

REPORT TO & BILLING INFORMATION

Report To: Beverly Beach Improvement Club	Bill To:
Ship Address: PO BOX 12	Address:
City: Freeland St: WA Zip: 98249	City: _____ St: _____ Zip: _____
Phone: 360.730-1354 Fax: _____	Email: _____
Email: _____	Phone: _____ P.O.# _____
Contact: Joe Waldrup	<input type="checkbox"/> Visa <input type="checkbox"/> M/C Expires / /
Project _____	Card # _____

SAMPLING INFORMATION REQUIRED

1. Investigative **Compliance** - is for State regulations for Public Water Systems. (Results will be sent to you and the State)

2. Date Collected: **6/2/15** Time Collected: **0910** AM PM

3. Collected By: **Joe Waldrup** Telephone: **360-675-2457**

4. Specific Location: **1842 Foliage Street**

PUBLIC WATER SYSTEM (ONLY)

5. System ID Number: **06147**

6. DOH Source Number: **50-2** Check here if this a New Source.
 (Without a source number DOH will not accept the samples. If sample is blended from more than one source, list all.)

7. Group: **A** B

8. System Name: **BEVERLY BEACH IMPROVEMENT CLUB**

9. Source Type: Surface Well/Ground Water Well Field Spring Purchased

10. County: **Island**

11. Sample taken: No Treatment After Treatment Before Treatment In Distribution

12. Utility's Name for this source: **50-2**

13. Treatment Type: None Fluoridation Chlorination Filtration Aeration Softener Other

14. **COMPOSITE INFORMATION** (Applies to Multiple Sources Only) If sample is to be composited in lab, list all sources.
 If you want the lab to composite samples from your system INITIAL here _____

1. _____ 2. _____ 3. _____ 4. _____ 5. **15-10909**
 24719

15. Remarks: _____

ANALYSIS TO PERFORM

FREQUENTLY REQUESTED TESTS ARE LISTED BELOW. FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS.

<input type="checkbox"/> 531.1 Carbamates <input type="checkbox"/> 549.2 Diquat <input type="checkbox"/> 504.1 EDB, DBCP, 1,2,3-TCP <input type="checkbox"/> 548.2 Endothall <input type="checkbox"/> 547 Glyphosate <input type="checkbox"/> 515.1 or 4 Herbicides <input type="checkbox"/> 525.2 Pesticides (Regulated) Pest 1 test Pannel <input type="checkbox"/> 524.2 VOC <input type="checkbox"/> 552.2 Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 Trihalomethanes (THM)	<input type="checkbox"/> 508.1 Organochlorine Pesticides/PCB <input type="checkbox"/> 1613 Dioxins Inorganic Compounds <input type="checkbox"/> Bromate <input type="checkbox"/> Bromide <input type="checkbox"/> Chloride <input type="checkbox"/> Chlorine <input type="checkbox"/> Conductivity <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Cyanide <input type="checkbox"/> Fluoride <input type="checkbox"/> Lead and Copper Rule (Special Sampling) <input type="checkbox"/> Metals (List or circle each metal individually)*	<input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Total Dissolved Solids (TDS) <input type="checkbox"/> Total Organic Carbon (TOC) <input type="checkbox"/> Turbidity <input type="checkbox"/> Sulfate Radionuclides <input type="checkbox"/> Gross Alpha/Beta <input type="checkbox"/> Radium 226 <input type="checkbox"/> Radium 228 <input type="checkbox"/> Radon	General Testing <input type="checkbox"/> Building Permit List the County: _____ <input type="checkbox"/> EWS Well Report <input type="checkbox"/> Nuisance Test (Fe, Mn, pH, Hardness) <input type="checkbox"/> Arsenic Other Analysis Please List: X Asbestos
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*METALS: Al, Sb, As, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Se, Si, Ag, Na, Sr, Tl, Sn, Ti, U, V, Zn

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
X			X <i>[Signature]</i>	6/2/15	1620
X			X		

CUSTODY SEALS INTACT YES NO N/A

SAMPLE TEMP **57** °C SATISFACTORY YES NO

SAMPLES RECEIVED INTACT YES NO

CHAIN OF CUSTODY & LABELS AGREE YES NO

