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**NITRATE/NITRITE ANALYSIS**  
 Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: \_\_\_\_\_ County: \_\_\_\_\_

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

Sample Type:  Entry Point  Special/Non-compliance

Location Where Collected: \_\_\_\_\_

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
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

\*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State on day test completed.

	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: \_\_\_\_\_