg/L	0.2	0.2	--		
0121	Butachlor		µg/L	0.4	0.4	--		
0123	Dieldrin		µg/L	0.1	0.1	--		
0130	Metolachlor		µg/L	1	1	--		
0131	Metribuzin		µg/L	0.2	0.2	--		

0132	Propachlor		µg/L	0.1	0.1	--		
0254	Fluorene		µg/L	0.2	0.2	--		
0173	Arochlor 1221 <sup>1</sup>		µg/L	20	20	--		
0174	Arochlor 1232 <sup>1</sup>		µg/L	0.5	0.5	--		
0175	Arochlor 1242 <sup>1</sup>		µg/L	0.3	0.3	--		
0176	Arochlor 1248 <sup>1</sup>		µg/L	0.1	0.1	--		
0177	Arochlor 1254 <sup>1</sup>		µg/L	0.1	0.1	--		
0178	Arochlor 1260 <sup>1</sup>		µg/L	0.2	0.2	--		
0179	Bromacil		µg/L	0.2	0.2	---		
0180	Arochlor 1016 <sup>1</sup>		µg/L	0.08	0.08	--		
0190	Terbacil		µg/L	0.2	0.2	--		
0208	EPTC		µg/L	.03	0.3	--		
0218	Molinate		µg/L	0.2	0.2	--		
0232	4,4 DDD		µg/L	0.1	0.1	--		
0233	4,4 DDE		µg/L	0.1	0.1	--		
0234	4,4 DDT		µg/L	0.1	0.1	--		
0243	Trifluralin		µg/L	0.2	0.2	--		
0244	Acenaphthylene		µg/L	0.2	0.2	--		
0246	Anthracene		µg/L	0.2	0.2	--		
0247	Benzo (a) anthracene		µg/L	0.2	0.2	--		
0248	Benzo (b) fluoroanthene		µg/L	0.2	0.2	--		
0250	Benzo (k) fluoranthene		µg/L	0.2	0.2	--		
0251	Chrysene		µg/L	0.2	0.2	--		
0253	Fluoranthene		µg/L	0.2	0.2	--		
0256	Phenanthrene		µg/L	0.2	0.2	--		
0257	Pyrene		µg/L	0.2	0.2	--		
0258	Benzyl butyl phthalate		µg/L	1.0	1.0	--		
0259	Di-n-butyl phthalate		µg/L	1.0	1.0	--		
0260	Diethyl phthalate		µg/L	1.0	1.0	--		
0261	Dimethyl phthalate		µg/L	1.0	1.0	--		
0401	PCB (as Decachlorobiphenyl) <sup>1</sup>		µg/L	0.22	0.22	0.5		

**NOTES:**

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

--: No existing value.

<sup>1</sup>: If detected using Method 505 or 508A, sample must be reanalyze using Method 508A to quantify PCBs (as decachlorobiphenyl).

**MCL (Maximum Contaminant Level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**mg/L:** milligrams per liter or parts per million.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

**ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL.

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH 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 your DOH drinking water regional office for further information.

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

**Lab Qualifiers and Comments:**

**Phthalates**—Results are reported in µg/L – micrograms per liter or parts per billion.

Space For Lab Letter Head								
<b>Phthalates</b> <i>Report of Analysis</i>								
Date Collected: (MM/DD/YY) ____/____/____				System Group Type: (Circle one)    A    B    Other:				
Water System ID Number: _____				System Name: _____				
Lab Number / Sample Number: _____ -- _____				County: _____				
Location Where Sample Collected: _____				Source Number(s): (list sources if blended or composited)				
<b>Sample Purpose: (Check Appropriate Box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify does not satisfy monitoring requirements)				Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____ COMMENTS: _____				
<b>Sample Composition: (Check Appropriate Box)</b> <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (list sources in 'Source Number(s)' field) <input type="checkbox"/> C - Composite (list sources in 'Source Number(s)' field) <input type="checkbox"/> D - Distribution sample				<b>Sample Type: (Check one)</b> <input type="checkbox"/> Untreated (raw) <input type="checkbox"/> Treated <input type="checkbox"/> Unknown  Sample Collected by: (Name) _____ Phone Number: _____				
Send Report to: _____				Bill to: (Client Name) _____				
_____				_____				
_____				_____				
_____				_____				
<b>EPA REGULATED AND STATE REGULATED OR REQUIRED</b>								
DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS MCL? (X if Yes)	METHOD / Analyst's initials
0124	Di (2-ethylhexyl) Adipate		µg/L	0.6	0.6	400		
0125	Di(2-ethylhexyl) Phthalate		µg/L	0.6	0.6	6		
0258	Benzyl Butyl Phthalate		µg/L	0.6	1.3	--		
0259	Di-n-Butyl Phthalate		µg/L	0.6	1.3	--		
0260	Diethyl Phthalate		µg/L	0.6	1.3	--		
0261	Dimethyl Phthalate		µg/L	0.6	1.3	--		
<b>NOTES:</b>								
*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.								
--: No existing value								
<b>MCL (Maximum Contaminant Level):</b> If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.								
<b>NA (Not Analyzed):</b> In the results column, indicates this compound was not included in the current analysis.								
<b>ND (Not Detected):</b> In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL.								
<b>SRL (State Reporting Level):</b> The minimum reporting level established by the Washington State Department of Health (DOH).								
<b>Trigger Level:</b> DOH 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 your DOH drinking water regional office for further information.								
µg/L: micrograms per liter.								
<i>Lab Qualifiers and Comments:</i>								

**Quat**—Results are reported in µg/L – micrograms per liter or parts per billion.

Space For Lab Letter Head								
<b>Diquat and Paraquat</b> <i>Report of Analysis</i>								
Date Collected: (MM/DD/YY) ____/____/____				System Group Type: (Circle one)    A    B    Other:				
Water System ID Number: _____				System Name: _____				
Lab Number / Sample Number: _____/_____				County: _____				
Location Where Sample Collected: _____				Source Number(s): (list sources if blended or composited)				
<b>Sample Purpose: (Check Appropriate Box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)				Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____ Comments: _____				
<b>Sample Composition: (Check Appropriate Box)</b> <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (list sources in 'Source Number(s)' field) <input type="checkbox"/> C - Composite (list sources in 'Source Number(s)' field) <input type="checkbox"/> D - Distribution sample				<b>Sample Type: (Check one)</b> <input type="checkbox"/> Untreated (raw) <input type="checkbox"/> Treated <input type="checkbox"/> Unknown  Sample Collected by: (Name) _____ Phone Number: _____				
Send Report to: _____ _____				Bill to: (Client Name) _____ _____				
EPA REGULATED AND STATE REGULATED OR REQUIRED								
DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS MCL? (X if Yes)	METHOD/Analyst initials
0150	Diquat		µg/L	0.88	0.88	20		
0400	Paraquat		µg/L	0.8	0.8	--		
<b>NOTES:</b> <b>*Confirmation:</b> Include the original lab number, sample number, and collection date of original sample in either comment section. --: No existing value. <b>MCL (Maximum Contaminant Level):</b> If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions. <b>mg/L:</b> milligrams per liter or parts per million. <b>NA (Not Analyzed):</b> In the results column, indicates this compound was not included in the current analysis. <b>ND (Not Detected):</b> In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL. <b>SRL (State Reporting Level):</b> The minimum reporting level established by the Washington State Department of Health (DOH). <b>Trigger Level:</b> DOH 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 your DOH drinking water regional office for further information. <b>µg/L:</b> micrograms per liter or parts per billion.  <b>Lab Qualifiers and Comments:</b> _____								









DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS MCL? (X if Yes)	METHOD/ Analyst initials
0075	o- Xylene (MCL for total)		µg/L	0.5	0.5	--		
0027	Chloroform		µg/L	0.5	--	--		
0028	Bromodichloromethane		µg/L	0.5	--	--		
0029	Dibromochloromethane		µg/L	0.5	--	--		
0030	Bromoform		µg/L	0.5	--	--		
0031	Total trihalomethane		µg/L	--	--	--		
0053	Chloromethane		µg/L	0.5	0.5	--		
0054	Bromomethane		µg/L	0.5	0.5	--		
0058	1,1 Dichloroethane		µg/L	0.5	0.5	--		
0072	1,1,1,2 Tetrachloroethane		µg/L	0.5	0.5	--		
0078	Bromobenzene		µg/L	0.5	0.5	--		
0079	1,2,3 Trichloropropane		µg/L	0.5	0.5	--		
0081	o- Chlorotoluene		µg/L	0.5	0.5	--		
0085	Trichlorofluoromethane		µg/L	0.5	0.5	--		
0086	Bromochloromethane		µg/L	0.5	0.5	--		
0089	1,3,5 Trimethylbenzene		µg/L	0.5	0.5	--		
0091	1,2,4 Trimethylbenzene		µg/L	0.5	0.5	--		
0092	sec-Butylbenzene		µg/L	0.5	0.5	--		
0093	p-Isopropyltoluene		µg/L	0.5	0.5	--		
0094	n-Butylbenzene		µg/L	0.5	0.5	--		
0096	Naphthalene		µg/L	0.5	0.5	--		
0104	Dichlorodifluoromethane		µg/L	0.5	0.5	--		
0154	1,3 Dichloropropene		µg/L	0.5	0.5	--		
0055	Chloroethane		µg/L	0.5	0.5	--		
0059	2,2 Dichloropropane		µg/L	0.5	0.5	--		
0062	1,1 Dichloropropene		µg/L	0.5	0.5	--		
0064	Dibromomethane		µg/L	0.5	0.5	--		
0065	cis- 1,3 Dichloropropene		µg/L	0.5	0.5	--		
0069	trans- 1,3 Dichloropropene		µg/L	0.5	0.5	--		
0070	1,3 Dichloropropane		µg/L	0.5	0.5	--		
0080	1,1,2,2 Tetrachloroethane		µg/L	0.5	0.5	--		
0082	p- Chlorotoluene		µg/L	0.5	0.5	--		
0083	m- Dichlorobenzene		µg/L	0.5	0.5	--		
0087	Isopropylbenzene		µg/L	0.5	0.5	--		
0088	n- Propylbenzene		µg/L	0.5	0.5	--		
0090	tert- Butylbenzene		µg/L	0.5	0.5	--		
0097	Hexachlorobutadiene		µg/L	0.5	0.5	--		
0098	1,2,3 Trichlorobenzene		µg/L	0.5	0.5	--		
0427	EDB (screening) <sup>1</sup>		µg/L	0.5	0.5	--		
0428	DBCP (screening) <sup>1</sup>		µg/L	0.5	0.5	--		

**NOTES:**

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

--: No existing trigger or MCL value.

<sup>1</sup>: Analysis for EDB and DBCP is screening only. Detections of EDB and DBCP are confirmed using the fumigant test panel.

**MCL (Maximum Contaminant Level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

**ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL.

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH 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 your DOH drinking water regional office for further information.

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

*Lab Qualifiers & Comments:*





**Total Trihalomethane (TTHM)**—These are flowing distribution samples (Source S92). Results are reported in µg/L – micrograms per liter or parts per billion. Specific distribution sample locations are needed. Individual analytes do not have an MCL but, the sum of the individual analytes does have an MCL. The “TTHMs” column is for the sum total of each of the analytes for that sample.

Space For Lab Letter Head					
Total Trihalomethane					
<i>Distribution System - Report of Analysis</i>					
TRIBALOMETHANE 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) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify - does not satisfy monitoring requirements)			Date Received: (MM/DD/YY)    ____/____/____ Date Analyzed (MM/DD/YY)    ____/____/____ Date Reported: (MM/DD/YY)    ____/____/____		
Send Report to: _____			Bill to: (client name) _____		
_____			_____		
_____			_____		
<b>EPA REGULATED</b>					
(DOH #)	(0027)	(0028)	(0029)	(0030)	(0031)
ANALYTE	Chloroform, (µg/L)	Bromodichloromethane (µg/L)	Dibromochloromethane (µg/L)	Bromoform (µg/L)	TTHMs (µg/L)
SRL	0.5	0.5	0.5	0.5	
MCL	--	--	--	--	80**
Analytical Method (Analyst Initials)					
<b>RESULTS</b>					
Lab Number / Sample Number ____/____	Date Collected	Location Where Sample Collected	(0027) Chloroform, (µg/L)	(0028) Bromodichloromethane (µg/L)	(0029) Dibromochloromethane (µg/L)
			(0030) Bromoform (µg/L)	(0031) TTHMs (µg/L)	
<b>NOTES:</b>					
*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.					
**: Value listed is for the sum of the four trihalomethanes.					
--: No existing value.					
MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.					
NA (Not Analyzed): In the results column, indicates this compound was not included in the current analysis.					
ND (Not Detected): In the results column, indicates this compound was analyzed and not detected at a level equal to or greater than the SRL.					
SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH).					
µg/L: micrograms per liter or parts per billion.					
Lab Qualifiers and Comments:					

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