

Please Print Plainly

USE HEAVY PENCIL

A.H. Gier

STATE OF WASH. DEPARTMENT OF HEALTH
PUBLIC HEALTH LABORATORIES
OFFICE OF RADIATION LABORATORIES
1610 N.E. 150TH ST., SEATTLE, WA 98155-7224



WATER SAMPLE INFORMATION FOR RADIATION ANALYSES

LAB. NUMBER 1 0 1 0 4 1 7 0	SYSTEM NAME: Marine View Heights	SYSTEM I.D. NO. 1 6 1 7 7 Y	SYSTEM CLASS (circle one) A B	SOURCE NUMBER
Is this follow up of a previous out of compliance sample? Yes <input type="checkbox"/> No <input type="checkbox"/>		COUNTY Grant		
If yes, what was the laboratory number of the previous sample? _____		IF SOURCE IS LAKE OR STREAM, ENTER NAME		
SOURCE TYPE: ____ 1. SURFACE ____ 3. WELL ____ 2. SPRING ____ 4. PURCHASE	IF SAMPLE WAS DRAWN FROM DISTRIBUTION SYSTEM IT WAS COLLECTED FROM SYSTEM AT: (ADDRESS)			

DATE OF FINAL REPORT
7-27-93

SEND REPORT TO: (PRINT FULL NAME & ADDRESS)

(collected by Jerry Zease)

	DATE COLLECTED	DATE RECEIVED
1	<u>0 7 / 0 6 / 9 3</u>	<u>0 7 / 0 7 / 9 3</u>

NAME
Marine View Heights

685 O'Sullivan Dam Road
STREET

Othello WA **99344-9624**
CITY ZIP CODE

TELEPHONE (**509**) **346-2447**
AREA CODE

LABORATORY REPORT (DO NOT WRITE BELOW THIS LINE)

ANALYSES	LESS THAN	RESULTS pCi/L	*MCL pCi/L	COMPLIANCE		CHEMIST INITIALS
				YES	NO	
Gross Alpha	<	5.0		<input checked="" type="checkbox"/>		JZ
Uranium						
Gross Alpha minus Uranium			15			
Radium-226			3			
Radium-228						
Radium-226 Plus Radium-228			5			
Radon-222						
Gross Beta		9.9	50	<input checked="" type="checkbox"/>		JZ
Strontium-89			80			
Strontium-90			8			
Cesium-134			80			
Iodine-131			3			
Tritium			20,000			

LABORATORY SUPERVISOR
(Name or Initials)

JBR

QUALITY ASSURANCE SUPERVISOR
(Name or Initials)

JK

CHARGE: **70.00**

REMARKS:

*MCL is the maximum contaminant Level Allowed

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 DO NOT WRITE IN SHADED AREAS

State of Washington
 Department of Health
 DIVISION OF LABORATORIES
 1610 N.E. 150th St., Seattle WA 98155-7224
 (206) 361-2898

SEE BACK
 FOR INSTRUCTIONS

WATER SAMPLE INFORMATION FOR INORGANIC CHEMICAL ANALYSES

LAB. NUMBER 5 114559	DATE RECEIVED 06.17.93	DATE COLLECTED 06.16.93	COLLECTED BY: J. Lee
SYSTEM I.D. NO. 161734	SYSTEM NAME WELL	SYSTEM CLASS (circle one) 1	COUNTY Grant
SOURCE TYPE 1. Surface <input type="checkbox"/> 2. Spring <input type="checkbox"/> 3. Well <input checked="" type="checkbox"/> 4. Purchase <input type="checkbox"/>	SOURCE NO. (Well No.) 1	IF SOURCE IS LAKE OR STREAM ENTER NAME	
THIS SAMPLE WAS TAKEN <input type="checkbox"/> Before Treatment <input checked="" type="checkbox"/> After Treatment		IF SAMPLE WAS DRAWN FROM DISTRIBUTION SYSTEM IT WAS COLLECTED FROM SYSTEM AT: (Address) WELL	
IF TAKEN AFTER TREATMENT WAS IT <input type="checkbox"/> FILTERED <input type="checkbox"/> FLUORIDATED <input type="checkbox"/> CHLORINATED <input type="checkbox"/> WATER SOFTENER: TYPE USED _____			
REMARKS: (Water quality problems, address for additional copies, etc.) Inorganic Chemistry #6			
FEES ARE CHARGED FOR CHEMICAL TESTING A fee schedule is available from this department. PARTY TO PAY FOR FEE FOR SERVICE TESTING Signature (Required) _____ (Print Full Name & Address) Martin View Hts Inc - 685 O'Sullivan - Dan Rd Walla Walla WA 99384 City _____ Zip Code _____ Telephone: 509 246 2941 Area Code _____			

LABORATORY REPORT (DO NOT WRITE BELOW THIS LINE)

TESTS	MCL	LESS THAN	RESULTS	UNITS	Compliance		CHEMIST INITIALS
					YES	NO	
Arsenic	0.05	<	0.010	mg/l	✓		CRW
Barium	1.0	<	0.10	mg/l	✓		PO/JON
Cadmium	0.01	<	0.002	mg/l	✓		CRW
Chromium	0.05	<	0.010	mg/l	✓		PO/JON
Iron	0.3	<	0.10	mg/l	✓		PO/JON
Lead	0.05	<	0.002	mg/l	✓		CRW
Manganese	0.05	<	0.010	mg/l	✓		PO/JON
Mercury	0.002	<	0.0005	mg/l	✓		JON
Selenium	0.01	<	0.010	mg/l	✓		PO
Silver	0.05	<	0.010	mg/l	✓		PO/JON
Sodium			44	mg/l			PO/JON
Hardness			147	mg/l AS CaCO3			PO/JON
Conductivity	700		510	Micromhos/cm 25° C	✓		JON
Turbidity	1.0		0.4	NTU	✓		JON
Color	15.0	<	5.0	Color Units	✓		JON
Fluoride	2.0		0.5	mg/l	✓		JON
Nitrate	10.0		3.7	mg/l	✓		KK
Chloride	250		20	mg/l	✓		KK
Sulfate	250			mg/l			
TDS	500			mg/l			
Copper	1.0	<	0.2	mg/l	✓		PO/JON
Zinc	5.0	<	0.2	mg/l	✓		PO/JON

DATE OF FINAL REPORT:
7/21/93

LABORATORY SUPERVISOR
 (Name or Initials)
P. Jamar
 CHARGE: **\$240.00**
 REMARKS:
CRW