

PYXIS LABORATORIES, INC.12423 NE Whitaker Way
Portland, OR 97230**DRINKING WATER SAMPLE INFORMATION (WSI) FOR CHEMICAL ANALYSIS**
(FOR PROPER CREDIT, PLEASE FILL OUT ALL THE BOXES BELOW, INSTRUCTIONS ON BACK OF PAGE)

1. SYSTEM NAME:	2. SYSTEM ID#:	3. SOURCE #: (SO1,SO2, ETC.)	4. CLASS: (PLEASE CIRCLE) A B	5. COUNTY:
6. SOURCE TYPE: <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL/GROUND WATER <input type="checkbox"/> WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED	7. UTILITY'S NAME FOR THIS SOURCE:	8. SAMPLE TAKEN: <input type="checkbox"/> BEFORE TREATMENT <input type="checkbox"/> AFTER TREATMENT	9. TREATMENT TYPE: CIRCLE ALL THAT APPLY AT THE TIME OF SAMPLING NONE CHLORINATION FILTRATION AERATION FLUORIDATION WATER SOFTENER, TYPE: _____ OTHER: _____	
10. DATE COLLECTED: ____ / ____ / ____	11. TIME COLLECTED: ____ : ____ AM PM	12. COLLECTED BY: _____ TELEPHONE: (____) _____		
13. SPECIFIC LOCATION WHERE SAMPLE WAS TAKEN:		14. SAMPLE SUBMITTED FOR APPROVAL OF NEW SOURCE? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO		
15. COMPOSITE INFORMATION (OPTIONAL - APPLIES TO MULTIPLE SOURCES ONLY): USE ONLY IF YOU WANT THE LAB TO COMPOSITE THIS SAMPLE WITH OTHER SAMPLES FROM YOUR SYSTEM. SIGN AND ENCLOSE THE COMPOSITING WAIVER FORM, ENTER THE SOURCE NUMBERS OF THE SAMPLES TO BE COMPOSITED WITH THIS SAMPLE: 1. _____ 2. _____ 3. _____ 4. _____				
16. SEND RESULTS TO: (PLEASE PRINT OR TYPE): _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP TELEPHONE: (____) _____			17. PART TO PAY FOR TESTING: (PLEASE PRINT OR TYPE) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP TELEPHONE: (____) _____	
18. REMARKS: (WATER QUALITY PROBLEMS, ADDRESS FOR EXTRA COPIES, ETC.)				

FOR LABORATORY USE ONLY**DO NOT WRITE BELOW THIS LINE**

LAB NUMBER:	DATE RECEIVED: ____ / ____ / ____	DATE ANALYZED: ____ / ____ / ____	ANALYST:	LAB. SUPERVISOR:
SAMPLE SUBMITTED FOR: <input type="checkbox"/> REGULAR MONITORING <input type="checkbox"/> FOLLOW-UP OF LAB # _____ VERIFICATION CONFIRMATION		SAMPLE PRESERVATION: <input type="checkbox"/> 4°C <input type="checkbox"/> pH 2 <input type="checkbox"/> Ascorbic Acid / 524.2 <input type="checkbox"/> Sodium Thio Sulfate / SOC		
LABORATORY COMMENTS:				
METHOD: _____				

HELPFUL HINTS IN FILLING OUT THIS FORM

IF YOU OWN A PRIVATE WELL OR PRIVATE SOURCE OF WATER, OR IF 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.

- Item #1 Enter the name of your public water system as written on your WFI.
- Item #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.
- Item #3 This is the DOH source number shown on your WFI form (item #17) such as SO1, SO2,...S10, etc.
- Item #4 This is the class category of your public water system. Class A water systems serve 15 or more connections or 25 or more people per day for 60 or more days per year. Class 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 for less than 60 days per year. Your class is written on your WFI.
- Item #5 Enter the county where your water system is located.
- Item #6 Source type: 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. Please see your WFI for details.
- Item #7 This is the corresponding name of that specific source such as well #1, well #2, Lake Whatcom, Chehalis River, Indian Creek, etc.
- Item #8 Please indicate if sample was collected before or after treatment.
- Item #9 Please include all types of treatment at the time of sampling for that source. Specify if no treatment is being applied to your source.
- Item #10 Enter the date of collection of the sample.
- Item #11 Enter the time of collection of sample.
- Item #12 Enter the name of the person who collected the sample and their phone number.
- Item #13 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.
- Item #14 Please check if this sample was submitted for approval of a new source.
- Item #15 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 samples 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 additions fees will be charged. You may only request the laboratory to composite up to five sources.
- Item #16 Enter name address and phone number of party to receive the results of analysis.
- Item #17 Enter the name address and phone number of party who will pay for the charges.
- Item #18 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 to be sent.

TELEPHONE NUMBERS FOR ASSISTANCE

QUESTIONS REGARDING DRINKING WATER REGULATIONS,
SYSTEM MONITORING REQUIREMENTS, AND SAMPLING INFORMATION
AS TO LOCATION, SOURCE TYPE OR METHOD.

A.	BELLE FUCHS	SW REGIONAL OFFICE (360) 586-5179
B.	STEVE HULSMAN	NW REGIONAL OFFICE (206) 464-7962
C.	SCOTT FINK	EASTERN REGIONAL OFFICE (509) 456-2475