DRINKING WATER SAMPLE INFORMATION (WSI) FOR CHEMICAL ANALYSIS

Please fill out as thouroughly as possible, additional information is on reverse side of the page

1. SYSTEM NAME	2. SYSTEM ID #	3. SOURCE #	4. CLASS (PLEASE CIRCLE) A B	5. COUNTY

6. SOURCE TYPE (PLEASE CIRCLE)	7. SOURCE NAME	9. TREATMENT TYPE: (PLEASE CIRCLE OR INDICATE)
WELL		NONE AERATION
SURFACE WATER	8. SAMPLE TAKEN (PLEASE CIRCLE)	FILTRATION SOFTENER type:
WELL FIELD	BEFORE TREATMENT	CHLORINATION OTHER type:
SPRING	AFTER TREATMENT	

10. DATE COLLECTED	11. TIME COLLECTED	12. COLLECTED BY name: phone:

13. SAMPLING LOCATION	14. SAMPLE SUBMITTED FOR NEW SOURCE APPROVAL? (PLEASE CIRCLE) YES NO

15. COMPOSITE INFORMATION
(PLEASE INDICATE THE SAMPLES TO BE COMPOSITED BELOW)
1 - 2 - 3 - 4 -

16. SEND RESULTS TO (PLEASE INCLUDE ALL THAT APPLY)	17. SEND BILL TO (PLEASE INCLUDE ALL THAT APPLY)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:
DATA DELIVERY: HARD WEB EMAIL	DATA DELIVERY: HARD WEB EMAIL

18. REQUESTED ANALYSIS	19. COPY OF COMPLETED REPORT TO WA. ST. DOH? (PLEASE CIRCLE) YES NO

**********FOR LABORATORY USE ONLY**********

Do not write below this line

A. LABORATORY ID #	B. DATE RECEIVED	C. PROJECT MGR.	D. REQUESTED TAT NORM 24-HR 2-DAY 5-DAY APPROVED?

E. SAMPLE PRESERVATION & CONDITION	G. CHARGES AND PAYMENT
PRESERVATIVE? TEMPERATURE?	

H. LABORATORY COMMENTS