



# Laboratory Reporting Guidance

331-530 • 2/28/2018

We designed this guide to help laboratories prepare and report analytical drinking water results to the state Department of Health, Office of Drinking Water (DOH). Please follow this supplemental reporting guidance when reporting results to the DOH.

## Drinking Water Methods and Quality Control

Laboratories will only seek accreditation for drinking water methods in accordance with chapter 40 CFR 141, chapter 40 CFR 143, or, with written approval, other DOH-approved methods. Laboratories will only submit analyses using drinking water methods for which they hold accreditations from the Department of Ecology.

## Test Panels and Special Notes

We included sample templates for all test panels. The data design is in a specific order and sequence to match our database.

### *Laboratories may develop their own report forms as long as:*

- They conform to the sequence and order used in the templates—top-to-bottom and left-to-right;
- They must contain all required content; and
- They must contain the most current regulatory limits such as, but not limited to, SDRL, MCL, and Triggers.
- Attributes such as type font and size, spacing, and boxes may differ from our templates.

These templates are important because they present information sequentially, so we can process the data efficiently and accurately. You can get copies of the templates at

<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/LabTemplates>

**To obtain a monitoring waiver for any eligible panel, a public water system must submit results for all analytes listed on the templates below.**

## New Test Panels

In the event that testing is required for a new analyte, please follow the generic test panel procedures listed at the end of this guidance.



HELPING TO ENSURE SAFE AND RELIABLE DRINKING WATER

## Chemical Monitoring Lab Slips

The chemical monitoring sample result templates have similar title and header information. This section defines all aspects of these areas.

**Test Panel Title:** There is space at the top of each panel for the laboratory letterhead, graphics, or other symbols. The test panel name must be on the top of each test panel report.

**Test Panel Header:** This section contains information from the sampler about the water system and the sample. Samplers can record this information on our *Chain of Custody* or *Sample Information Form*, or use their own template. The information must be in the following sequence and order.

Space for Lab Letter Head

### Arsenic *Report of Analysis*

<p><b>1</b> Date Collected: (MM/DD/YY) ____ / ____ / ____</p> <p><b>3</b> Water System ID Number: _____</p> <p><b>5</b> Lab Number / Sample Number: _____ / _____</p> <p><b>7</b> Sample Location: _____</p> <p><b>9</b> Sample Purpose: (check appropriate box)</p> <p><input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements)</p> <p><input type="checkbox"/> C – Confirmation (confirmation of chemical result)*</p> <p><input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements)</p> <p><input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)</p> <p><b>14</b> Sample Composition: (check appropriate box)</p> <p><input type="checkbox"/> S – Single Source</p> <p><input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field)</p> <p><input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field)</p> <p><input type="checkbox"/> D – Distribution Sample</p>	<p><b>2</b> System Group Type: (circle one)    A    B    Other:</p> <p><b>4</b> System Name: _____</p> <p><b>6</b> County: _____</p> <p><b>8</b> Source Number(s): (list all sources if blended or composited)</p> <p><b>10</b> Date Received: (MM/DD/YY) ____ / ____ / ____</p> <p><b>11</b> Date Analyzed: (MM/DD/YY) ____ / ____ / ____</p> <p><b>12</b> Date Reported: (MM/DD/YY) ____ / ____ / ____</p> <p><b>13</b> COMMENTS: _____</p> <p><b>15</b> Sample Type: (check one)</p> <p><input type="checkbox"/> Pre-treatment/Untreated (Raw)</p> <p><input type="checkbox"/> Post-treatment (Finished)</p> <p><input type="checkbox"/> Unknown or Other</p> <p>Sample Collected by: (name) _____</p> <p>Phone Number: _____</p>
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- 1 Date Collected:** Use the numeric month, day, and year (MM/DD/YY). For example: 03/14/16.
- 2 System Group Type:** Public water systems are “A” or “B.” Private water systems or nonpotable water samples are “Other” (for a house sale, shellfish, private well, and so on). Don’t send sample results for “Other” to us. Please send samples from tribal water systems directly to the Environmental Protection Agency (EPA).
- 3 Water System ID Number:** List the 5- or 6-digit ID we assigned to the public water system. You can find the ID number on the system’s WFI or in Sentry at <https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx>
- 4 System Name:** Enter the water system’s official name. If the name on the lab slip does not match the official water system name, our database will not accept it. You can find official names in Sentry Internet (see link in #3 above) and on the WFI form.
- 5 Lab Number/Sample Number:** The first three digits are the identification number we assigned to the lab. The second five digits are the number the lab assigned to the sample.
- 6 County:** List the county where the water system is located. If the water system crosses county lines, list the county where most of the system is located.
- 7 Sample Location:** Provide a detailed description of the sample location point. For example: “123 X Street outside tap on back of house” or “sample station #XX.”
- 8 Source Number(s):** List the identification number we assigned to each water source being tested. You can find source numbers on the system’s WFI or in Sentry (see link in #3 above).

NOTE: Samples collected to comply with source chemical monitoring requirements must come from the entrypoint to the distribution system after all treatment.

- **Single Source:** Use the source identification number we assigned to the source (including a wellfield or a springfield).
- **Blended source sample:** If the sample represents two or more sources blended together before entering the distribution system, list the number for each source included. For example: S01, S03, and S13.
- **Flowing distribution sample:** If the sample is from a flowing distribution line use “S92.” (Halocetic acid or total trihalomethanes.)
- **Standing distribution sample:** If the sample is from a standing distribution line use “S93.” (Lead and Copper Rule.)

**9 Sample Purpose:** Check ONE box to describe the purpose of this sample. Don’t send results for most samples marked “Investigative”, “Other”, or “For Information Only” to us.

**10 Date Received:** List the date the lab received the sample.

**11 Date Analyzed:** List the date the lab analyzed the sample.

**12 Date Reported:** List the date the lab released the report.

**13 COMMENTS:** Use this space for additional comments.

**14 Sample Composition:** Check ONE box to describe the composition of the sample.

- The following sample compositions must show the different sources from which they originate:
  - S “Single Source” sample represents one source.
  - B “Blended” sample represents multiple sources mixed before entering distribution.
  - C “Composite” sample is from up to five individual sources mixed in the lab on the water system’s request.
  - D “Distribution” sample is collected in the distribution line.

**15 Sample Type:** Sampler will indicate whether a sample was taken before or after a treatment process.

- “Pre-treatment/Untreated (Raw).” Check this box if the sampler collected the sample from a source before treatment or a source before it entered the distribution system when the system doesn’t treat the water.
- “Post-treatment.” Check this box if a water system treats the water and the sample was taken after treatment was performed.
- “Unknown or Other.” Check this box if you don’t know whether the sample was collected before or after treatment.
- Include the sampler’s name and phone number and the company the sampler works for (if applicable).

## Organic Chemicals

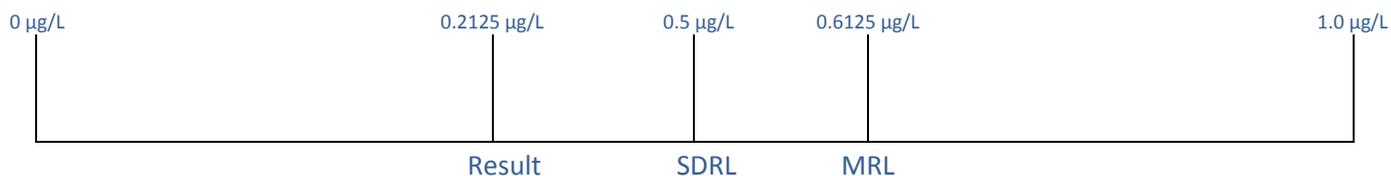
**Method reporting limit (MRL)** means the lowest concentration of a standard used for calibration.

**State detection reporting limit (SDRL)** means the minimum reportable detection of an analyte as established in Tables 1 through 4 of WAC 246-390.

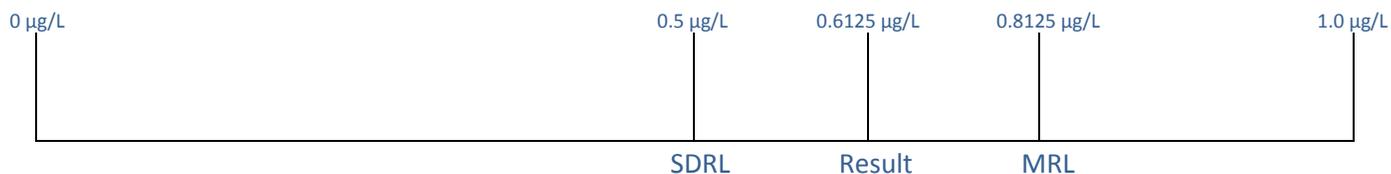
Here are some result reporting examples for WAC 246-390-075 (13) (b)-(d):

### (b) Organics SDRL < MRL

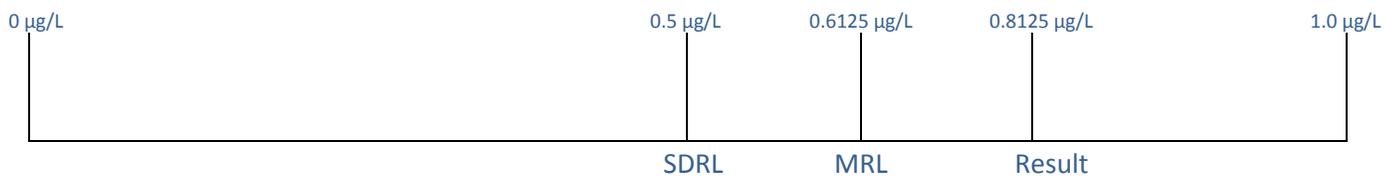
(i) = ND



(ii) = 0.61 J

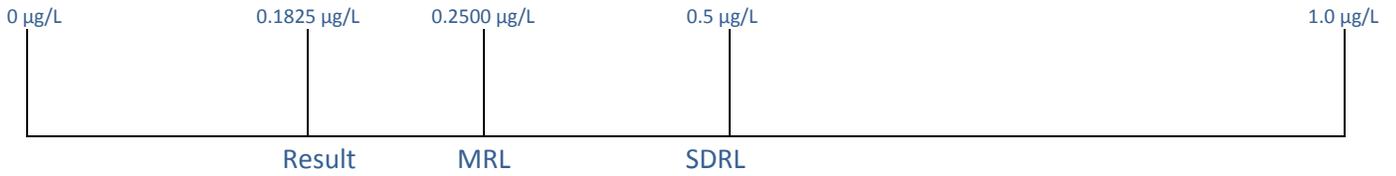


(iii) = 0.81

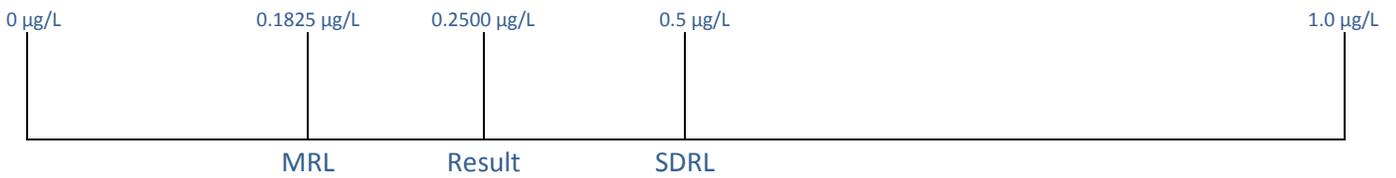


**(c) Organics MRL < SDRL**

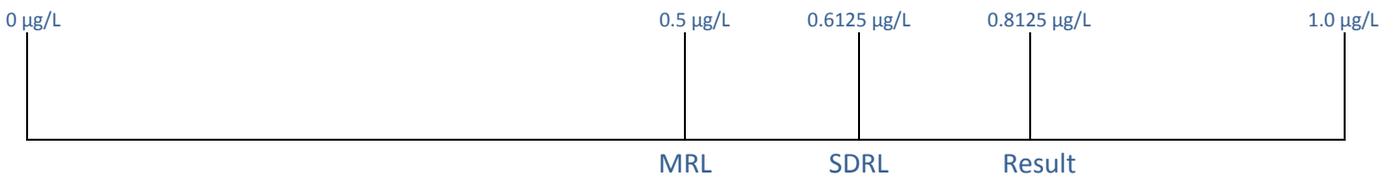
**(i) = ND**



**(ii) = ND**

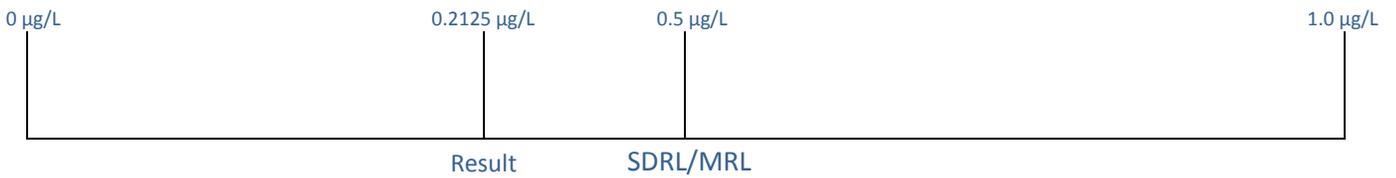


**(iii) = 0.81**

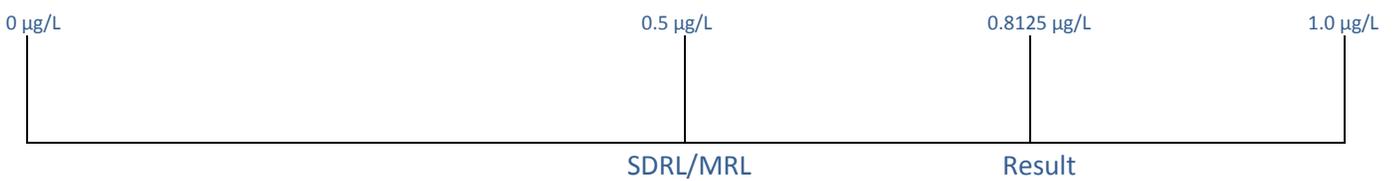


**(d) Organics MRL = SDRL**

**(i) = ND**



**(ii) = 0.81**











Space for Lab Letter Head

## Haloacetic Acid (HAA5) Distribution System – Report of Analyses

<b>HALOACETIC ACIDS</b>	System Group Type: (circle one)    A    B    Other:
Water System ID Number: _____	System Name: _____
Source: S92 (distribution samples)	County: _____
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY)    ___/___/___
<input type="checkbox"/> RC – Routine Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)    ___/___/___
<input type="checkbox"/> C – Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY)    ___/___/___
<input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements)	COMMENTS: _____
<input type="checkbox"/> O – Other (specify - does not satisfy monitoring requirements)	
Sample Composition: (Check Appropriate Box)	Sample Type: (check one)
<input type="checkbox"/> S – Single Source	<input type="checkbox"/> Pre-treatment/Untreated (Raw)
<input type="checkbox"/> B – Blended (list sources in 'Source Number(s)' field)	<input type="checkbox"/> Post-treatment (Finished)
<input type="checkbox"/> C – Composite (list sources in 'Source Number(s)' field)	<input type="checkbox"/> Unknown or Other
<input type="checkbox"/> D – Distribution Sample	
Send Report to: _____	Sample Collected by: (name) _____
_____	Phone Number: _____
_____	Bill to: (client name) _____
_____	_____

<b>Analyte Abbreviations:</b>					
Monochloroacetic Acid = "MCAA"	Dichloroacetic Acid = "DCAA"	Trichloroacetic Acid = "TCAA"	Monobromoacetic Acid = "MBAA"	Dibromoacetic Acid = "DBAA"	Total Haloacetic Acids = "HAA5"
(0411) MCAA (µg/L)	(0412) DCAA (µg/L)	(0413) TCAA (µg/L)	(0414) MBAA (µg/L)	(0415) DBAA (µg/L)	(0416) HAA5 (µg/L)
SDRL 2.0	1.0	1.0	1.0	1.0	---
MCL --	--	--	--	--	60***

METHOD/INITIALS \_\_\_\_\_

### Haloacetic Acid (HAA5)

Use a flowing distribution sample (Source **S92**). There should be specific distribution sample locations for each sample. Individual analytes do not have an MCL, but the sum of the individual analytes does have an MCL. The HAA5 column is for the sum total of each of the analytes for that sample.





**Insecticides (Carbamate)**

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**Insecticides/Carbamate**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one) A B Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: ____/____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose:</b> (check appropriate box) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____
<b>Sample Composition:</b> (check appropriate box) <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in "Source Numbers" field) <input type="checkbox"/> C – Composite (list source numbers in "Source Numbers" field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type:</b> (check one) <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

**ANALYTICAL RESULTS**

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/INITIALS
0146	Carbofuran			0.9	0.9	40	µg/L		
0148	Oxamyl (Vydate)			2	2	200	µg/L		
0142	Aldicarb			0.5	0.5	3	µg/L		
0143	Aldicarb sulfone			0.8	0.8	2	µg/L		
0144	Aldicarb sulfoxide			0.5	0.5	4	µg/L		
0145	Carbaryl			2	2	--	µg/L		
0147	Methomyl			4	4	--	µg/L		

**NOTES:**

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

µg/L: micrograms per liter.

LAB COMMENTS:



**Pesticides**

If Arochlor is detected in a sample, the lab must use method 508A to analyze the sample for Decachlorobiphenyl.

Space for Lab Letter Head

**General Pesticides**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one) <b>A</b> <b>B</b> Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: ____/____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose:</b> (check appropriate box) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____ COMMENTS: _____
<b>Sample Composition:</b> (check appropriate box) <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in "Source Numbers" field) <input type="checkbox"/> C – Composite (list source numbers in "Source Numbers" field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type:</b> (check one) <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

**ANALYTICAL RESULTS**

DOH #	ANALYTE	DATA QUALIFIERS	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0033	Endrin			0.01	0.01	2	µg/L		
0034	Lindane (BHC - gamma)			0.02	0.02	0.2	µg/L		
0035	Methoxychlor			0.1	0.1	40	µg/L		
0036	Toxaphene			1	1	3	µg/L		
0117	Alachlor			0.2	0.2	2	µg/L		
0119	Atrazine			0.1	0.1	3	µg/L		
0120	Benzo (a) pyrene			0.02	0.02	0.2	µg/L		
0122	Chlordane (total)			0.2	0.2	2	µg/L		
0124	Di (2-ethylhexyl) adipate			0.6	0.6	400	µg/L		
0125	Di (2-ethylhexyl) phthalate			0.6	0.6	6	µg/L		
0126	Heptachlor			0.04	0.04	0.4	µg/L		
0127	Heptachlor epoxide			0.02	0.02	0.2	µg/L		
0128	Hexachlorobenzene			0.1	0.1	1	µg/L		
0129	Hexachlorocyclopentadiene			0.1	0.1	50	µg/L		
0133	Simazine			0.07	0.07	4	µg/L		
0118	Aldrin			0.1	0.1	--	µg/L		
0121	Butachlor			0.1	0.1	--	µg/L		
0123	Dieldrin			0.1	0.1	--	µg/L		
0130	Metolachlor			0.1	0.1	--	µg/L		
0131	Metribuzin			0.1	0.1	--	µg/L		
0132	Propachlor			0.1	0.1	--	µg/L		

Pesticides (cont.)

DOH #	ANALYTE	DATA QUALIFIERS	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0254	Fluorene			0.2	0.2	--	µg/L		
0173	Arochlor 1221 <sup>1</sup>			20	20	--	µg/L		
0174	Arochlor 1232 <sup>1</sup>			0.5	0.5	--	µg/L		
0175	Arochlor 1242 <sup>1</sup>			0.3	0.3	--	µg/L		
0176	Arochlor 1248 <sup>1</sup>			0.1	0.1	--	µg/L		
0177	Arochlor 1254 <sup>1</sup>			0.1	0.1	--	µg/L		
0178	Arochlor 1260 <sup>1</sup>			0.2	0.2	--	µg/L		
0179	Bromacil			0.1	0.1	---	µg/L		
0180	Arochlor 1016 <sup>1</sup>			0.08	0.08	--	µg/L		
0190	Terbacil			0.1	0.1	--	µg/L		
0208	EPTC			0.1	0.1	--	µg/L		
0218	Molinate			0.1	0.1	--	µg/L		
0232	4,4 DDD			0.1	0.1	--	µg/L		
0233	4,4 DDE			0.1	0.1	--	µg/L		
0234	4,4 DDT			0.1	0.1	--	µg/L		
0243	Trifluralin			0.1	0.1	--	µg/L		
0244	Acenaphthylene			0.2	0.2	--	µg/L		
0246	Anthracene			0.2	0.2	--	µg/L		
0247	Benzo (a) anthracene			0.2	0.2	--	µg/L		
0248	Benzo (b) fluoranthene			0.2	0.2	--	µg/L		
0250	Benzo (k) fluoranthene			0.2	0.2	--	µg/L		
0251	Chrysene			0.2	0.2	--	µg/L		
0253	Fluoranthene			0.2	0.2	--	µg/L		
0256	Phenanthrene			0.2	0.2	--	µg/L		
0257	Pyrene			0.2	0.2	--	µg/L		
0258	Benzyl butyl phthalate			1.0	1.0	--	µg/L		
0259	Di-n-butyl phthalate			1.0	1.0	--	µg/L		
0260	Diethyl phthalate			1.0	1.0	--	µg/L		
0261	Dimethyl phthalate			1.0	1.0	--	µg/L		

**NOTES:**

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value.

<sup>1</sup>If detected using Method 505, 508, or 508.1, sample must be reanalyze using Method 508A to quantify PCBs (as decachlorobiphenyl).

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

µg/L: micrograms per liter or parts per billion.

**LAB COMMENTS**

Space for Lab Letter Head

### Diquat and Paraquat Report of Analysis

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one)    A    B    Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: _____/_____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose:</b> (check appropriate box) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____
<b>Sample Composition:</b> (check appropriate box) <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field) <input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type:</b> (check one) <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

#### ANALYTICAL RESULTS

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0150	Diquat			0.4	0.4	20	µg/L		
0400	Paraquat			0.8	0.8	--	µg/L		

**NOTES:**

\***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value.

**ANALYTE:** The name of the analyte being tested for.

**DATA QUALIFIER:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned analyte number.

**EXCEEDS MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department’s drinking water regional office in your area to determine follow-up actions.

**METHOD/INITIALS:** Analytical method used. / Initials of the analyst that performed the analysis.

**RESULT:** The laboratory reported result.

**SDRL (State Detection Reporting Limit):** The minimum reportable detection of an analyte as established by the department.

**TRIGGER:** The department’s drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department’s drinking water regional office in your area for further information.

µg/L: micrograms per liter or parts per billion.

**LAB COMMENTS**



**Total Trihalomethane (TTHM)**

Use a flowing distribution sample (Source S92). There should be specific distribution sample locations for each sample. Individual analytes do not have an MCL, but the sum of the individual analytes does have an MCL. The "TTHMs" column is for the sum total of each of the analytes for that sample.

Space for Lab Letter Head

**TTHM TEST PANEL**

*Distribution System - Report of Analysis*

<b>TRICHALOMETHANE ANALYSIS</b>		System Group Type: (circle one)    A    B    Other:	
Water System ID Number: _____		System Name: _____	
Source: S92 (Distribution samples)		County: _____	
Sample Purpose: (check appropriate box)		Date Received: (MM/DD/YY)    /    /	
<input type="checkbox"/> RC – Routine Compliance (satisfies monitoring requirements)		Date Analyzed: (MM/DD/YY)    /    /	
<input type="checkbox"/> C – Confirmation (confirmation of chemical result)*		Date Reported: (MM/DD/YY)    /    /	
<input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements)		COMMENTS: _____	
<input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)			
Sample Composition: (check appropriate box)		Sample Type: (check one)	
<input type="checkbox"/> S – Single Source		<input type="checkbox"/> Pre-treatment/Untreated (Raw)	
<input type="checkbox"/> B – Blended (list source numbers in "Source Numbers" field)		<input type="checkbox"/> Post-treatment (Finished)	
<input type="checkbox"/> C – Composite (list source numbers in "Source Numbers" field)		<input type="checkbox"/> Unknown or Other	
<input type="checkbox"/> D – Distribution Sample		Sample Collected by: (name) _____	
Send Report to: _____		Phone Number: _____	
_____		Bill to: (client name) _____	
_____		_____	
_____		_____	

(DOH #) ANALYTE	(0027) Chloroform, (µg/L)	(0028) Bromodichloromethane (µg/L)	(0029) Dibromochloromethane (µg/L)	(0030) Bromoform (µg/L)	(0031) TTHMs (µg/L)
SDRL	0.5	0.5	0.5	0.5	80***
MCL	--	--	--	--	80***

METHOD/INITIALS \_\_\_\_\_





Volatile Organic Compounds (VOC) – (Cont.)

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0084	1,2 Dichlorobenzene (ortho-Dichlorobenzene)			0.5	0.5	600	µg/L		
0095	1,2,4 Trichlorobenzene			0.5	0.5	70	µg/L		
0160	Total xylenes			0.5	0.5	10,000	µg/L		
0074	m/p Xylenes (MCL for total)			0.5	0.5	--	µg/L		
0075	o- Xylene (MCL for total)			0.5	0.5	--	µg/L		
0027	Chloroform			0.5	--	--	µg/L		
0028	Bromodichloromethane			0.5	--	--	µg/L		
0029	Dibromochloromethane			0.5	--	--	µg/L		
0030	Bromoform			0.5	--	--	µg/L		
0031	Total trihalomethane			--	--	--	µg/L		
0053	Chloromethane			0.5	0.5	--	µg/L		
0054	Bromomethane			0.5	0.5	--	µg/L		
0058	1,1 Dichloroethane			0.5	0.5	--	µg/L		
0072	1,1,1,2 Tetrachloroethane			0.5	0.5	--	µg/L		
0078	Bromobenzene			0.5	0.5	--	µg/L		
0079	1,2,3 Trichloropropane			0.5	0.5	--	µg/L		
0081	o- Chlorotoluene			0.5	0.5	--	µg/L		
0085	Trichlorofluoromethane			0.5	0.5	--	µg/L		
0086	Bromochloromethane			0.5	0.5	--	µg/L		
0089	1,3,5 Trimethylbenzene			0.5	0.5	--	µg/L		
0091	1,2,4 Trimethylbenzene			0.5	0.5	--	µg/L		
0092	sec-Butylbenzene			0.5	0.5	--	µg/L		
0093	p-Isopropyltoluene			0.5	0.5	--	µg/L		
0094	n-Butylbenzene			0.5	0.5	--	µg/L		
0096	Naphthalene			0.5	0.5	--	µg/L		
0104	Dichlorodifluoromethane			0.5	0.5	--	µg/L		
0154	1,3 Dichloropropene			0.5	0.5	--	µg/L		
0062	1,1 Dichloropropene			0.5	0.5	--	µg/L		
0064	Dibromomethane			0.5	0.5	--	µg/L		
0070	1,3 Dichloropropene			0.5	0.5	--	µg/L		
0080	1,1,2,2 Tetrachloroethane			0.5	0.5	--	µg/L		
0082	p- Chlorotoluene			0.5	0.5	--	µg/L		
0083	m- Dichlorobenzene			0.5	0.5	--	µg/L		
0087	Isopropylbenzene			0.5	0.5	--	µg/L		
0088	n- Propylbenzene			0.5	0.5	--	µg/L		
0090	tert- Butylbenzene			0.5	0.5	--	µg/L		
0097	Hexachlorobutadiene			0.5	0.5	--	µg/L		
0098	1,2,3 Trichlorobenzene			0.5	0.5	--	µg/L		
0427	EDB (screening) <sup>1</sup>			0.5	0.5	--	µg/L		
0428	DBCP (screening) <sup>1</sup>			0.5	0.5	--	µg/L		

**NOTES:**

\***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing trigger or MCL value.

<sup>1</sup>Analysis for EDB and DBCP is screening only. Detections of EDB and DBCP are confirmed using the fumigant test panel.

**ANALYTE:** The name of the analyte being tested for.

**DATA QUALIFIER:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned analyte number.

**EXCEEDS MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

**METHOD/INITIALS:** Analytical method used. // Initials of the analyst that performed the analysis.

**RESULT:** The laboratory reported result.

**SDRL (State Detection Reporting Limit):** The minimum reportable detection of an analyte as established by the department.

**TRIGGER:** The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

**µg/L:** micrograms per liter or parts per billion.

**LAB COMMENTS**

## Organic Chemicals

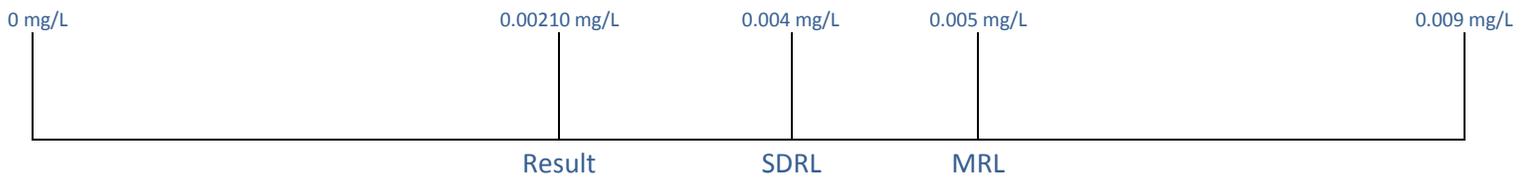
**Method reporting limit (MRL)** means the lowest concentration of a standard used for calibration.

**State detection reporting limit (SDRL)** means the minimum reportable detection of an analyte as established in Tables 1 through 4 of WAC 246-390.

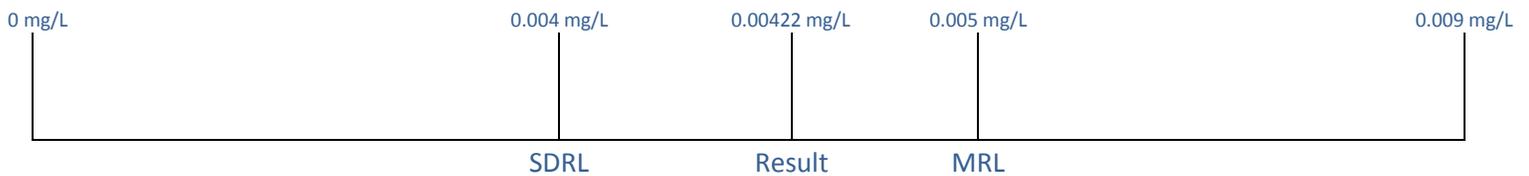
Here are some result reporting examples for WAC 246-390-075 (14) (a)-(c):

### (a) Inorganics SDRL < MRL

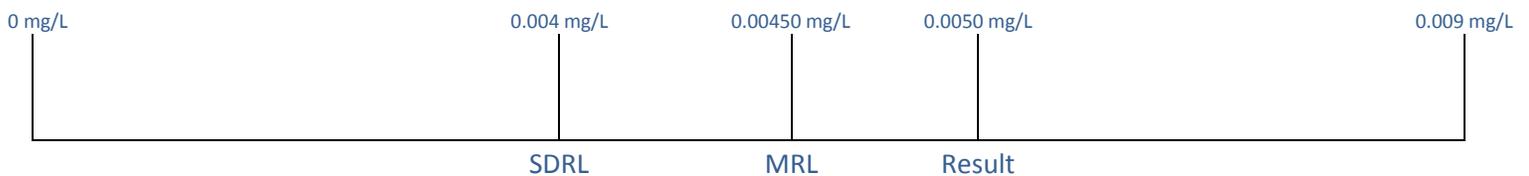
(i) = ND



(ii) = 0.0042J

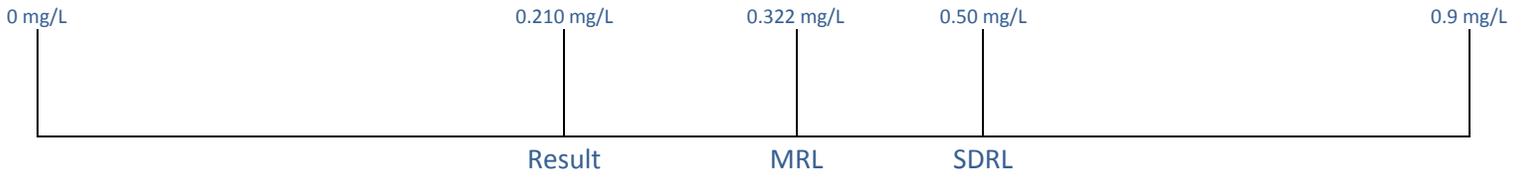


(iii) = 0.0050

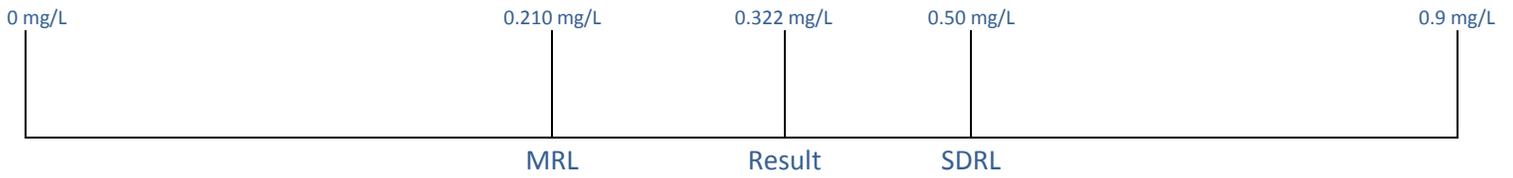


**(b) Inorganics MRL < SDRL**

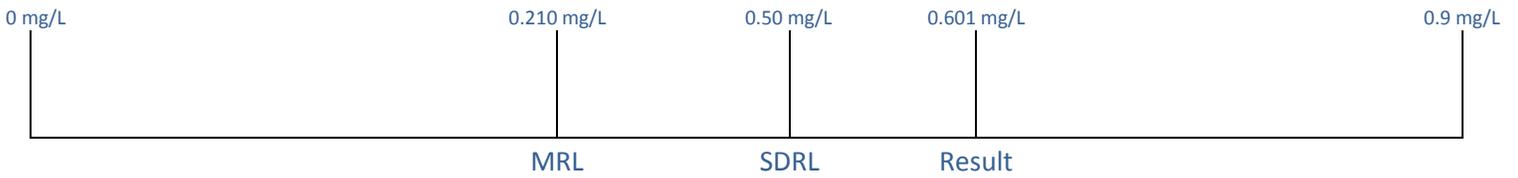
**(i) = ND**



**(ii) = ND**

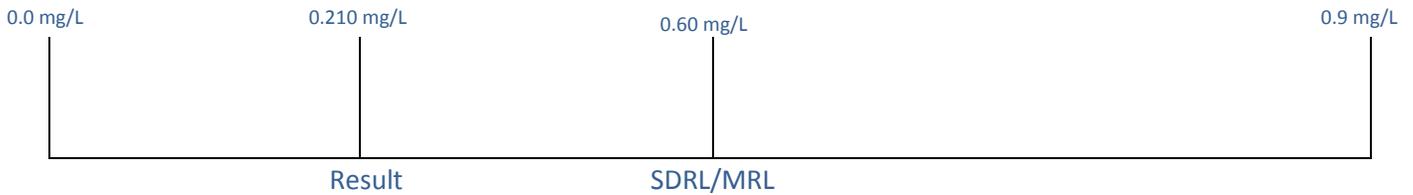


**(iii) = 0.601**

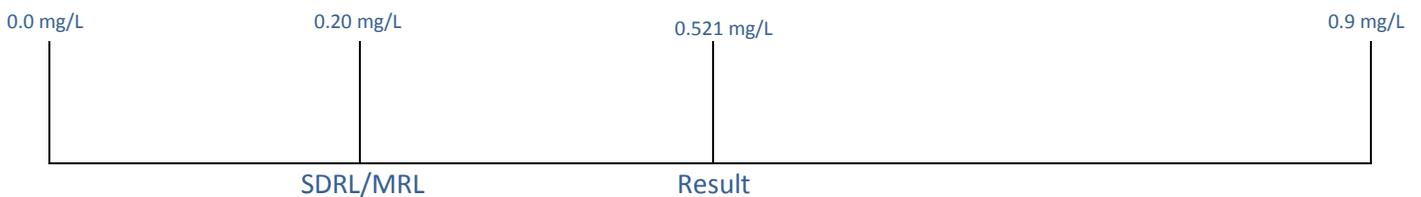


**(c) Inorganics MRL = SDRL**

**(i) = ND**



**(i) = 0.521**







Space for Lab Letter Head

**Bromate**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one) A B Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: ____/____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose: (check appropriate box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____
<b>Sample Composition: (check appropriate box)</b> <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field) <input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type: (check one)</b> <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

**ANALYTICAL RESULTS**

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL**	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0419	Bromate				0.010	mg/L		

**NOTES:**

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

\*\* Labs that use EPA Methods 317.0, 326.0 or 321.8 must meet a 0.0010 mg/L SDRL for bromate. All other methods must meet 0.005 mg/L SDRL.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department’s drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

LAB COMMENTS:

Space for Lab Letter Head

**Chlorite**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one) A B Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: ____/____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose:</b> (check appropriate box) <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____
<b>Sample Composition:</b> (check appropriate box) <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field) <input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type:</b> (check one) <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____
_____	_____
_____	_____

**ANALYTICAL RESULTS**

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0418	Chlorite			0.02	1.0	mg/l		

**NOTES:**

- \*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.
- ANALYTE: The name of the analyte being tested for.
- DATA QUALIFIER: A symbol or letter to denote additional information about the result.
- DOH#: Department assigned analyte number.
- EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department’s drinking water regional office in your area to determine follow-up actions.
- METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.
- mg/L: milligrams per liter or parts per million.
- RESULT: The laboratory reported result.
- SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

**LAB COMMENTS:**

## Complete Inorganic Chemistry

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
  - Conductivity in microSiemens per centimeter ( $\mu\text{mhos/cm}$ ).
  - Turbidity in nephelometric turbidity units (NTU).
  - Color in color units (CU).
- To satisfy the monitoring and reporting requirement for “Complete Inorganic Chemistry,” the public water system must have all the analytes listed on this panel analyzed and submitted to us.

Space for Lab Letter Head

### Complete Inorganic Chemistry Report of Analysis

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one)    A    B    Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: _____/_____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<u>Sample Purpose: (check appropriate box)</u> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____ COMMENTS: _____
<u>Sample Composition: (check appropriate box)</u> <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field) <input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field) <input type="checkbox"/> D – Distribution Sample	<u>Sample Type: (check one)</u> <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

#### ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Arsenic			0.001	0.010	0.010	mg/L			
0005	Barium			0.1	2	2	mg/L			
0006	Cadmium			0.001	0.005	0.005	mg/L			
0007	Chromium			0.007	0.1	0.1	mg/L			
0011	Mercury			0.0002	0.002	0.002	mg/L			
0012	Selenium			0.002	0.05	0.05	mg/L			
0110	Beryllium			0.0003	0.004	0.004	mg/L			
0111	Nickel			0.005	--	--	mg/L			
0112	Antimony			0.003	0.006	0.006	mg/L			
0113	Thallium			0.001	0.002	0.002	mg/L			
0116	Cyanide			0.05	0.2	0.2	mg/L			
0019	Fluoride			0.2	2.0	4.0	mg/L			
0114	Nitrite-N			0.1	0.5	1.0	mg/L			
0020	Nitrate-N			0.5	5.0	10.0	mg/L			
0161	Total Nitrate/Nitrite			0.5	5.0	10.0	mg/L			
0008	Iron			0.1	--	0.3 <sup>1</sup>	mg/L			
0010	Manganese			0.01	--	0.05 <sup>1</sup>	mg/L			

Complete Inorganic Chemistry (cont.)

DOH #	ANALYTE	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0013	Silver			0.1	--	0.1 <sup>1</sup>	mg/L			
0021	Chloride			20	--	250 <sup>1</sup>	mg/L			
0022	Sulfate			50	--	250 <sup>1</sup>	mg/L			
0024	Zinc			0.2	--	5 <sup>1</sup>	mg/L			
0014	Sodium			5	--	--	mg/L			
0015	Hardness			10	--	--	mg/L			
0016	Conductivity			70	--	700 <sup>1</sup>	µmhos/cm			
0017	Turbidity			0.1	--	--	NTU			
0018	Color			15	--	15 <sup>1</sup>	color units			
0026	TDS-Total Dissolved Solids <sup>2</sup>			100	--	500 <sup>1</sup>	mg/L			
0009	Lead			0.001	--	--	mg/L			
0023	Copper			0.02	--	--	mg/L			

**NOTES:**

\***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing trigger or MCL value.

<sup>1</sup>Secondary MCL (Established for aesthetic purposes, not health based).

<sup>2</sup>TDS is required to be run if conductivity exceeds the MCL.

**ANALYTE:** The name of the analyte being tested for.

**DATA QUALIFIER:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned analyte number.

**EXCEEDS MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

**METHOD/INITIALS:** Analytical method used. / Initials of the analyst that performed the analysis.

**mg/L:** milligrams per liter or parts per million.

**NTU:** Nephelometric turbidity units.

**RESULT:** The laboratory reported result.

**SDRL (State Detection Reporting Limit):** The minimum reportable detection of an analyte as established by the department.

**TRIGGER:** The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

**µmhos/cm:** micro ohms per centimeter. One micro ohm per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).

**LAB COMMENTS:**

**Inorganic Chemistry- Select**

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
  - Conductivity in microSiemens per centimeter (µmhos/cm).
  - Turbidity in nephelometric turbidity units (NTU).
  - Color in color units (CU)

Space for Lab Letter Head

**Select Inorganic Chemistry**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one) A B Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: ____/____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box) <input type="checkbox"/> RC – Routine Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____ COMMENTS: _____
Sample Composition: (check appropriate box) <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in "Source Numbers" field) <input type="checkbox"/> C – Composite (list source numbers in "Source Numbers" field) <input type="checkbox"/> D – Distribution Sample	Sample Type: (check one) <input type="checkbox"/> Pre-treatment Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

**ANALYTICAL RESULTS**

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0021	Chloride			20	--	250 <sup>1</sup>	mg/L			
0016	Conductivity			70	--	700 <sup>1</sup>	µmhos/cm			
0004	Arsenic			0.001	0.010	0.010	mg/L			
0020	Nitrate-N			0.5	5.0	10.0	mg/L			
0008	Iron			0.1	--	0.3 <sup>1</sup>	mg/L			
0010	Manganese			0.01	--	0.05 <sup>1</sup>	mg/L			
0017	Turbidity			0.1	--	--	NTU			
0019	Fluoride			0.2	2.0	4.0	mg/L			
0014	Sodium			5	--	--	mg/L			
0022	Sulfate			50	--	--	mg/L			

**NOTES:**

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing trigger or MCL value.

<sup>1</sup>Secondary MCL (Established for aesthetic purposes, not health based).

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

NTU: Nephelometric turbidity units.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

µmhos/cm: micro ohms per centimeter. One micro ohm per centimeter is equivalent to one micro Siemen per centimeter (µS/cm).

LAB COMMENTS:



**Nitrate/Nitrite**

To satisfy a public water system’s nitrate monitoring requirement, only the nitrate analysis on this test panel is required.

Space for Lab Letter Head

**Nitrate/Nitrite**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ___/___/___	System Group Type: (circle one)    A    B    Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: _____/_____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose: (check appropriate box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ___/___/___ Date Analyzed: (MM/DD/YY) ___/___/___ Date Reported: (MM/DD/YY) ___/___/___ COMMENTS: _____
<b>Sample Composition: (check appropriate box)</b> <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field) <input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type: (check one)</b> <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

**ANALYTICAL RESULTS**

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0020	Nitrate-N			0.5	5.0	10.0	mg/L		
0114	Nitrite-N			0.1	0.5	1.0	mg/L		
0161	Total Nitrate + Nitrite			0.5	--	10.0	mg/L		

**NOTES:**

**\*Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.  
 --No trigger value for combined nitrate plus nitrite.

**ANALYTE:** The name of the analyte being tested for.

**DATA QUALIFIER:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned analyte number.

**EXCEEDS MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department’s drinking water regional office in your area to determine follow-up actions.

**METHOD/INITIALS:** Analytical method used. / Initials of the analyst that performed the analysis.

**mg/L:** milligrams per liter or parts per million.

**RESULT:** The laboratory reported result.

**SDRL (State Detection Reporting Limit):** The minimum reportable detection of an analyte as established by the department.

**TRIGGER:** The department’s drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department’s drinking water regional office in your area for further information.

**LAB COMMENTS:**

# Radiochemistry

## Radionuclides Alpha Emitters

Report results in picocuries per liter (pCi/L) except for Uranium, which you should report in milligrams per liter (mg/L). If the sum of the alpha activity plus the radium 228 activity is greater than 5 pCi/L, quantify radium 226 activity. If the gross alpha activity exceeds 15 pCi/L, quantify uranium mass.

<b>RADIONUCLIDES</b> <i>Report of Analysis</i>	
Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one)    A    B    Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: _____/_____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose: (check appropriate box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____  COMMENTS: _____
<b>Sample Composition: (check appropriate box)</b> <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in "Source Numbers" field) <input type="checkbox"/> C – Composite (list source numbers in "Source Numbers" field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type: (check one)</b> <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

### ANALYTICAL RESULTS

DOH #	ANALYTES	DATA QUALIFIER	RESULTS	UNCERT +/-	LAB MDA	SDRL	TRIGGER	MCL	UNITS	DATE ANALYZED	METHOD / INITIALS
0165	Gross alpha					3	--	--	pCi/L		
0166	Radium 228					1	--	--	pCi/L		
0039	Radium 226					1	--	--	pCi/L		
0105	Uranium(mass)					1	30	30	µg/L		
0040	Radium 226 + 228					--	5	5	pCi/L		
0041	Gross alpha minus uranium					--	15	15	pCi/L		
0109	Radon					--	--	--	pCi/L		

**NOTES:**

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, please contact the Department's drinking water regional office in your area to determine follow-up actions.

MDA: Minimum Detectable Amount. (Must be equal to or less than the SDRL.)

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis

pCi/L: picocuries per liter (a measure of radioactivity).

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

µg/L: micrograms per liters or parts per billion.

UNCERT +/-: The total amount of analytical uncertainty associated with the sample analysis.



## Coliform Bacteria Analysis Lab Slips

This section explains how to complete lab slips for a coliform sample analysis. The template comes in two sizes: 4x11 inches and 5x8 inches. The 4x11 version fits conveniently around most collection bottles. The 5x8 version meets postal requirements to mail in a standard-sized window envelop so the address is visible.

4x11 inch Coliform Lab Slip

**Test Panel Title:** There is space at the top of each panel for the laboratory letterhead, graphics, or other symbols (orange circle). The test panel name (green circle) must be at the top of each test panel report.

5x8 inch Coliform Lab Slip

## Basic Sample and Water System Information

**Date Sample Collected:** Two-digit month, day, and year the sample was collected, for example 02/15/2017

**Time Sample Collected:** Time sample collected. Check AM or PM.

**County\*:** County location for the water system.

**Type of Water System\*:** Group A, Group B, or Other.

**Water Facilities Inventory (WFI) ID#\*:** The six-character water system ID

**System Name\*:** Water system name registered with DOH.

**Contact Person:** The person the lab or DOH staff should contact with questions about this sample.

**Day/Cell/Evening Phone and Email:** List the best way to reach the Contact Person.

**Send results to:** List the best mail and email address for the lab to send the results.

**Sample collected by:** List the person who collected the sample.

**Specific location where sample collected:** Describe, in detail, the sample location point. Do not include the water system's address if it is the specific location where the sample is collected.

**Specific instructions or comments:** Include any specific instructions for the lab.

## Sample Purpose (Type of Sample)

- 1 Routine Distribution Sample (A/P):** Public water systems must take this sample on a routine basis.
- **Chlorinated:** Mark “Yes” or “No”
  - If yes, list the measured **Free Chlorine Residual**.

- 2 Repeat Sample (A/P)\*\*:** Public water systems must take this sample after a coliform-present routine sample.
- **Distribution System Sample:** Take at a sample tap in the distribution system.

**Unsatisfactory routine lab**

- **number:** List the lab and sample ID number from the original unsatisfactory routine sample.
- **Unsatisfactory routine collect date:** Enter collection date for the original unsatisfactory routine sample.
- **Chlorinated:** Mark “Yes” or “No.”
- If yes, list the measured **Free Chlorine Residual**.

**3 Ground Water Rule Source Sample**

- List the source ID number here:    . This source number is found on the Water Facilities Inventory form.
- **Triggered (A/P):** Raw source sample following a coliform-present routine sample.
- **Assessment (A/P):** DOH directed some public water systems to monitor their groundwater source monthly for 12 months, even if they have no coliform-present routine samples.

**4 Surface or GWI Raw Source Water Sample (Enumeration):**

When a system needs an enumeration for *E.coli* or fecal analysis.

- List the source ID number here:
- ***E.coli*:** Requires an enumeration for *E.coli* not an absence/presence test.
- **Fecal:** Requires an enumeration for fecal coliform not an absence/presence test.
  - Filtered: Mark “Yes” or “No” to indicate whether the surface water source is filtered.
    - Filtered surface water coliform samples have a 30 hour hold time.
    - Unfiltered surface water coliform samples have an 8 hour hold time.

- 5 Sample Collected for Information Only:** Check if sample is for engineering purposes, construction or repairs, a home sale, or other uses. These coliform slips do not need to be sent to DOH data processing.

Type of Sample (select only one type of sample from types 1 through 5 below)	
<p><b>1. <input type="checkbox"/> Routine Distribution Sample (A/P)</b></p> <p><b>1</b> Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>2. Repeat Sample (A/P)</b> (from distribution system after unsat. routine)</p> <p>Unsatisfactory routine lab number: _____ - _____</p> <p>Unsatisfactory routine collect date: ____/____/____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p><b>3. Ground Water Rule Source Sample</b></p> <p><b>3</b> <input type="text" value="s"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Triggered (A/P)</p> <p><input type="checkbox"/> Assessment (A/P)</p>	<p><b>4. Surface or GWI Raw Source Water Sample (Enumeration)</b></p> <p><input type="checkbox"/> <i>E. coli</i>    <input type="checkbox"/> Fecal    Filtered Yes _____ No _____</p> <p><input type="text" value="s"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>5. <input type="checkbox"/> Sample Collected for Information Only:</b></p>	

## Drinking Water Results

**Unsatisfactory:** Check if sample is total coliform-present **AND** *E.coli* present **OR** *E.coli* absent.

**Satisfactory:** Check if no coliforms detected.

**Bacterial Density Results:** Record the colony count or most-probable number if the test yields it. (both are enumeration methods).

**Replacement Sample Required:** Check if sample is not viable for any reason, such as ‘too old’ or ‘volume less than 100ml’.

**Date/Time Received:** Enter the date and time the laboratory received the sample.

**Lab Reference Number:** Lab staff generate this number or reference ID for in-laboratory tracking.

**Receipt Temp C°:** Required for unfiltered surface water samples.

**Method Code:** Enter the code for the analytical method used to analyse the sample (SM-9223B or SM-9222B, not MICR codes).

**Date Reported to DOH:** Enter the date that the sample was reported to the department.

**DOH Lab-Sample#:** Enter the three-digit DOH-assigned lab number and then the five-digit lab-assigned sample ID number.

**Lab Use Only:** A space for the lab’s own purpose. For example, to record sample-received temperature.

\* This information is on your *Water Facilities Inventory* form and Sentry at:  
<https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx>

\*\*See *Follow-up to an unsatisfactory routine coliform sample* (DOH 331-187) for more information at:  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-187.pdf>

LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY	
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> <i>E.coli</i> present <input type="checkbox"/> <i>E.coli</i> absent			<input type="checkbox"/> <b>Satisfactory</b>		
<b>Bacterial Density Results:</b> Total Coliform _____/100ml. <i>E.coli</i> _____/100ml. Fecal Coliform _____/100ml.      HPC _____/1 ml.					
<b>Replacement Sample Required:</b> <input type="checkbox"/> TNTC <input type="checkbox"/> Sample too old <input type="checkbox"/> Sample Volume <input type="checkbox"/> Damaged Container <input type="checkbox"/> _____					
Date/Time Received:			Lab Reference Number		
Receipt Temp C°:			Method Code:		
Date Reported to DOH			Lab Use Only:		
DOH Lab-Sample#					

# Coliforms

Coliform test panels are designed to print two on an 8 X 11½ sheet of paper for printer convenience.

## Coliform 5x8

Place Logo Here _____ _____ _____	Place Your Name Here _____ _____ _____	<b>COLIFORM BACTERIA ANALYSIS</b>	
Send results to: (Print full name, address and zip code)			
Date Sample Collected / / Month Day Year	Time Sample Collected AM PM <input type="checkbox"/> AM <input type="checkbox"/> PM	County	
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other			
Group A and Group B System ID # _____			
System Name: _____			
Contact Person: _____			
Day Phone: ( ) _____		Cell Phone: ( ) _____	
Eve. Phone: ( ) _____		FAX: ( ) _____	
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): _____		Special instructions or comments: collected: _____	
<b>TYPE OF SAMPLE</b> (select only one type of sample from types 1 through 5 below)		<b>DRINKING WATER RESULTS</b>	
1. <input type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____		2. <input type="checkbox"/> Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Ground Water Rule Source Sample S		4. <input type="checkbox"/> Surface or GWI Raw Source Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S	
5. <input type="checkbox"/> Sample Collected for Information Only		<b>LAB USE ONLY</b>	
<b>LAB USE ONLY</b>		<b>LAB USE ONLY</b>	
Bacterial Density Results: Total Coliform _____/100ml HPC _____/100ml E. coli _____/100ml Fecal Coliform _____/100ml			
Replacement Sample Required: <input type="checkbox"/> TINTC <input type="checkbox"/> Sample too old <input type="checkbox"/> Sample Volume <input type="checkbox"/> Damaged Container <input type="checkbox"/> _____			
Date/Time Received: _____		Lab Reference Number: _____	
Receipt Temp C°: _____		Method Code: _____	
Date Reported to DOH: _____		Lab Use Only: _____	
DOH Lab-Sample # _____		_____	

DOH Form #331-320 (effective 6/17)  
 If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711). This and other publications are available at [www.doh.wa.gov/dnrcustomer](http://www.doh.wa.gov/dnrcustomer).

Coliform 4x11

Place Logo Here	Add Your Name Here				
	<b>COLIFORM BACTERIA ANALYSIS FORM</b>				
Date Sample Collected / / Month Day Year	Time Sample Collected : : AM PM	County			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# _____ System Name: _____					
Contact Person: _____					
Day Phone: (    )		Cell Phone: (    )			
Email: _____		Eve. Phone: (    )			
Send results to: (Print full name, address and zip code or e-mail) _____ _____					
<b>SAMPLE INFORMATION</b>					
Sample collected by (name): _____					
Specific location where sample collected: _____		Special instructions or comments: _____			
Type of Sample (select only one type of sample from types 1 through 5 below)					
<b>1. Routine Distribution Sample (A/P)</b> <input type="checkbox"/> Chlorinated: Yes _____ No _____ <input type="checkbox"/> Chlorine Residual: Total _____ Free _____		<b>2. Repeat Sample (A/P)</b> (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ <input type="checkbox"/> Chlorinated: Yes _____ No _____ <input type="checkbox"/> Chlorine Residual: Total _____ Free _____			
<b>3. Ground Water Rule Source Sample</b> <table border="1" style="width: 100px; margin: 0 auto;"> <tr> <td style="text-align: center;">S</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		S			
S					
<b>4. Surface or GWI Raw Source Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal    Filtered Yes _____ No _____					
<b>5. Sample Collected for Information Only:</b>					
<b>LAB USE ONLY    DRINKING WATER RESULTS    LAB USE ONLY</b>					
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input type="checkbox"/> Satisfactory			
<b>Bacterial Density Results:</b> Total Coliform _____/100ml. E. coli _____/100ml. Fecal Coliform _____/100ml. HPC _____/1 ml.					
<b>Replacement Sample Required:</b> <input type="checkbox"/> TNTC <input type="checkbox"/> Sample too old <input type="checkbox"/> Sample Volume <input type="checkbox"/> Damaged Container <input type="checkbox"/> _____					
Date/Time Received:	Lab Reference Number				
Receipt Temp C°:	Method Code:				
Date Reported to DOH	Lab Use Only:				
DOH Lab-Sample#					

**Generic Template**

The name of the panel will be determined by us.

The DOH #, analyte name, SDRL, Trigger, MCL, and Units will be determined by us.

The order of the analytes listed on the panel will be in “DOH #” numerical order from smallest to largest.

Space for Lab Letter Head

**Name of Panel**  
*Report of Analysis*

Date Collected: (MM/DD/YY) ____/____/____	System Group Type: (circle one)    A    B    Other:
Water System ID Number: _____	System Name: _____
Lab Number / Sample Number: _____/_____	County: _____
Sample Location: _____	Source Number(s): (list all sources if blended or composited)
<b>Sample Purpose: (check appropriate box)</b> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result)* <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) ____/____/____ Date Analyzed: (MM/DD/YY) ____/____/____ Date Reported: (MM/DD/YY) ____/____/____ COMMENTS: _____
<b>Sample Composition: (check appropriate box)</b> <input type="checkbox"/> S – Single Source <input type="checkbox"/> B – Blended (list source numbers in “Source Numbers” field) <input type="checkbox"/> C – Composite (list source numbers in “Source Numbers” field) <input type="checkbox"/> D – Distribution Sample	<b>Sample Type: (check one)</b> <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) _____ Phone Number: _____
Send Report to: _____	Bill to: (client name) _____

**ANALYTICAL RESULTS**

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS

**NOTES:**

**\*Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

**ANALYTE:** The name of the analyte being tested for.

**DATA QUALIFIER:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned analyte number.

**EXCEEDS MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department’s drinking water regional office in your area to determine follow-up actions.

**METHOD/INITIALS:** Analytical method used. / Initials of the analyst that performed the analysis.

**RESULT:** The laboratory reported result.

**SDRL (State Detection Reporting Limit):** The minimum reportable detection of an analyte as established by the department.

**TRIGGER:** The department’s drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department’s drinking water regional office in your area for further information.

**LAB COMMENTS:**

Sample preservatives and hold times per EPA's Manual for the Certification of Laboratories Analyzing Drinking Water:

Parameter/ Method	Preservative	Sample Holding Time	Extract Holding Time and Storage Conditions	Suggested Sample Size	Type of Container
Metals (except Hg)	HNO <sub>3</sub> pH<2	6 months		1 L	Plastic or Glass
Mercury	HNO <sub>3</sub> pH<2	28 days		100 mL	Plastic or Glass
Alkalinity	Cool, 4C	14 days		100 mL	Plastic or Glass
Asbestos	Cool, 4C	48 hours		1 L	Plastic or Glass
Chloride	none	28 days		100 mL	Plastic or Glass
Residual Disinfectant	none	immediately		200 mL	Plastic or Glass
Color	Cool, 4C	48 hours		100 mL	Plastic or Glass
Conductivity	Cool, 4C	28 days		100 mL	Plastic or Glass
Cyanide	Cool, 4C, Ascorbic acid (if chlorinated), NaOH pH>12	14 days		1 L	Plastic or Glass
Fluoride	none	1 month		100 mL	Plastic or Glass
Foaming Agents	Cool, 4C	48 hours			
Nitrate (chlorinated)	Cool, 4C non-acidified	14 days		100 mL	Plastic or Glass
Nitrate (non chlorinated)	Cool, 4C, non-acidified	48 hours		100 mL	Plastic or Glass
Nitrite	Cool, 4C	48 hours		100 mL	Plastic or Glass
Nitrate+ Nitrite	H <sub>2</sub> SO <sub>4</sub> pH<2	28 days		100 mL	Plastic or Glass
Odor	Cool, 4C	24 hours		200 mL	Glass
pH	none	immediately		25 mL	Plastic or Glass
o-Phosphate	Cool, 4C	48 hours		100mL	Plastic or Glass

Parameter/ Method	Preservative	Sample Holding Time	Extract Holding Time and Storage Conditions	Suggested Sample Size	Type of Container
Silica	Cool, 4C	28 days		100 mL	Plastic
Solids (TDS)	Cool, 4C	7 days		100 mL	Plastic or Glass
Sulfate	Cool, 4C	28 days		100 mL	Plastic or Glass
Temperature	none	immediately		1 L	Plastic or Glass
Turbidity	Cool, 4C	48 hours		100 mL	Plastic or Glass
502.2	Sodium Thiosulfate or Ascorbic Acid, 4C, HCl pH<2	14 days		40-120 mL	Glass with PTFE Lined Septum
504.1	Sodium Thiosulfate Cool, 4C,	14 days	4C, 24 hours	40 mL	Glass with PTFE Lined Septum
505	Sodium Thiosulfate Cool, 4C	14 days (7 days for Heptachlor)	4C, 24 hours	40 mL	Glass with PTFE Lined Septum
506	Sodium Thiosulfate Cool, 4C, Dark	14 days	4C, dark 14 days	1 L	Amber Glass with PTFE Lined Cap
507	Sodium Thiosulfate Cool, 4C, Dark	14 days(see method for exceptions)	4C, dark 14 days	1 L	Amber Glass with PTFE Lined Cap
508	Sodium Thiosulfate Cool, 4C, Dark	7 days (see method for exceptions)	4C, dark 14 days	1 L	Glass with PTFE Lined Cap
508A	Cool, 4C	14 days	30 days	1 L	Amber Glass with PTFE Lined Cap
508.1	Sodium Sulfite HCl pH<2 Cool, 4C	14 days (see method for exceptions)	30 days	1 L	Glass with PTFE Lined Cap
515.1	Sodium Thiosulfate Cool, 4C, Dark	14 days	4C, dark 28 days	1 L	Amber Glass with PTFE Lined Cap

Parameter/ Method	Preservative	Sample Holding Time	Extract Holding Time and Storage Conditions	Suggested Sample Size	Type of Container
515.2	Sodium Thiosulfate or Sodium Sulfite HCl pH<2 Cool, 4C, Dark	14 days	≤4C, dark 14 days	1 L	Amber Glass with PTFE Lined Cap
515.3	Sodium Thiosulfate Cool, 4C, Dark	14 days	≤4C, dark 14 days	50 mL	Amber Glass with PTFE Lined Cap
515.4	Sodium Sulfite, dark, cool ≤10C fro first 48 hr. ≤6C thereafter	14 days	≤0C 21 days	40 mL	Amber glass with PTFE lined septum
524.2	Ascorbic Acid or Sodium Thiosulfate HCl pH<2, Cool 4C	14 days		40-120 mL	Glass with PTFE Lined Septum
525.2	Sodium Sulfite, Dark, Cool, 4C, HCl pH<2	14 days (see method for exceptions)	≤4C 30 days	1 L	Amber Glass with PTFE Lined Cap
531.1, 6610	Sodium Thiosulfate, Monochloroacet ic acid, pH<3, Cool, 4C	Cool 4C 28 days		60 mL	Glass with PTFE Lined Septum
531.2	Sodium Thiosulfate, Potassium Dihydrogen Citrate buffer to pH 4, dark, ≤10C for first 48 hr, ≤6C thereafter	28 days		40 mL	Glass with PTFE Lined Septum
547	Sodium Thiosulfate Cool, 4C	14 days(18 mo.frozen)		60 mL	Glass with PTFE Lined Septum

Parameter/ Method	Preservative	Sample Holding Time	Extract Holding Time and Storage Conditions	Suggested Sample Size	Type of Container
548.1	Sodium Thiosulfate (HCl pH 1.5-2 if high biological activity) Cool, 4C, Dark	7 days	≤4C 14 days	≥ 250 mL	Amber Glass with PTFE Lined Septum
549.2	Sodium Thiosulfate, (H <sub>2</sub> SO <sub>4</sub> pH<2 if biologically active) Cool, 4C, Dark	7 days	21 days	≥ 250mL	High Density Amber Plastic or Silanized Amber Glass
550, 550.1	Sodium Thiosulfate Cool, 4C, HCl pH<2	7 days	4C, Dark 550, 30 days 550.1, 40 days	1 L	Amber Glass with PTFE Lined Cap
551.1	Sodium Sulfite, Ammonium Chloride, pH 4.5-5.0 with phosphate buffer Cool, 4C	14 days		≥ 40 mL	Glass with PTFE Lined Septum
552.1	Ammonium chloride Cool, 4C, Dark	28 days	≤4C, dark 48 hours	250 mL	Amber Glass with PTFE Lined Cap
552.2	Ammonium chloride Cool, 4C, Dark	14 days	≤4C, dark 7 days ≤-10C 14 days	50mL	Amber Glass with PTFE Lined Cap
555	Sodium Sulfite HCl, pH≤2 Dark, Cool 4C	14 days		≥ 100 mL	Glass with PTFE Lined cap
1613	Sodium Thiosulfate Cool, 0-4C, Dark		Recommend 40 days	1 L	Amber Glass with PTFE Lined Cap

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