EDGE ANALYTICAL LABORATORIES
Burlington WA *Main Lab* | 1620 S Walnut – 98233 | 800.755.9295 • 360.757.1400 • 360.757.1402fax
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UCMR 2
CHEMICAL ANALYSIS REQUEST

CLIENT & BILLING INFORMATION

Report To:	Bill To: ☐ Same As Report To
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Fax:	Phone
Email:	P. O. #
Contact:	VISA ☐ M/C ☐ A/E ☐ EXPIRES /
Project Name:	CARD #

SAMPLING INFORMATION

1. Date Collected: Time Collected: AM ☐ PM ☐
2. Collected By: Telephone:
3. Specific Location where sample was taken:

PUBLIC WATER SYSTEM (FILL OUT COMPLETELY)

4. System Name:
5. Federal Public Water System ID (PWS ID): ____ ____ ____ ____ ____ ____ ____ ____ ____ (THE FIRST 2 CHARACTER IS THE STATE ABBREVIATION OR REGION CODE, THE REMAINING 7 NUMBERS ARE UNIQUE TO THE PWS IN THE STATE)
6. Public Water System Facility ID:
7. Sampling Point ID:
7. Sample Event (SE): ☐ SE1 ☐ SE 2 ☐ SE 3 ☐ SE 4
8. Water Type: ☐ (SW) Surface Water ☐ (GW) Ground Water ☐ (GU) Ground Water (under the direct influence of surface water)
9. County:
10. Sample Taken : ☐ Before Treatment ☐ After Treatment ☐ No Treatment ☐ In Distribution
12. Treatment Type: ☐ (CL) Chlorine ☐ (CA) Chloramine ☐ (OT) all other types of disinfectant ☐ (ND) No disinfectants used
13. Sampling Point Type: ☐ EP (Entry Point to the distribution system) ☐ MR (Distribution system sample for **method 521** at the maximum residence time)
14. Remarks:

ANALYSIS TO PERFORM

☐ UCMR 2 List 2 (EPA 525.2, 535, 521)
☐ UCMR 2 List 1(EPA 527, 529)
☐ Nitrosamines (521) for DSMRT

FOR LAB USE ONLY	YES	NO	N/A
CUSTODY SEALS INTACT	☐	☐	☐
SAMPLE TEMP_____°C SATISFACTORY	☐	☐	☐
SAMPLES RECEIVED INTACT	☐	☐	
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	

RELINQUISHED BY: DATE/TIME: RECEIVED BY: DATE/TIME: