



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)

\_\_\_\_\_  
(Specify AM or PM) **M**

**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.

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

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

**Certified By:** \_\_\_\_\_  
(Print and sign name)

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