

Idaho Water Sample Information For Drinking Water Chemistry Analysis

System ID# (PWS):	_____		
System Name:	_____		
County:	<input type="checkbox"/> Kootenai <input type="checkbox"/> Bonner <input type="checkbox"/> Benewah <input type="checkbox"/> Clearwater <input type="checkbox"/> Boundary <input type="checkbox"/> Shoshone <input type="checkbox"/> Latah <input type="checkbox"/> Other: _____		
*Tag #:	_____		
Collection Location:	_____		
Date Collected:	____ / ____ / ____		
Time Collected:	_____ : _____ AM / PM		
**Sample Type:	<input type="checkbox"/> Distribution (Coliform, Pb/Cu, THM) <input type="checkbox"/> Raw Water <input type="checkbox"/> Plant Tap (VOC, SOC, IOC) <input type="checkbox"/> Non-Compliance		
Collected By:	_____		
Telephone:	_____		
Send Results To:	_____		
Jurisdiction:	<input type="checkbox"/> IDEQ, North Idaho Regional Office <input type="checkbox"/> Health District 1 <input type="checkbox"/> Other: _____		
Comments:	_____		

*If sample is taken from Source

** Sample Types:

- Distribution** - Taken from customer taps (Pb/Cu, Coliform, THM)
- Plant Tap** - After treatment but before any distribution branch (VOC, SOC, IOC)
- Raw Water** - Before Treatment and before entry into the distribution system
- Non-Compliance** - Samples which fit into none of the categories above.
 Please consult with **Accurate Testing** or **state agency**.

CHECK DESIRED ANALYSES

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> IOC PHASE II +As | <input type="checkbox"/> VOC | <input type="checkbox"/> Other - List: _____ |
| <input type="checkbox"/> IOC PHASE V | <input type="checkbox"/> SOC Phase II | _____ |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> SOC Phase V | _____ |
| <input type="checkbox"/> Nitrite | | _____ |

Samplers Signature: _____ Rec'd at Accurate by: _____

Shipping Date: _____ / _____ / _____ Received Date: _____ / _____ / _____
 : _____ AM / PM : _____ AM / PM