



**STATESVILLE
ANALYTICAL**

Statesville Analytical
 122 Court St. /PO Box 228, Statesville NC 28687
 704-872-4697 web: www.sa-nc.com

INORGANIC CHEMICAL 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)

<u>Collection Date</u>	<u>Collection Time</u>
_____	_____
<small>(MM/DD/YY)</small>	<small>(Specify AM or PM)</small>

Mail Results to (water system representative):

Phone #: (____) _____

Responsible Person's email:

LABORATORY ID #: 37755 **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
1005	Arsenic	3113 B	0.005 mg/L	<input type="checkbox"/>	_____ mg/L	0.010 mg/L
1010	Barium	3111 D	0.400 mg/L	<input type="checkbox"/>	_____ mg/L	2.000 mg/L
1015	Cadmium	3113 B	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
1020	Chromium	3113 B	0.020 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1024	Cyanide	Lachet Auto	0.050 mg/L	<input type="checkbox"/>	_____ mg/L	0.200 mg/L
1025	Fluoride	4500 F-C	0.100 mg/L	<input type="checkbox"/>	_____ mg/L	4.000 mg/L
1028	Iron	3111 B	0.060 mg/L	<input type="checkbox"/>	_____ mg/L	0.300 mg/L
1032	Manganese	3111 B	0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1035	Mercury	3112 B	0.0004 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1036	Nickel	3113 B	0.100 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1045	Selenium	3113 B	0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1052	Sodium	3111 D	1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1055	Sulfate	4500 SO4-E	15.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1074	Antimony	3113 B	0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.006 mg/L
1075	Beryllium	3113 B	0.002 mg/L	<input type="checkbox"/>	_____ mg/L	0.004 mg/L
1085	Thallium	200.9	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1925	pH	4500 H B	N/A	N/A	_____ units	6.50 – 8.50

*Note: Except for **Iron, Manganese and Sulfate**, 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>	<small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	_____	_____
	<small>(MM/DD/YY)</small>	<small>(Specify AM or PM)</small>

Laboratory Log #: _____ **Certified By:** _____

COMMENTS: _____

Laboratory should Mail Results to:
 Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
 Fax: 919.715.6637