Space for Lab Letter Head

**Insecticides/Carbamate**

*Analysis Report*

|  |  |
| --- | --- |
| Date Collected: (MM/DD/YY) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ | System Group Type: *(Circle one.)* A B Other: |
| Water System ID Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | System Name: |
| Lab Number/Sample Number: \_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | County: |
| Sample Location | Source Number(s) *(List all sources if blended or composited.)* |
| Sample Purpose *(check appropriate box)* ⃣ RC—Routine/Compliance *(Satisfies monitoring requirements.)* ⃣ C—Confirmation *(Confirmation of chemical result.)*\* ⃣ I—Investigative *(Does not satisfy monitoring requirements.)* ⃣ O—Other *(Specify—does not satisfy monitoring requirements)* | Date Received: (MM/DD/YY) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_Date Analyzed: (MM/DD/YY) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_Date Reported: (MM/DD/YY) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMMENTS: |
| Sample Composition *(Check appropriate box.)* ⃣ S—Single Source ⃣ B—Blended *(List source numbers in “Source Numbers” field.)* ⃣ C—Composite *(List source numbers in “Source Numbers” field.)* ⃣ D—Distribution Sample  | Sample Type *(Check one.)* ⃣ Pre-treatment/Untreated (Raw) ⃣ Post-treatment (Finished)⃣ Unknown or OtherSample Collected by: *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Send Report to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Bill to: *(Client name.)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Analytical Results**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOH #** | **Contaminant** | **Data Qualifier** | **Results** | **MRL** | **SDRL** | **MCL** | **Units** | **Exceeds MCL? (X if Yes)** | **Method/Initials** |
| 0146 | Carbofuran |  |  |  | 0.9 | 40 | µg/L |  |  |
| 0148 | Oxamyl  |  |  |  | 2 | 200 | µg/L |  |  |
| 0142 | Aldicarb |  |  |  | 0.5 | 3 | µg/L |  |  |
| 0143 | Aldicarb sulfone |  |  |  | 0.8 | 2 | µg/L |  |  |
| 0144 | Aldicarb sulfoxide |  |  |  | 0.5 | 4 | µg/L |  |  |
| 0145 | Carbaryl |  |  |  | 2 | -- | µg/L |  |  |
| 0147 | Methomyl |  |  |  | 4 | -- | µg/L |  |  |

**NOTES**

**\*Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

**Data Qualifier:** A symbol or letter to denote additional information about the result.

**DOH#:** Department assigned contaminant number.

**Exceeds MCL (Maximum Contaminant Level):** Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department’s drinking water regional office in your area.

**Method/Initials:** Analytical method used/Initials of the analyst that performed the analysis.

**MRL (Method Reporting Limit):** The lowest quantifiable concentration of a contaminant.

**SDRL (State Detection Reporting Limit):** The minimum reportable detection of a contaminant as established by the department.

**µg/L:** micrograms per liter.

**LAB COMMENTS**