



# Statesville Analytical

122 Court St./PO Box 228, Statesville NC 28687  
 704-872-4697 web: [www.sa-nc.com](http://www.sa-nc.com)

## NEW WELL INORGANIC CHEMICAL ANALYSIS

Note: All information must be supplied for plan review credit.

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

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

Sample Type:  Source for Plan Review

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

Location Code: \_\_\_\_\_

Collection Date

Collection Time

Collected By: \_\_\_\_\_  
(Please Print)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

\_\_\_\_:\_\_\_\_, \_\_\_\_M  
(Specify AM or PM)

Mail Results to (water system representative):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

E Mail: \_\_\_\_\_

\*NOTE: Please complete portion above double line on Page 2.

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*
0100	Turbidity	<u>2130 B</u>	0.10 ntu	<input type="checkbox"/>	_____ ntu	N/A
1005	Arsenic	<u>3113 B</u>	0.005 mg/L	<input type="checkbox"/>	_____ mg/L	0.010 mg/L
1010	Barium	<u>3111 D</u>	0.4 mg/L	<input type="checkbox"/>	_____ mg/L	2.000 mg/L
1015	Cadmium	<u>3113 B</u>	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
1016	Calcium	<u>3111 B</u>	1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1017	Chloride	<u>4500 Cl-C</u>	5.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1020	Chromium	<u>3113 B</u>	0.020 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1022	Copper	<u>3111 B</u>	0.050 mg/L	<input type="checkbox"/>	_____ mg/L	1.300 mg/L
1024	Cyanide	<u>Lachat Auto</u>	0.040 mg/L	<input type="checkbox"/>	_____ mg/L	0.200 mg/L
1025	Fluoride	<u>4500 F-C</u>	0.100 mg/L	<input type="checkbox"/>	_____ mg/L	4.000 mg/L
1028	Iron	<u>3111 b</u>	0.060 mg/L	<input type="checkbox"/>	_____ mg/L	0.300 mg/L
1030	Lead	<u>3113 B</u>	0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.015 mg/L
1031	Magnesium	<u>3111 B</u>	1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1032	Manganese	<u>3111 B</u>	0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1035	Mercury	<u>3112 B</u>	0.0004 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L

\* Note: Concentrations for Lead and Copper are action levels, not MCLs.

Laboratory Log #: \_\_\_\_\_



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## NEW WELL INORGANIC CHEMICAL ANALYSIS

(continued)

Note: All information must be supplied for plan review credit.

WATER SYSTEM ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location Code: \_\_\_\_\_

Collection Date

Collection Time

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

\_\_\_\_:\_\_\_\_, \_\_\_\_M  
(Specify AM or PM)

LABORATORY ID #: 37755

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED ABOVE R.R.L. (X)	QUANTIFIED RESULTS	ALLOWABLE LIMIT*
1036	Nickel	<u>3113 B</u>	0.100 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1040	Nitrate	<u>4500 NO3-F</u>	1.00 mg/L	<input type="checkbox"/>	____.____ mg/L	10.00 mg/L
1041	Nitrite	<u>4500 NO3-F</u>	0.10 mg/L	<input type="checkbox"/>	____.____ mg/L	1.00 mg/L
1045	Selenium	<u>3111 B</u>	0.010 mg/L	<input type="checkbox"/>	____.____ mg/L	0.050 mg/L
1050	Silver	<u>3113 B</u>	0.05 mg/L	<input type="checkbox"/>	____.____ mg/L	0.100 mg/L
1052	Sodium	<u>3111 B</u>	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1055	Sulfate	<u>4500 SO4-E</u>	5.0 mg/L	<input type="checkbox"/>	____.____ mg/L	250.0 mg/L
1068	Acidity	<u>2310 B</u>	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1074	Antimony	<u>3113 B</u>	0.003 mg/L	<input type="checkbox"/>	____.____ mg/L	0.006 mg/L
1075	Beryllium	<u>3113 B</u>	0.002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.004 mg/L
1085	Thallium	<u>200.9</u>	0.001 mg/L	<input type="checkbox"/>	____.____ mg/L	0.002 mg/L
1095	Zinc	<u>3111 B</u>	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	5.0 mg/L
1905	Color	<u>2120 C</u>	5 units	<input type="checkbox"/>	____.____ units	15 units
1915	Total Hardness	<u>2340 B</u>	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1925	pH	<u>4500 H B</u>	N/A	N/A	____.____ units	6.5 – 8.5 units
1927	Alkalinity	<u>2320 B</u>	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1930	Total Dissolved Solids	<u>2540 C</u>	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: \_\_\_\_\_

COMMENTS: \_\_\_\_\_