



Full Service Analytical & Environmental Solutions

INORGANIC CHEMICAL ANALYSIS

Note: All information must be supplied for compliance credit.

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WATER SYSTEM NO. _____

County: _____

Name of Water System: _____

Sample Type: Entry Point Special/Non-compliance

Location Where Collected: _____

Facility ID No. _____

Sample Point: _____

Collected By: _____
(Please Print)

<u>Collection Date</u>	<u>Collection Time</u>
____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email: _____

LABORATORY ID #: _____ SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. <R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
1005	Arsenic		0.005 mg/L	<input type="checkbox"/>	_____ mg/L	0.010 mg/L
1010	Barium		0.400 mg/L	<input type="checkbox"/>	_____ mg/L	2.000 mg/L
1015	Cadmium		0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
1020	Chromium		0.020 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1024	Cyanide		0.050 mg/L	<input type="checkbox"/>	_____ mg/L	0.200 mg/L
1025	Fluoride		0.100 mg/L	<input type="checkbox"/>	_____ mg/L	4.000 mg/L
1028	Iron		0.060 mg/L	<input type="checkbox"/>	_____ mg/L	0.300 mg/L
1032	Manganese		0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1035	Mercury		0.0004 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1036	Nickel		0.100 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1045	Selenium		0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1052	Sodium		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1055	Sulfate		15.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1074	Antimony		0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.006 mg/L
1075	Beryllium		0.002 mg/L	<input type="checkbox"/>	_____ mg/L	0.004 mg/L
1085	Thallium		0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1925	pH		N/A	N/A	_____ units	6.50 - 8.50

*Note: Except for Iron, Manganese and Sulfate, if result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)
ANALYSES COMPLETED:	____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)

Laboratory Log #: _____ Certified By: _____
(Print and sign name)

COMMENTS: _____