



Burlington WA  
Main Lab  
Bellingham WA  
Microbiology

1620 S Walnut - 98233  
800.755.9295 • 360.757.1400 • 360.757.1402fax  
805 Orchard Dr Suite 4 - 98225  
360.715-1212 • 360.671.1577fax

**DRINKING WATER SAMPLE  
INFORMATION (WSI)**  
INORGANIC & ORGANIC  
CHEMICAL ANALYSIS

Report To:	Bill To: <input type="checkbox"/> Same As Report To
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Fax:	Phone:
Email:	P. O. #
Contact:	VISA <input type="checkbox"/> M/C <input type="checkbox"/> A/E <input type="checkbox"/> EXPIRES /
Project Name:	CARD #

**SAMPLING INFORMATION**

1. Date Collected:	Time Collected:	AM <input type="checkbox"/> PM <input type="checkbox"/>
2. Collected By:	Telephone:	
3. Specific Location where sample was taken:		

**PUBLIC WATER SYSTEM (ONLY)**

4. System ID Number:
5. DOH Source Numbers: (If sample is blended from more than one source, list all.) <input type="checkbox"/> Check here if this is a New Source.
6. Group: <input type="checkbox"/> A <input type="checkbox"/> B
7. System Name:
8. Source Type: <input type="checkbox"/> Surface <input type="checkbox"/> Well/Ground Water <input type="checkbox"/> Well Field <input type="checkbox"/> Spring <input type="checkbox"/> Purchased
9. County:
10. <input type="checkbox"/> <b>Check Box</b> if this analysis is for compliance with State regulations for Public Water Systems. (Results will be sent to you and the State.)
11. Sample Taken : <input type="checkbox"/> Before Treatment <input type="checkbox"/> After Treatment <input type="checkbox"/> No Treatment <input type="checkbox"/> In Distribution
12. Utility's Name for this source:
13. Treatment Type: <input type="checkbox"/> None <input type="checkbox"/> Aeration <input type="checkbox"/> Filtration <input type="checkbox"/> Chlorination <input type="checkbox"/> Fluoridation <input type="checkbox"/> Softener <input type="checkbox"/> Other
14. <b>COMPOSITE INFORMATION</b> (Applies to Multiple Sources Only) If sample is to be composited in lab, list all sources. If you want the lab to composite samples from your system <b>INITIAL</b> here _____ . 1. 2. 3. 4. 5. 6.
15. Remarks:

**ANALYSIS TO PERFORM**

FREQUENTLY REQUESTED TESTS ARE LISTED BELOW. FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS.

<b>Organic Compounds</b>	<input type="checkbox"/> 508.1 Organochlorine Pesticides/PCB	<input type="checkbox"/> Nitrate (NO3)	<b>General Testing</b>
<input type="checkbox"/> 531.1 Carbamates	<input type="checkbox"/> 1613 Dioxins	<input type="checkbox"/> Nitrite (NO2)	<input type="checkbox"/> Building Permit
<input type="checkbox"/> 549.2 Diquat	<b>Inorganic Compounds</b>	<input type="checkbox"/> pH	List the County: _____
<input type="checkbox"/> 504.1 EDB, DBCP/1,2,3-TCP	<input type="checkbox"/> Bromate	<input type="checkbox"/> Total Dissolved Solids (TDS)	<input type="checkbox"/> EWS Well Report
<input type="checkbox"/> 548.2 Endothall	<input type="checkbox"/> Bromide	<input type="checkbox"/> Total Organic Carbon (TOC)	<input type="checkbox"/> Nuisance Test (Fe,Mg,pH,Hardness)
<input type="checkbox"/> 547 Glyphosate	<input type="checkbox"/> Chloride	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Arsenic
<input type="checkbox"/> 515.1 or 4 Herbicides	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Sulfate	<b>Other Analysis Please List:</b>
<input type="checkbox"/> 525.2 Pesticides (Regulated)	<input type="checkbox"/> Conductivity	<b>Radionuclides</b>	
<input type="checkbox"/> Unregulated	<input type="checkbox"/> Complete Inorganics (IOC)	<input type="checkbox"/> Gross Alpha/Beta	
<input type="checkbox"/> PAH (Polycyclic aromatic hydrocarbons, Phthalates)	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Radium 226	
<input type="checkbox"/> 524.2 VOC	<input type="checkbox"/> Fluoride	<input type="checkbox"/> Radium 228	
<input type="checkbox"/> 552.2 Haloacetic Acids (HAA)	<input type="checkbox"/> Lead and Copper Rule (Special Sampling)	<input type="checkbox"/> Radon	
<input type="checkbox"/> 524.2 Trihalomethanes (THM)	<input type="checkbox"/> Metals (List or circle each metal Individually)*		

\*METALS: Al, Sb, As, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Se, Si, Ag, Na, Sr, Ti, Sn, Tl, U, V, Zn

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
X			X		

CUSTODY SEALS INTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	SAMPLES RECEIVED INTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SAMPLE TEMP _____ °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>