



Safe Drinking Water Program Laboratory Report

PUBLIC WATER SYSTEM INFORMATION

PWS I.D. #: _____

System Name: _____

System Type: Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____

State: _____

Phone #: _____

ZIP Code: _____

E-Mail Address: _____

Fax #: _____

SAMPLE INFORMATION

Sample Number: [REDACTED] Location Code (if known): _____

Sample Date: _____ Sample Time: _____

Sample Location: _____ Field pH: _____

Disinfectant Residual: _____ mg/L

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | | |
|--|---|---|--------------------------|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Quarter?) | <input type="checkbox"/> |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) | <input type="checkbox"/> |
| <input type="checkbox"/> Plant Tap (not 62-550 compliance) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution | <input type="checkbox"/> |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) | <input type="checkbox"/> |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Ave Residence Time | <input type="checkbox"/> Sampling Procedure Used or Other Comments: _____ | | |
| <input type="checkbox"/> Near First Customer | | | |

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
(Name) (Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____

Date: _____