



**NEW WELL INORGANIC CHEMICAL ANALYSIS**

Full Service Analytical & Environmental Solutions

Note: All information must be supplied for plan review credit.

Main Office:  
 449 Springbrook Road  
 P.O. Box 240543  
 Charlotte, NC 28224-0543  
 Phone: 704/529-6364  
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 www.prismlabs.com

WATER SYSTEM NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_

Name of Water System: \_\_\_\_\_

Sample Type:  Entry Point  Non-compliance

Location Where Collected: \_\_\_\_\_  
(Note: Compliance sample MUST be collected at the entry point.)

Facility ID No. \_\_\_\_\_

Sample Point: \_\_\_\_\_

Collected By: \_\_\_\_\_  
(Please Print)

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

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*
0100	Turbidity		0.10 ntu	<input type="checkbox"/>	_____ ntu	N/A
1005	Arsenic		0.005 mg/L	<input type="checkbox"/>	_____ mg/L	0.010 mg/L
1010	Barium		0.4 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
1016	Calcium		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1017	Chloride		5.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1020	Chromium		0.020 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1022	Copper		0.050 mg/L	<input type="checkbox"/>	_____ mg/L	1.300 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
1030	Lead		0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.015 mg/L
1031	Magnesium		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
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

\* Note: Concentrations for Lead and Copper are action levels, not MCLs.



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**NEW WELL INORGANIC CHEMICAL ANALYSIS (continued)**

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WATER SYSTEM NO. \_\_\_\_\_

Name of Water System: \_\_\_\_\_

Facility ID No. \_\_\_\_\_

Sample Point: \_\_\_\_\_

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

LABORATORY ID #: \_\_\_\_\_

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS	ALLOWABLE LIMIT*
1036	Nickel		0.100 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1040	Nitrate		1.00 mg/L	<input type="checkbox"/>	_____ mg/L	10.00 mg/L
1041	Nitrite		0.10 mg/L	<input type="checkbox"/>	_____ mg/L	1.00 mg/L
1045	Selenium		0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1050	Silver		0.05 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1052	Sodium		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1055	Sulfate		5.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1068	Acidity		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
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
1095	Zinc		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	5.0 mg/L
1905	Color		5 units	<input type="checkbox"/>	_____ units	15 units
1915	Total Hardness		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1925	pH		N/A	N/A	_____ units	6.5 - 8.5 units
1927	Alkalinity		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1930	Total Dissolved Solids		10.0 mg/L	<input type="checkbox"/>	_____ mg/L	500.0 mg/L

\* Note: Concentrations for Lead and Copper are action levels, not MCLs.

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

Laboratory Log #: \_\_\_\_\_

Certified By: \_\_\_\_\_  
 (Print and sign name)

COMMENTS: \_\_\_\_\_