



Full Service Analytical & Environmental Solutions

WATER QUALITY PARAMETERS ANALYSIS

Note: All information must be supplied for compliance credit.

Main Office:
 449 Springbrook Road
 P.O. Box 240543
 Charlotte, NC 28224-0543
 Phone: 704/529-6364
 1/800/529-6364
 Fax: 704/525-0409
 www.prismlabs.com

WATER SYSTEM NO. _____ County: _____

Name of Water System: _____

Sample Type: Distribution Entry Point Special/Non-compliance

Location Where Collected: _____

Facility ID No. (if Distribution): D01 Sample Point: WQP Location Code: _____

Facility ID No. (if Entry Point): _____ Sample Point: _____

Collected By: _____
 (Please Print)

<u>Collection Date</u>	<u>Collection Time</u>
___/___/___	___:___, ___ M
<small>(MM/DD/YY)</small>	<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	ACTION LEVEL
1016	Calcium		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1044	Orthophosphate		0.200 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1049	Silica		2.00 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1064	Conductivity		N/A	N/A	_____ μmhos/cm	N/A
1925	pH		N/A	N/A	_____ units	6.5 – 8.5
1927	Alkalinity		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1996	Water Temperature		N/A	N/A	_____ °C	N/A

	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)

COMMENTS: _____