

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