

**ASBESTOS STATE REPORTING FORM**  
*Report of Analysis*

Date Collected: (MM/DD/YY) _____ / _____ / _____	System Group Type: (circle one)    A    B    Other: _____
Water System ID Number: _____	System Name: _____
<b>LAB USE</b> - Sample #: <u>  1  </u> <u>  1  </u> <u>  9  </u> -- _____	County: _____
Sample Location: _____	Source Number(s): (list sources if blended or composited) _____
<u>Sample Purpose: (check appropriate box)</u> <input type="checkbox"/> RC – Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C – Confirmation (confirmation of chemical result) <input type="checkbox"/> I – Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O – Other (specify – does not satisfy monitoring requirements)	<b>LAB USE ONLY:</b> Date Received: (MM/DD/YY) _____ / _____ / _____ Date Analyzed: (MM/DD/YY) _____ / _____ / _____ Date Reported: (MM/DD/YY) _____ / _____ / _____ Comments: _____
<u>Sample Composition: (check appropriate box)</u>  <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (list sources in 'Source Number(s)' field) <input type="checkbox"/> C - Composite( list sources in 'Source Number(s)' field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (check one)</u> <input type="checkbox"/> Untreated (raw) <input type="checkbox"/> Treated <input type="checkbox"/> Unknown  Sample Collected by: (name) _____  Phone Number: _____
Send Report to: _____	Bill to: (client name) _____
<b>Phone:</b> _____	<b>Email:(Required)</b> _____

**EPA REGULATED AND STATE REGULATED OR REQUIRED**

DOH #	ANALYTE	DATA QUALIER	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded? ( X if YES )	METHOD/ Analyst initials
0115	Asbestos			MFL	0.2	7	7		

**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum contaminant level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- < (0.00X): The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

<b>Comments:</b>		
<b>Sample Relinquished By:</b>	<b>Date/Time:</b>	<b>Condition on Receipt:</b>
<b>Sample Received By:</b>	<b>Date/Time:</b>	<b>Temp on Receipt:</b>