



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
1/800/529-6364
Fax: 704/525-0409
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)

Collection Date	Collection Time
____ / ____ / ____ <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.

	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: _____