SELECTED CHEMICALS TO BE **MOVED** BETWEEN PRIMARY STATION CODES

DATE OF REQUI	EST:								
LAB NAME and	ID Number:								
ELAP CERTIFICA	ATION Number:								
PERSON REQUE	RSON REQUESTING CHANGE:								
PERSON RESPONSIBLE FOR ORIGINAL SUBMISSION (If Known):									
REASON TO MODIFY – <u>MOVE</u> - PREVIOUSLY REPORTED WATER QUALITY ANALYSES:									
									_
OLD PS CODE	SAMPLE DATE (YYYY/MM/DD)	Sample Time	Analysis Date	TEST (if known)	STORET (CHEMICAL) NUMBER	CHEMICAL NAME	FINDINGS	NEW PS CODE (move data to)	
									1
									-
COMMENTS:									
Print Name and ti	tle of person re	questing a	nd approvi	ng the ch	anges and o	date:			

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□CHANGE □ INVALID <u>or</u> **□ NEW DATE OF REQUEST: LAB NAME and ID Number: ELAP CERTIFICATION Number:** PERSON REQUESTING CHANGE: PERSON RESPONSIBLE FOR ORIGINAL SUBMISSION (If Known): **REASON TO MODIFY - CHANGE OR MAKE INVALID -**PREVIOUSLY REPORTED WATER QUALITY ANALYSES: **CURRENT DATA REPORTED IN DATABASE PS CODE** SAMPLE DATE SAMPLE TIME **ANALYSIS DATE STORET CHEMICAL NAME FINDING** (yyyy/mm/dd) (yyyy/mm/dd) (Chemical) Number PROPOSED DATA CHANGES or NEW DATA **PS CODE** SAMPLE TIME CHEMICAL NAME SAMPLE DATE **ANALYSIS DATE STORET FINDING** (Chemical) Number **COMMENTS:** Print Name and title of person requesting and approving the changes and date:

PREVIOUSLY REPORTED CHEMICAL FINDINGS TO BE MODIFIED or NEW:

PREVIOUSLY REPORTED CHEMICAL FINDINGS TO BE DELETED:

NOTE: Please send this deletion request directly to the district for signature and approval. Please see map to locate district: http://www.waterboards.ca.gov/drinking_water/programs/documents/ddwem/DD http://www.waterboards.ca.gov/drinking_water/programs/documents/ddwem/DD</a

DATE OF REQUEST:	
LAB NAME and ID Number:	
ELAP CERTIFICATION Number:	
PERSON REQUESTING CHANGE:	
PERSON RESPONSIBLE FOR ORIGINAL SUBMISSION (If Known):	
REASON TO MODIFY – <u>CHANGE</u> OR MAKE <u>INVALID</u> - PREVIOUSLY REPORTED WATER QUALITY ANALYSES:	

CURRENT DATA REPORTED IN DATABASE – TO BE DELETED									
PS CODE	SAMPLE DATE (yyyy/mm/dd) SAMPLE TIME		ANALYSIS DATE (yyyy/mm/dd)	STORET (Chemical) Number	CHEMICAL NAME	FINDING			

COMMENTS:

District Engineer or District Staff responsible for approving the changes and date: