

Report To:	Bill To:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	SEND REPORT BY: <input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input type="checkbox"/> EMAIL
Email:	

Sampling Information REQUIRED

1. **Investigative** **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)

2. Date Collected: _____ Time Collected: _____ AM PM

3. Collected By: _____ Telephone: _____

4. Specific Location where sample was taken: _____

Water System Information REQUIRED

5. System Name: _____ System ID #: _____

6. DOH Source #: _____ Check here if this is a New Source
 (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)

7. Group: A B 8. County: _____

9. Source Type: Surface Well/Ground Water Well Field Spring Purchased

10. Sample Taken: Before Treatment After Treatment No Treatment In Distribution

11. Treatment Type: None Aeration Filtration Chlorination Softener Other: _____

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

<p>Organic Compounds</p> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM) <p>Synthetic Organic Compounds (SOC)</p> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<p>Inorganic Compounds</p> <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	<p>OTHER ANALYSIS, Please List:</p>
---	---	--

Relinquished By	Date	Time	Received By	Date	Time

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID#	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT:

HELPFUL HINTS IN FILLING OUT THE DRINKING WATER WSI FORM

If you own a private well or private source of water, or you purchase water from a city/municipal water department, some items below may not be applicable for your sample submission.

Please fill out only those boxes which are applicable to your water source.

- Please fill in all available contact information for persons to receive a hard copy of the lab results. Multiple hard copies of the results are also available upon request.
- Please fill in all contact information for person(s) to receive the bill for analysis.

Sampling Information Required:

Item#1: Indicate if sample is being analyzed for investigative reason or compliance by checking the appropriate box.

Item#2: Clearly indicate the date that the sample was collected and the time. Specify if AM/PM.

Item #3: Enter the contact information for the person who collected the sample.

Item #4: Enter the specific location at which the sample was collected (for example: kitchen sink).

Public Water System (ONLY):

Item #5: Enter the name of your public water system as written on your Water Facilities Inventory (WFI). Also include the system ID number. This is a six digit number assigned to your public water system by the Department of Health (DOH). Please refer to your Water Facilities Inventory form.

Item #6: This is the DOH source number shown on the WFI (Item @17) such as SO1, SO2, etc. Check box if the sample is being submitted for the approval of a new water source.

Item #7: Check the box that reflects the class number for your water system.

- Group A systems serve:
 - More than 14 connections
 - More than 24 people/day for more than 60 days/year
- Group B systems serve:
 - Fewer than 15 connections
 - Fewer than 25 people/day for fewer than 60 days/year

Item #8: Enter the county where your system is located.

Item #9: Enter your source type.

- Well: ground water sources
- Surface water: creeks, rivers, streams or lakes
- Well field: sources with identical chemical characteristics having depths within 20% of one another and that are connected by one common pipe.

Item #10: Please indicate by checking the box if the sample was collected before or after treatment.

Item #11: Check the box to indicate the type of treatment used on the water source, if any.

Analysis to Perform Section:

- Include ALL tests to be performed by AmTest, Inc.

If you have further questions concerning this form, please use the following contact information:

AmTest Laboratories, Inc.
13600 NE 126th Pl., Suite C
Kirkland, WA 98034
Phone: 425-885-1664

Washington State Department of Health, Drinking Water Division
7171 Cleanwater Lane, Building #3
P.O. Box 47822
Olympia, WA 98504-7822

Steve Hulsman, NW Regional Office Director
253-395-6777
Scott Fink, Eastern Office Director
509-456-2475