



Full Service Analytical & Environmental Solutions

LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

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WATER SYSTEM ID #: _____ County: _____

Name of Water System: _____

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: _____

Facility ID No. (Distribution): D 0 1

Sample Point: LCR

Location Code: _____

Collected By: _____

(Please Print)

Collection Date	Collection Time
___/___/___ (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*	ACTION LEVEL
1022	Copper		0.050 mg/L	<input type="checkbox"/>	_____ mg/L	1.300 mg/L
1030	Lead		0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.015 mg/L

* Note: If result exceeds action level, 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: _____