

TWISS ANALYTICAL LABORATORIES, INC

**DRINKING WATER SAMPLE INFORMATION (WSI)  
For ORGANIC CHEMICAL ANALYSIS**

**Please check the appropriate analysis and fill out the form completely  
Read the sampling instructions accompanying this form before sampling**

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|---|---|
| € 515.1 Herbicides<br>€ 525.2 Pesticides<br>€ 531.2 Carbamates<br>€ UCMR List 1 | € 552.1 Haloacetic Acids<br>€ 524.2 Total Trihalomethanes<br>€ 524.2 Volatile Organic Compounds |
|---|---|

Received by:	Date Received:	Lab/Sample No:
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<b>1. System ID#</b>	<b>2. System Name</b>	<b>3. Class</b> A B	<b>4. County</b>
<b>5. Source Type</b> € SURFACE WATER   € WELL/GROUND WATER   € WELL FIELD   € PURCHASED   € SPRING			
<b>6. DOH Source #</b>	<b>7. Multiple Source #</b>	<b>8. Treatment Type</b> € None   € Chlorination   € Aeration € Fluoridation   € Filtration   € Other	
<b>9. Date Collected</b>	<b>10. Time Collected</b> AM/PM	<b>11. Collected By</b>	<b>12. Telephone</b>
<b>13. Specific Location Where Sample Taken:</b>			<ul style="list-style-type: none"> <li>• Before Treatment</li> <li>• After Treatment</li> <li>• No Treatment</li> </ul>
<b>14. Reason For Sample</b> € New Source   € Compliance   € Other (Please specify)			
<b>15. Mailing Address</b>		<b>Billing Address</b>	
Name _____	Street address _____	Name _____	Street address _____
City, state, zip _____		City, state, zip _____	
<b>Composite Information (Applies to Multiple Sources Only)</b> Use only if you want the lab to composite this sample with other samples from your system. Sign and enclose the Compositing Waiver Form (CWF). Enter the source numbers of the samples to be composited with this sample.  1. _____ 2. _____ 3. _____ 4. _____ 5. _____			