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CHEMICAL ANALYSIS

Oregon Department
of Human Services**Oregon Drinking Water Program Chemical Analysis Report**

Water System Information	Sample Information	
PWS ID: 4 1	Report Date:	
PWS Name:	Collection Date/Time:	Collector:
Address:	Sample Location:	
City, State, Zip:	Sample Type: ROUTINE	
Phone:	Source ID: DIST-A	
Contact Person:	Sample/Lab ID:	

Lab/Cor, Inc ORELAP ID Number: WA 200003

Analytical results meet all NELAC requirements unless otherwise noted.

Analyte Code	Analyte	MCL (MF/L)	Result (MF/L)	Limit of Quantitation (MF/L)	Test Method
1094	Asbestos	7			EPA 100.2

Client Information:

Client Sample/ID Number(if applicable): _____

PO Number (if applicable): _____

<i>Client Phone:</i>	<i>Client Fax:</i>	<i>Client Email:</i>
<i>Send Report To:</i>		<i>Bill To:</i>

<i>Sample Relinquished By:</i>	<i>Date/Time:</i>	
<i>Sample Received By:</i>	<i>Date/Time:</i>	<i>Temp on Receipt:</i>

Internal Lab Use Only:

Ozone/UV Prepped by: _____ Ozone/UV Date: _____

Filtration Performed by: _____ Filtration Date: _____

Reviewed by _____ Date Reviewed _____ Final Results Released: _____ Hardcopy / Invoice Mailed: _____