



Statesville Analytical Holdings, LLC
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LEAD AND COPPER ANALYSIS - Distribution System

Note: All information must be supplied for compliance credit.

Water System Number: _____ - _____ - _____ **County:** _____

Name of Water System: _____

Sample Type: Routine Distribution (Compliance) Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Code: _____ **Tap Location:** _____ **Street Address:** _____ **City:** _____

Check (✓) if sample site is owned or controlled by water system.

Check (✓) if sample site is a daycare or a K-12 school.

Facility ID No. (Distribution): D 0 1

Collection Date

___/___/___

(MM/DD/YY)

Collection Time

___:___, ___ **M**

(Specify AM or PM)

Sample Point: LCR

Collected By: _____

(Please Print)

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email:

Laboratory ID #: _____

Contam Code	Contaminant	Method Code	Required Reporting Limit (R.R.L)	Analysis Started	Analysis Ended	Not Detected (i.e.< R.R.L)	Quantified Results*	Action Level
1022	COPPER		0.050 mg/L			<input type="checkbox"/>	mg/L	1.3 mg/L
1030	LEAD		0.003 mg/L			<input type="checkbox"/>	mg/L	0.015 mg/L

* **Note:** If result exceeds the action level, the laboratory must report the analytical results to the State within 48 hours.

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

COMMENTS: _____

NCDEQ
 Public Mail Service Center
 1634 Mail Service Center
 Raleigh, NC 27699-1634