



ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

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Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM _____
 SEND REPORT TO _____
 ADDRESS _____
 CITY STATE ZIP _____

Water System # _____
 Phone Number _____
 Fax Number _____
 County _____

Sample Type	Sample Purpose
<input type="checkbox"/> Before (B)	<input type="checkbox"/> Compliance (C)
<input type="checkbox"/> After (A)	<input type="checkbox"/> Investigative (I)
<input type="checkbox"/> Unknown (U)	<input type="checkbox"/> Other Purpose (B)

Date & Time Collected _____
 Sampler Name: _____
 Sampler Signature: _____

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

Single Well Source Number: _____
 Flowing Distribution (92) _____
 Standing Distribution (93) (Lead/Copper Distribution) _____
 Composite Sampling (95) List source #'s _____
 Blended Sample (96) List source #'s _____

Receiving Check List

Received Intact No Headspace
 Labels & Chains Agree Temp: _____
 Ice/Ice-Packs Present: _____
 Custody Seals Present: _____
 Preservatives: _____

Check Desired Analyses

IOCs

Lead / Copper
 Lead / Arsenic
 Nitrate
 Nitrite
 Washington Complete IOC
 Asbestos

VOCs & DBPs

VOC (VOC1)
 TTHM
 HAA5
 TOC

RADs

Gross Alpha
 Gross Beta
 RAD 226
 RAD 228

SOCs

Phase II SOC
 Semivolatiles (PEST1)
 Herbicides (HERB1)
 Carbamates (INSECT1)
 Pesticides (PEST1)
 EDB
 Phase V SOC
 Diquat
 Endothall
 Glyphosate
 Dioxin

Other (specify):

Customer Signature _____
 Shipping/Delivery Date _____

Received By _____
 Date Received _____