



# Statesville Analytical Holdings, LLC

122 Court Street Statesville, NC 28677

704-872-4697

[www.sa-nc.com](http://www.sa-nc.com)

## 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:** \_\_\_\_\_

**Collection Date**

**Collection Time**

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

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

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

**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
1040	Nitrate	353.2	1.00 mg/L	<input type="checkbox"/>	___ . ___ mg/L	10.00 mg/L
1041	Nitrite	353.2	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:
<b>ANALYSES BEGUN:</b>	___/___/___ (MM/DD/YY)	___:___, ___M (Specify AM or PM)
<b>ANALYSES COMPLETED:</b>	___/___/___ (MM/DD/YY)	___:___, ___M (Specify AM or PM)

**Laboratory Log #:** \_\_\_\_\_ **Certified By:** \_\_\_\_\_

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