

### REPORT TO & BILLING INFORMATION

Report To: <b>Beverly Beach Improvement Club</b>	Bill To:
Ship Address: <b>PO BOX 12</b>	Address:
City: <b>Freeland</b> St: <b>WA</b> Zip: <b>98249</b>	City: St: Zip:
Phone: <b>360.730-1354</b> Fax:	Email:
Email:	Phone: P.O.#
Contact: <b>Joe Waldrup</b>	<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: 4/23/15 Time Collected: 0910  AM  PM

3. Collected By: Joe Waldrup Telephone:

4. Specific Location: Well Head

### 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. **15-07705**  
17545

15. Remarks:

### ANALYSIS TO PERFORM

**FREQUENTLY REQUESTED TESTS ARE LISTED BELOW. FOR OTHERS, SEE OTHER ANALYSIS.**

<b>Organic Compounds</b> <input type="checkbox"/> 53.1.1 Carbamates <input type="checkbox"/> 54.9.2 Diquat <input type="checkbox"/> 50.4.1 EDB, DBCP/1,2,3-TCP <input type="checkbox"/> 54.8.2 Endothall <input type="checkbox"/> 54.7 Glyphosate <input type="checkbox"/> 51.5.1 or 4 Herbicides <input type="checkbox"/> 52.5.2 Pesticides (Regulated) Pest 1 test Panel <input type="checkbox"/> 52.4.2 VOC <input type="checkbox"/> 55.2.2 Haloacetic Acids (HAA) <input type="checkbox"/> 52.4.2 Trihalomethanes (THM)	<input type="checkbox"/> 508.1 Organochlorine Pesticides/PCB <input type="checkbox"/> 16.13 Dioxins <b>Inorganic Compounds</b> <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 <b>Radionuclides</b> <input type="checkbox"/> Gross Alpha/Beta <input type="checkbox"/> Radium 226 <input checked="" type="checkbox"/> Radium 228 <input type="checkbox"/> Radon	<b>General Testing</b> <input type="checkbox"/> Building Permit <input type="checkbox"/> List the County: _____ <input type="checkbox"/> EWS Well Report <input type="checkbox"/> Nuisance Test (Fe, Mn, pH, Hardness) <input type="checkbox"/> Arsenic <b>Other Analysis Please List:</b>
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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 <u>[Signature]</u>	4.23.15	1510
X			X		

CUSTODY SEALS INTACT Edge YES  NO  N/A  SAMPLES RECEIVED INTACT YES  NO

SAMPLE TEMP 11.7 °C SATISFACTORY  YES  NO  CHAIN OF CUSTODY & LABELS AGREE YES  NO





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15. Remarks:

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<b>Organic Compounds</b> <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 Endothal <input type="checkbox"/> 547 Glyphosate <input type="checkbox"/> 515.1 or 4 Herbicides <input type="checkbox"/> 525.2 Pesticides (Regulated) Pest 1 test Panel <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 <b>Inorganic Compounds</b> <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 <b>Radionuclides</b> <input checked="" type="checkbox"/> Gross Alpha/Beta <input type="checkbox"/> Radium 226 <input type="checkbox"/> Radium 228 <input type="checkbox"/> Radon	<b>General Testing</b> <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 <b>Other Analysis Please List:</b>
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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		
X			X		

CUSTODY SEALS INTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	SAMPLES RECEIVED INTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SAMPLE TEMP _____°C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>

