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**Piedmont Triad Regional Water Authority**

**7297 Adams Farm Road**

**Randleman, NC 27317**

## NITRATE/NITRITE ANALYSIS

Note: All information must be supplied for compliance credit.

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

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

**Sample Type:** 🞎 **Entry Point** X **Special/Non-compliance**

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

**Facility ID No. \_\_\_\_ \_\_\_\_ \_\_\_\_**

**Sample Point: \_\_\_\_ \_\_\_\_ \_\_\_\_ Collection Date Collection Time**

**Collected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_M**

(Please Print)  (MM/DD/YY) (Specify AM or PM)

|  |  |  |
| --- | --- | --- |
| **Mail Results to (water system representative):** |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Phone #: (336\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fax #: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Responsible Person’s email:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

###### LABORATORY ID #: 37423 🞎 SAMPLE UNSATISFACTORY 🞎 RESAMPLE REQUIRED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIREDREPORTING LIMIT (R.R.L.) | NOT DETECTED  (i.e. < R.R.L.)  (X) | QUANTIFIED  RESULTS\* | ALLOWABLE  LIMIT |
| 1040 | Nitrate | Hach 10206 | 1.00 mg/L | □ | \_\_ \_\_. \_\_ \_\_ \_\_ mg/L | 10.00 mg/L |
| 1041 | Nitrite | SM 4500NO2-B | 0.10 mg/L | □ | \_\_ \_\_. \_\_ \_\_ \_\_ 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:** | **\_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_**  **(MM/DD/YY)** | **\_\_\_ \_\_\_: \_\_\_ \_\_\_, \_\_M** (Specify AM or PM) |
| **ANALYSES COMPLETED:** | **\_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_**  **(MM/DD/YY)** | **\_\_\_ \_\_\_: \_\_\_ \_\_\_, \_\_M** (Specify AM or PM) |

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

(Print and sign name)

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