



TTHM/HAA5 - Stage 1
Disinfection Byproducts Analysis
 Note: All information must be supplied for compliance credit.

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WATER SYSTEM NO. _____ County: _____

Name of Water System: _____

Sample Type: Routine Distribution Special/Non-compliance

Location Where Collected: _____

Facility ID No. D01

Sample Point: Maximum Residence Time (MAXRES1) Average Residence Time (AVGRES1) Special/Non-compliance

Location Code: _____

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

Collected By: _____
(Please Print)

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
2950	Total Trihalomethanes		0.0010 mg/L	<input type="checkbox"/>	____.____ mg/L	0.080 mg/L
2456	Total Haloacetic Acids		0.0020 mg/L	<input type="checkbox"/>	____.____ mg/L	0.060 mg/L

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

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

Laboratory Log #: _____

Certified By: _____
(Print and sign name)

COMMENT: _____