



Burlington WA
Main Lab
Bellingham WA

1620 S. Walnut St.- 98233
800.755.9295 • 360.757.1400 • 360.757.1402fx
805 Orchard Dr Suite 4- 98225
888.725.1212 • 360.715.1212 • 360.671.1577fax

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

REPORT TO & BILLING INFORMATION

Report To:	Bill To:
Ship Address:	Address:
City: St: Zip:	City: St: Zip:
Phone: Fax:	Email:
Email:	Phone: P.O.#
Contact:	
Project	

SAMPLING INFORMATION REQUIRED

1. <input type="checkbox"/> Investigative <input type="checkbox"/> Compliance - is for State regulations for Public Water Systems. (Results will be sent to you and the State)
2. Date Collected: Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM
3. Collected By: Telephone:
4. Specific Location:

PUBLIC WATER SYSTEM (ONLY)

5. System ID Number:
6. DOH Source Number: To receive proper credit with DOH: For raw water (e.g. wellhead) and entry point to distribution samples, list the source number(s); <input type="checkbox"/> Check here if this is a New Source. for distribution samples (DBPs, Asbestos, Lead and Copper), list address of sample and enter 'Distribution' above.
7. Group: <input type="checkbox"/> A <input type="checkbox"/> B
8. System Name:
9. 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
10. County:
11. Sample taken: <input type="checkbox"/> No Treatment <input type="checkbox"/> After Treatment <input type="checkbox"/> Before Treatment <input type="checkbox"/> In Distribution
12. Utility's Name for this source:
13. Treatment Type: <input type="checkbox"/> None <input type="checkbox"/> Fluoridation <input type="checkbox"/> Chlorination <input type="checkbox"/> Filtration <input type="checkbox"/> Aeration <input type="checkbox"/> Softener <input type="checkbox"/> Other
14. COMPOSITE INFORMATION (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 INITIAL 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.

Organic Compounds <input type="checkbox"/> 531.2 Carbamates <input type="checkbox"/> 549.2 Diquat <input type="checkbox"/> 504.1 EDB, DBCP <input type="checkbox"/> 548.2 Endothall <input type="checkbox"/> 547 Glyphosate <input type="checkbox"/> 515.4 or 4 Herbicides <input type="checkbox"/> 525.2 Pesticides (Regulated) Pest 1 test Pannel <input type="checkbox"/> 524.2 VOC <input type="checkbox"/> 552.3 Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 Trihalomethanes (THM)	<input type="checkbox"/> 508.1 Organochlorine Pesticides/PCB <input type="checkbox"/> 1613 Dioxins Inorganic Compounds <input type="checkbox"/> Bromate <input type="checkbox"/> Bromide <input type="checkbox"/> Chloride <input type="checkbox"/> Chlorine <input type="checkbox"/> Conductivity <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Cyanide <input type="checkbox"/> Fluoride <input type="checkbox"/> Lead and Copper Rule (Special Sampling) <input type="checkbox"/> Metals (List or circle each metal individually)	<input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Total Dissolved Solids (TDS) <input type="checkbox"/> Total Organic Carbon (TOC) <input type="checkbox"/> Turbidity <input type="checkbox"/> Sulfate Radionuclides <input type="checkbox"/> Gross Alpha/Beta <input type="checkbox"/> Radium 226 <input type="checkbox"/> Radium 228 <input type="checkbox"/> Radon	General Testing <input type="checkbox"/> Building Permit (With Bacteria) County: _____ <input type="checkbox"/> Building Permit (Without Bacteria) County: _____ <input type="checkbox"/> Bacteria P/A SM9223B <input type="checkbox"/> EWS Well Report w/ Iron Bacteria <input type="checkbox"/> Nuisance Test (Fe, Mn, pH, Hardness) <input type="checkbox"/> Arsenic <input type="checkbox"/> Home Buyers <input type="checkbox"/> Peace Of Mind - <input type="checkbox"/> 1.0 or <input type="checkbox"/> 2.0 Other Analysis Please List
* 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, Tl, Sn, Ti, U, V, Zn			

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
X			X		
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"/>

QUESTIONS FOR STATE REGULATIONS

Questions regarding drinking water regulations, system monitoring requirements, and sampling information as to location, source type or method should be directed to:

Washington State Department of Health
Office of Drinking Water
1.800.521.0323

GENERAL INSTRUCTIONS FOR COLLECTING & SHIPPING WATER SAMPLES

1. Handle Samples containers as follows:
 - Do not touch the inside of the container or cap.
 - Do not let the container touch the faucet
 - Do not set the cap down where it may become contaminated
2. Other samples may be taken from the well or from a household faucet.
3. The tap or spigot where you draw water should be free of contaminating devices such as filters, screens or aeration devices. Do not take the sample from a hose or from a hot water tap.
4. Flush the system for several minutes to ensure that water from the tap represents the water source. The water temperature should stabilize.
5. If you are going to hand deliver the sample, do so immediately or place the sample in the refrigerator until you transport the sample.
6. If you are going to use our **Drop off Locations**, look below to check for county's pickup location(s) as well as pickup day and times.
7. If you are going to ship the sample, pack it in sufficient double-bagged ice to maintain a temperature of (4°C) until it arrives at the lab. Water samples must be kept cold (4°C) but not frozen during transport.
8. Ship samples within 8 hours of collection. Using overnight service insures sample receipt on a timely basis.

*****THE LAB MUST RECEIVE SAMPLES WITHIN 24 HOURS AFTER COLLECTION*****

DROP OFF LOCATIONS

Snohomish County

If you take your water samples before 9:00am you must return it by the times below the same day. If you take your water sample after 9:00 am you must return it before the pickup time below the next day. FRIDAY samples must be in by the pickup times below.

Location	Pickup Day/Time
Brown's Plumbing 1717 Grove St., Marysville	360-659-1002 Mon-Fri 9:30 am
Consolidated Supply Co. 3413 B California St., Everett	425-258-9459 Mon-Fri 9:30 am
American Printers 16821 Smokey Point BLVD, Arlington	360-653-7982 Mon-Fri 10:00 am

Marysville Planning Dept. & Snohomish PUD are closed until further notice. See website for details.

Island County (Whidbey)

Water samples must be taken after 2:00 pm on Monday or Wednesday and deposited in EDGE'S container at the drop off locations as soon as possible after sampling. Samples will be picked up Tuesday and Thursday. See pick up times below.

Location	Pickup Day/Time
B&W Pump 18181 SR 525, Freeland	360-331-4016 Tues & Thurs 1:00
Island County Health Dep. Courthouse Annex, Coupeville	360-679-7350 Tues & Thurs 1:15
Island H2O Systems 70 N.E. Midway Blvd., Oak Harbor	360-675-4462 Tues & Thurs 1:30

Island County (Camano)

Container pick up only.

Location	Pickup Day/Time
Camano Island County Health Dep. Camano Annex, Camano Island	360-387-3443 Monday - Thursday

Whatcom County

Water samples can be dropped off at Edge Bellingham. Samples must be received within 24 hours after collection. FRIDAY Bacteria samples must be in by 5 pm and Chemistry samples in by 2:30 pm.

Location	Pickup Day/Time
Edge Analytical (Bellingham Office) 805 West Orchard Suite 4	360-715-1212 Mon-Thurs 8:30 am to 4:30 pm Fri. Must be in by 2:30

Skagit County

Water samples can be dropped off at Edge. Samples must be received within 24 hours after collection. FRIDAY Chemistry samples must be in by 5 pm and Bacteria samples in by 3:00 pm.

Location	Pickup Day/Time
Edge Analytical 1620 S. Walnut St., Burlington	800-755-9295 Mon-Fri 8 am to 5 pm

Please attach payment, checks only no cash, to sample bottle with a rubber band or pay with VISA or MasterCard. Make checks payable to Edge Analytical. www.EdgeAnalytical.com