

Non Potable Water Form
Kuo Testing Labs, Inc.

337 S. 1st. Ave., Othello, WA. 99344 PHONE (509) 488-0112 FAX (509) 488-0118 e-mail kuoest@aol.com

Client Name: **Laboratory Performing Analysis:** **Results**

Client Information **Billing Information:** **Reporting Address (if different from Billing Address)**

Contact Person: **Company:** **Address:** **City, St., ZIP:** **Phone**

Telephone No **Address:** **City, St., ZIP:** **FAX**

FAX: **Purchase Order Number:** **City, St., ZIP:** **FAX**

Project Name: **Telephone:** **City, St., ZIP:** **Phone**

Sampling Location: **Telephone:** **City, St., ZIP:** **FAX**

Lab Sample ID	Customer Sample Identification	Date/Time Collected	Sample Type: water, soil wastewater sludge, solid	No. Of containers	Analyses Required					Requested Turn-around	Comments: <input type="checkbox"/> Normal <input type="checkbox"/> Rush <input type="checkbox"/> Priority
					Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):		
Sampled By (PRINT):	Sampled By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time
Relinquished By (PRINT):	Relinquished By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time
Relinquished By (PRINT):	Relinquished By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time

Potable Water Form

Kuo Testing Labs, Inc.

Chain of Custody for Chemical Analysis

SAMPLES WILL NOT BE ANALYZED IF THIS FORM IS NOT COMPLETED! THE DOH REQUIRES ALL OF THE FOLLOWING INFORMATION FOR ANY DRINKING WATER SAMPLE SEE INSTRUCTIONS ON PAGE THREE FOR FILLING OUT THIS FORM

Form with fields: 1. SYSTEM NAME OR CUSTOMER NAME, 2. SYSTEM ID #, 3. SOURCE #, 4 CLASS, 5. COUNTY, 6. SOURCE TYPE, 7. UTILITY'S NAME FOR THIS SOURCE, 8. SAMPLE TAKEN, 9. TREATMENT TYPE, 10. DATE COLLECTED, 11. TIME OF COLLECTION, 12. COLLECTED BY, 13. SPECIFIC LOCATION WHERE SAMPLE WAS TAKEN, 14. SAMPLE SUBMITTED FOR APPROVAL OF NEW SOURCE? PLEASE CHECK, 15. COMPOSITE INFORMATION, 16. SEND RESULTS TO, 17. PARTY TO PAY FOR TESTING, 18. REQUESTED TURN-AROUND TIME, 19. REMARKS, 20. Relinquished By, Date & Time Received at Lab.

Tests Needed:

REQUESTED ANALYSES FORM

Customer Sample Identification (i.e. MW#1): _____

Number of Containers: _____

PLEASE INITIAL EACH TEST YOU WISH TO HAVE PREFORMED!

Analyte	Initial	Analyte	Initial
Acidity		Nickel* Ni	
Alkalinity, Total		Nitrogen, Nitrate* NO ₃ -N	
Alkalinity, Bicarbonate HCO ₃ ⁻		Nitrogen, Nitrite* NO ₂ -N	
Alkalinity, Carbonate CO ₃ ⁻²		Nitrogen, Nitrate + Nitrite*	
Aluminum Al		Nitrogen, Total Kjeldhal* - TKN	
Ammonia NH ₃ -N		Oil & Grease	
Antimony Sb		Orthophosphate PO ₄ ⁻³	
Arsenic* As		Oxygen, Biochemical Demand BOD	
Barium* Ba		Oxygen, Chemical Demand COD	
Beryllium* Be		Oxygen, Dissolved DO	
Boron B		pH	
Cadmium* Cd		Phosphorus, Total	
Calcium Ca		Phenolics, Total Recoverable	
Carbon, Total Organic TOC		Selenium* Se	
Chloride* Cl ⁻		Silica, Dissolved SiO ₂	
Chlorine, Residual Free Cl ₂		Silica, Total SiO ₂	
Chlorine, Total Residual Cl ₂		Silver* Ag	
Chromium* Cr		Sodium* Na	
Cobalt Co		Solids, Total TS	
Color*		Solids, Total Dissolved* TDS	
Conductivity*, Specific		Solids, Total Suspended TSS	
Copper* Cu		Solids, Total Volatile TVS	
Cyanide*, Total CN ⁻		Solids, Total Volatile Dissolved TVDS	
Fluoride* F ⁻		Sulfate* SO ₄	
Hardness, Calcium CaCO ₃		Sulfide ⁻²	
Hardness*, Total CaCO ₃		Sulfite SO ₃ ⁻²	
IOC Inorganic Chemicals		Thallium* Tl	
Iron* Fe		Turbidity*	
Lead* Pb		Vanadium V	
Magnesium Mg		Zinc* Zn	
Manganese* Mn		OTHER:	
Molybdenum Mo			
Mercury* Hg			

NOTE: Arsenic* means this analyte is part of an IOC test.

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.

- Item #1 Enter the name of your public water system as written on your WFI. Enter your name or a company name if you are not a public water system
- Item #2 This is the six digit number assigned to your public water system by the Department of Health (DOH). Please refer your Water Facilities Inventory (WFI) form.
- Item #3 This is the DOH source number shown on your WFI (item #17) such as S01, S02, . . . 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 or 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 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 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 sample.
- Item #11 Enter the time of collection of sample.
- Item #12 Enter the name of 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 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.
- Item #16 Enter name, address, etc. of the party to receive the results and how they wish to receive them.
- Item #17 Enter name, address, etc. of party who will pay for the charges and if they are to receive a copy of the results.
- Item #18 Indicate the turn-around time required or needed.
- Item #19 Please indicate here any comments, water problems, etc.
- Item #20 Please PRINT your name and then SIGN your name.

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 |

Kuo Testing Labs, Inc.

1300 Sixth St., Suite J Umatilla, OR 97882 (541) 922-6435 Fax (541) 922-6536 Mobile (541) 379-3820
337 S 1st Ave. Othello, WA 99344 (509) 488-0112 (800) 328-0112 Fax (509) 488-0118 e-mail kuotest@atnet.net

How to Disinfect A well and Water System

Overview: Use ordinary liquid laundry bleach to shock chlorinate the water system. Determine how much bleach to use, then pour the bleach down the well and circulate it through the whole water distribution system. Wait 6-12 hours for the chlorine to work then flush the chlorinated water from your well and pipes. Retest the water after 2-3 days.

Step-by-Step Instruction for Shock Chlorination

1. **Create an opening at the top of the well to pour in the chlorine solution.** Well caps vary—this step may be easier for some wells than others.
 - If there is a flat or domed cap on top of a well with no pipes sticking up out of it, you can unbolt the cap and remove it.
 - **If pipes stick up from the well cap, do not remove the bolts!** The bolts hold the bottom plate of the seal and if you remove the bolts, the bottom plate will drop down your well. In addition, the weight of the pump may be resting on the cap, and if you remove the cap, you may lose your pump down the well. The best option is the vent pipe hole. If you can remove this short piece of pipe that sticks up out of the cap, you can use that hole to pour down the chlorine solution. If you have difficulties with this step, call a well or pump professional for assistance.
2. **Determine the amount of bleach you will need.** An initial chlorine concentration of 50 to 100 parts per million (ppm) is recommended. To estimate how much bleach to use for this concentration, use the table below based on the diameter and depth of water in the well. **Note: Do not use the total depth of the well. The depth of water is the distance from the water level to the bottom of the well.** This information is on your well log. Your local Watermaster can help you get a copy of your well log. Your well driller may also have this information.

Amount of Ordinary Chlorine Laundry Bleach to Shock a Well (*very roughly 100 ppm*)

Depth of Water in Well				
Well diameter	Less than 50 feet	50-100 feet	100-150 feet	150 or greater
2	1 cup	1 cup	1 cup	1 cup
4	1 cup	2 cups	3 cups	1 quart=4 cups
6	2 cups	1 quart=4 cups	1 ½ quarts=6 cups	½ gallon=8 cups
8	1 quart=4 cups	½ gallon=8 cups	½ gallon=8 cups	¾ gallon=3 quarts
10	½ gallon=8 cups	¾ gallon=3 quarts	¾ gallon=3 quarts	1 gallon
12	½ gallon=2 quarts	¾ gallon= 3 quarts	1 gallon	1 gallon

3. **Make sure you have the right type of chlorine bleach.** Use plain liquid laundry bleach (Chlorox, Purex, or a generic brand). Do not use bleach with additives or special scents. The label should say *sodium hypochlorite* and the concentration should be about 5-6%.
4. **Dilute the bleach.** Use 2 cups or less per 2 gallon bucket of water. Straight chlorine can corrode metal well parts.
5. **Pour the diluted chlorine bleach solution down the well.** Be careful not to splash on clothes and skin.
6. **Mix the chlorine and the well water.** Attach a hose to a faucet near the well and run the water. After you smell chlorine, direct the water from the hose back down into the top of the well. (If you don't smell chlorine in a few minutes, add some more before circulating the water.)
7. **Make sure the system is chlorinated** by opening each fixture (sink, shower, outdoor faucet) one at a time and let water run until you smell chlorine. Be sure to run hot water to draw chlorine into the water heater. If you don't smell chlorine, be sure to add more diluted bleach solution and circulate with the hose again.
8. **Hold the chlorine in the pipes 6-12 hours.** Don't use the water! (A few toilet flushes are O.K.)
9. **Remove chlorinated water from well and pipes.** Run a hose outdoors until you no longer smell chlorine. Don't use this water on plants. Next, run chlorine water out of plumbing. Less water down drain is better for septic tank.
10. **About 3 day later, test for coliform bacteria.** Do not consume the water until you receive "clean" test results.

Kuo Testing Labs, Inc.

Agricultural Industrial Environmental

Washington headquarters: 337 South 1st AVE, Othello, WA 99344 Tel: (509) 488-0112

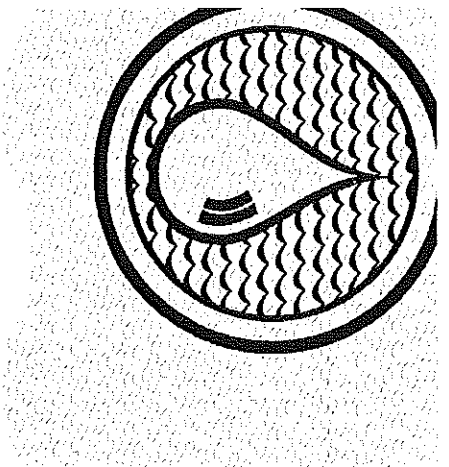
Oregon Branch: 1300 Sixth St. Suite J, Umatilla, OR 97882 Tel: (541) 922 6435

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(800) 833-6388.



Coliform Distribution System Sampling Procedure

September 2011

DOH 331-225
(Revised)



Coliform Sampling Procedure

We recommend that you use the following steps when collecting your sample. If instructions from your laboratory are different, please call us for clarification.

Most sample kits contain a:

- Sample bottle
- Lab slip
- Rubber band

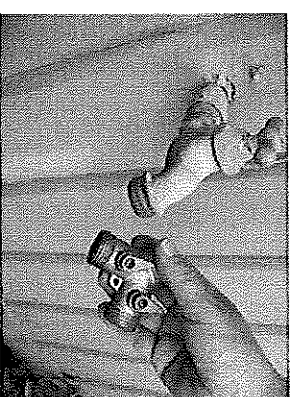
Step One

Follow your Coliform Monitoring Plan to collect routine and repeat samples from sites throughout the distribution system.

Sample taps should represent the water in your distribution system. Avoid poor sample sites such as swivel faucets, hot and cold mixing faucets (with a single lever), leaky or spraying faucets, drinking fountains, janitorial sinks, frost-free hose bibs, and faucets below or near ground level.

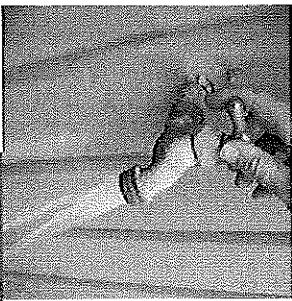
Step Two

Remove any attachments from the faucet, including aerators, screens, washers, hoses, and water filters. If you choose to disinfect the sample site prior to sample collection, be sure to flush thoroughly to remove all disinfectant.



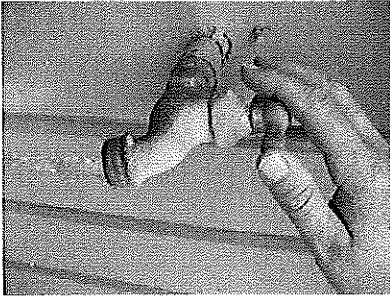
Step Three

Turn on the cold water only and let it run with a steady stream for at least five minutes. Before collecting the sample, turn the water down to a thin stream (about the width of a pencil), then let the water run one minute. If the system is chlorinated, measure the free chlorine residual and note the measurement on the lab slip.



Water conservation tip

You can save the flushed water in a bucket for later use.



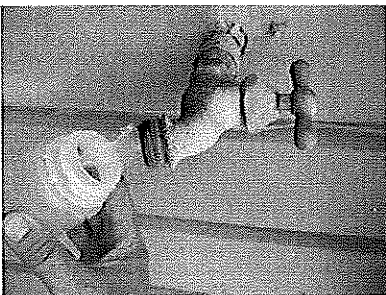
Step Four

There may be some liquid or powder in the sample bottle to neutralize chlorine. Do not rinse it out.

Step Five

To avoid contamination while taking the sample, hold the bottle near the bottom with one hand, hold the top of the cap with the other, and then unscrew the cap.

Do not set the cap down, touch any part of the cap that touches the bottle, or let anything touch the rim of the bottle or the inside of the cap.

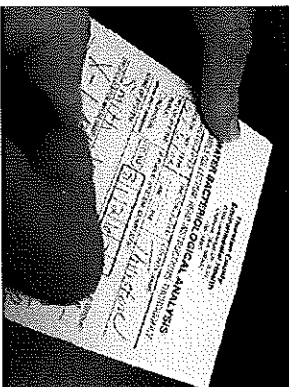


Step Six

Hold the bottle under the stream of water. Be careful not to let the bottle touch the sample tap. Fill the bottle to the neck or indicated fill line, but do not allow it to overflow. Remove the bottle from the water flow and replace the cap.

Step Seven

Complete the lab slip. If there was anything unusual about the sample collection, note it on the lab slip.



Laboratory forms vary. It is important to include at least the following information:

- Water system ID number
- Water system name
- Collection date and time
- Type of sample (check **ONLY ONE** Type: Routine, Repeat, Raw, or For Information Only)
- Sample location (street address or other location identifier)
- System type (Group A or B)

Step Eight

Secure the lab slip to the bottle with the rubber band. Deliver the sample to a certified lab or to a designated drop-off location for the lab as soon as possible. Lab analysis must begin within 30 hours of sample collection.

For more information

If you have questions about coliform sampling collection procedures, call our regional office:

Eastern Region

Spokane Valley
(509) 329-2100

Northwest Region

Kent
(253) 395-6750

Southwest Region

Tumwater
(360) 236-3030

For more information

If you have questions about sample collection procedures, call the Department of Health Office of Drinking Water:

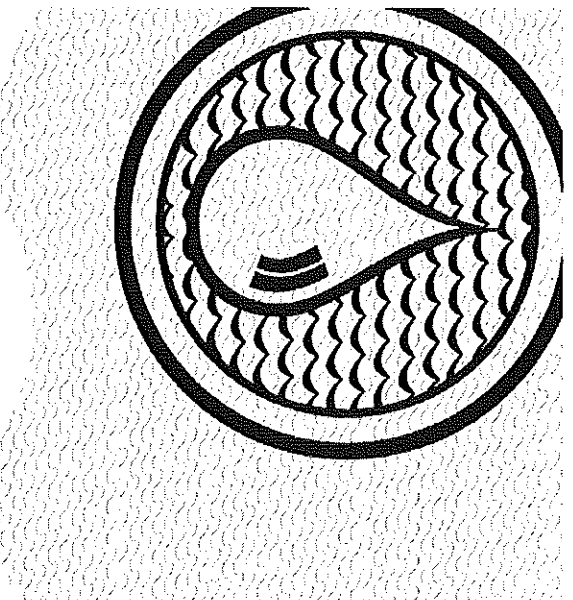
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Southwest Region, Tumwater
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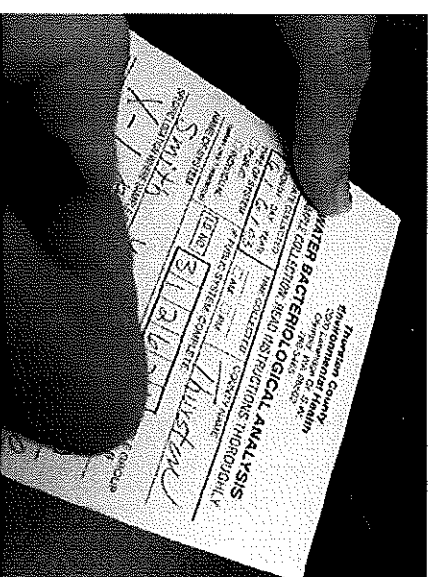
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Nitrate Sampling Procedure

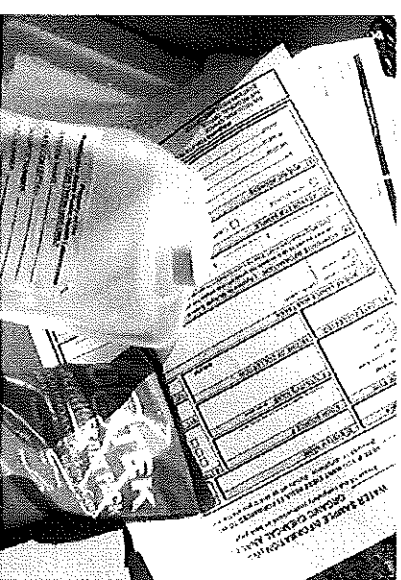
December 2009
(Updated)

DOH 331-222



Nitrate Sampling Procedure

This brochure provides general information on how to collect a sample for nitrate. Steps and procedures can vary depending on the laboratory used, so you should follow the instructions provided by the laboratory you are using.



NOTE: IF YOU WANT YOUR RESULTS SCHEDULED TO MATCH NATIONAL CRITIC (Required for compliance. Schedule for each tap and for each)

14

DATE COLLECTED 1/23/08	SYSTEM NAME Evergreen Water	SYSTEM ID NUMBER 503	SYSTEM TYPE <input type="checkbox"/> Private Home <input type="checkbox"/> Public Building <input type="checkbox"/> Other
DATE COLLECTED 1/25/08	SYSTEM NAME Wellfield-Wellfield	SYSTEM ID NUMBER 10:00	SYSTEM TYPE <input type="checkbox"/> Private Home <input type="checkbox"/> Public Building <input type="checkbox"/> Other
DATE COLLECTED 1/25/08	SYSTEM NAME Pumphouse Forest-	SYSTEM ID NUMBER 10:00	SYSTEM TYPE <input type="checkbox"/> Private Home <input type="checkbox"/> Public Building <input type="checkbox"/> Other

The general sampling procedure for nitrate monitoring is as follows:

The day before

Step One: Freeze the chemical cold pack.

Step Two: COMPLETE the laboratory form and sample label.

Laboratory forms vary. Be sure to include the following:

- Water system name
- Water system ID number
- System type (Group A or Group B)
- DOH source number (such as SO1)
- Sample purpose (usually "RC" for routine compliance sample)
- Date and time the sample was collected
- Sample location (specific location where you collected the sample. For example, "pump house tap.")
- Sample type (pre-treatment, raw, or post-treatment)

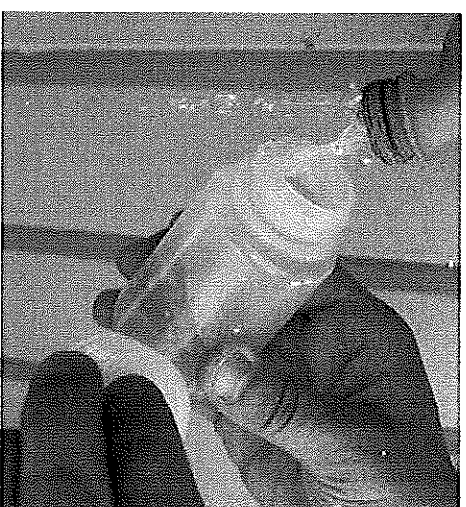
Sample Collection Day

Step One: Locate a sampling tap that is after treatment (if applicable) but before water enters the distribution system.

Step Two: Remove any attachment from the tap such as hoses, filters, screens, or aerators.

Step Three: Flush the water for about 5 minutes or until the water reaches a constant temperature.

Step Four: Fill the sample container to the shoulder of the bottle.



After completing sample collection

Keep all samples refrigerated until you are ready to ship them. When samples are ready for shipping, pack the samples, frozen chemical cold pack, and completed sample information form into a container and ship it to the laboratory within 24 hours.

Some county health departments and laboratories will pick up samples at a central drop-off location. Be sure to follow their schedule so that your samples reach the lab in time.