



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  Special/Non-compliance

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

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

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

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

Collection Date	Collection Time
_____ (MM/DD/YY)	<u>M</u> (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*	ALLOWABLE LIMIT
1040	Nitrate	Hach 10206	1.00 mg/L	<input type="checkbox"/>	_____._____ mg/L	10.00 mg/L
1041	Nitrite	SM 4500NO <sub>2</sub> -B	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.

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