

Iowa SWDA Form

Lab Sample ID # _____

Facility Name

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PWS ID

I	A								
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Test analysis (Please **Circle, Check or Write-in**)

Total Coliform	Nitrate	SOC	VOC	IOC	Sodium	TTHM	HAA ₅
Lead and Copper	Radiochemistry Gross alpha Combined Radium						

Sample Type:
(Check one)

	Routine	
	Repeat (circle one-->)	upstream downstream original random
	Special	

Free Chlorine

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Total Chlorine

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Sample date: Month

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Day

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Year

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Time: Hour

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Min

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Facility ID

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Sampling Point ID (use facility ID, if there is no # assigned)

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Sample Collection Location

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Sample Collector (last name, first name)

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Client Signature _____

Date _____ Time _____

Lab Signature _____

Date _____ Time _____