



Piedmont Triad Regional Water Authority  
7297 Adams Farm Road  
Randleman, NC 27317  
336-498-5510

## LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

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

County: \_\_\_\_\_

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

Sample Type: ☐ Routine Distribution ☐ Special/Non-compliance

Sample Site Type: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Other

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

Facility ID No. (Distribution): \_\_\_\_\_

Sample Point: \_\_\_\_\_

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

Collected By: \_\_\_\_\_

(Please Print)

Collection Date

\_\_\_\_\_

(MM/DD/YY)

Collection Time

\_\_\_\_\_ **M**

(Specify AM or PM)

Mail Results to (water system representative):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Responsible Person's email:

\_\_\_\_\_

LABORATORY ID #: 37423

☐ 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*	ACTION LEVEL
1022	Copper	EPA 200.8	0.050 mg/L	<input type="checkbox"/>	_____.____ mg/L	1.300 mg/L
1030	Lead	EPA 200.8	0.003 mg/L	<input type="checkbox"/>	_____.____ mg/L	0.015 mg/L

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

	DATE:	TIME:
ANALYSES BEGUN:	____/____/____ (MM/DD/YY)	____:____, ____ <b>M</b> (Specify AM or PM)
ANALYSES COMPLETED:	____/____/____ (MM/DD/YY)	____:____, ____ <b>M</b> (Specify AM or PM)

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

Certified By: \_\_\_\_\_

(Print and sign name)

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

2008

**Laboratory should Mail Results to:**

Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634

Fax: 919.715.6637