



**DRINKING WATER SAMPLE INFORMATION (WSI) FOR CHEMICAL ANALYSIS**

(FOR PROPER CREDIT, PLEASE FILL OUT ALL OF THE BOXES BELOW; INSTRUCTIONS ON BACK)

1. SYSTEM / DAYCARE NAME:	2. SYSTEM ID #:	3. SOURCE #: (S01, S02, etc.)	4. SYSTEM GROUP TYPE: (Please choose.)  <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other _____	5. COUNTY:  <input type="checkbox"/> Benton <input type="checkbox"/> Franklin <input type="checkbox"/> Other _____
6. SOURCE TYPE: (Please choose.)  <input type="checkbox"/> WELL WATER/GROUND WATER <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL FIELD <input type="checkbox"/> S92 <input type="checkbox"/> S93		7. UTILITY'S NAME FOR THIS SOURCE:		8. SAMPLE TYPE: (Please choose.)  <input type="checkbox"/> UNTREATED <input type="checkbox"/> TREATED <input type="checkbox"/> UNKNOWN
9. SPECIFIC LOCATION AND ADDRESS (WHERE SAMPLE WAS TAKEN):			10. SAMPLE COMPOSITION: (Please choose.)  <input type="checkbox"/> SINGLE SOURCE <input type="checkbox"/> BLENDED <input type="checkbox"/> COMPOSITE <input type="checkbox"/> DISTRIBUTION	
11. DATE COLLECTED:	12. TIME COLLECTED		13. COLLECTED BY:  _____ TELEPHONE: (____) _____	
14. SAMPLE SUBMITTED FOR APPROVAL OF NEW SOURCE: (Please choose.)  <input type="checkbox"/> YES <input type="checkbox"/> NO			15. SAMPLE PURPOSE: (Please choose.)  <input type="checkbox"/> ROUTINE/COMPLIANCE <input type="checkbox"/> CONFIRMATION <input type="checkbox"/> INVESTIGATIVE <input type="checkbox"/> OTHER: _____	
16. BLENDED/COMPOSITE INFORMATION (Applies to multiple sources only; enter the source numbers of the samples used to make the blended sample or to be composited with this sample. Initial and date this section if you would like the lab to composite this sample with other samples from your system.)  1. 00000000000      2. 00000000000      3. 00000000000      4. 00000000000				
17. SEND RESULTS TO: (Please print or type.)  _____ NAME  _____ STREET ADDRESS  _____ CITY, STATE, ZIP  TELEPHONE: (____) _____			18. PARTY TO PAY FOR TESTING: (Please print or type.)  _____ NAME  _____ STREET ADDRESS  _____ CITY, STATE, ZIP  TELEPHONE: (____) _____	
19. REMARKS: (additional sampling locations, water quality problems, address for extra copies of reports, etc.)          				

## HELPFUL HINTS IN FILLING OUT THIS FORM

IF YOU OWN A PRIVATE WELL OR PRIVATE SOURCE OF WATER, OR YOU PURCHASE WATER FROM CITY/MUNICIPALITY WATER DEPARTMENTS, MOST OF THE ITEMS BELOW MAY NOT BE APPLICABLE TO YOU. PLEASE FILL OUT ALL OF THE BOXES THAT APPLY TO YOU.

- Box 1. Enter the name of your public water system as written on your WFI.
- Box 2. This is the six digit number assigned to your public water system by the Department of Health (DOH). Please refer to your Water Facilities Inventory (WFI) form.
- Box 3. This is the DOH source number shown on your WFI (item #17) such as S01, S02,...S10, etc.
- Box 4. This is the group type of your public water system. Public system A water systems serve 15 or more connections or 25 or more people for 60 or more days per year. Public system B systems serve less than 15 connections and less than 25 people for 60 days or more per year, or less than 15 connections and any number of people or less than 60 days per year. Your system group type is written on your WFI. Fill in other samples from private sources.
- Box 5. Enter the county where your water system is located.
- Box 6. Indicate the source type for the sample. Source types: wells are classified as ground water sources; lakes, rivers, creeks are classified as surface sources; a group of wells which have the same inorganic chemistry test results, having depths within 20% of each other and are connected by a common pipe before distribution are classified as a well field and is considered one source; S92 is used for the haloacetic acid and the total trihalomethane test panels; S93 is used for the lead and copper test panel. Please see your WFI for details.
- Box 7. This is the corresponding name of that specific source such as well #1, well #2, Lake Whatcom, Chehalis River, Indian Creek, etc.
- Box 8. This is the treatment type for the sample. Indicate if sample treatment was untreated (raw), treated, or unknown.
- Box 9. Indicate the specific location where the sample was collected such as from a tap at pump house or well head. If sample was taken from the distribution system indicate if sample was taken from the sink or directly from the tank. Please be as specific as possible.
- Box 10. This is the sample composition. Indicate if sample was single source, blended (performed in field by the purveyor-list sources in "Composite Information"), composite (performed in the lab under direction of purveyor-list sources in "Composite Information"), or distribution sample.
- Box 11. Enter the date of collection of sample.
- Box 12. Enter the time of collection of sample.
- Box 13. Enter the name of the person who collected the sample and their phone number.
- Box 14. Please indicate if this sample was submitted for approval of a new source.
- Box 15. Please indicate if the sample was collected for routine/compliance (satisfies monitoring requirements), confirmation (confirmation of chemical result), investigative (does not satisfy monitoring requirements), or other (specify-does not satisfy monitoring requirements).
- Box 16. If you have two or more sources and you want the laboratory to test them as a composite. This means the laboratory will mix your sample together and only one analysis will be performed. Please indicate the numbers of the sources you want composited. However, be advised that if any contamination is found, the second vial from each source will be tested separately to check which source is contaminated and additional fees will be charged. You may only request the laboratory to composite up to five sources.
- Box 17. Enter name, address and phone number of party to receive the results of analysis.
- Box 18. Enter name, address and phone number of party who will pay for the charges.
- Box 19. Please indicate if you have any remarks such as the kind of test(s) you want, or other tests which are not specified on the form, water quality problems or address where you wanted another copy of the report be sent to.

### TELEPHONE NUMBERS FOR ASSISTANCE

QUESTIONS REGARDING DRINKING WATER REGULATIONS, SYSTEM MONITORING REQUIREMENTS, AND SAMPLING INFORMATION (LOCATION, SOURCE TYPE OR METHOD):	QUESTIONS FOR THE LABORATORY
Washington State Department of Health A: SW Regional Office (360) 236-3030 B: NW Regional Office (253) 395-6750 C: Eastern Regional Office (509) 329-2100	Energy Northwest, Environmental Services (509) 377-8058