



# Meritech, Inc.

Laboratory Certification No. 165  
642 Tamco Rd, Reidsville NC 27320

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## INORGANIC CHEMICAL ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM NO.: \_\_\_\_\_

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

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

Sample Type:  Distribution  Entry Point  Special/ Non-Compliance

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

Facility ID No. (if Distribution) : \_\_\_\_\_ Sample Point: \_\_\_\_\_ Location Code: \_\_\_\_\_

Facility ID No. (if Entry Point) : \_\_\_\_\_ Sample Point: \_\_\_\_\_

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

(PLEASE PRINT)

Mail Results to (Water System Representative) : \_\_\_\_\_

Collection Date __ / __ / __ (MM/DD/YY)	Collection Time __ : __ , _ M (Specify AM or PM)
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Would you like us to Fax or Email you the results?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Email: \_\_\_\_\_

Would you like us to Fax or Email you the results?

Laboratory ID #: **37740**  SAMPLE UNSATISFACTORY  RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED	QUANTIFIED RESULTS*	Allowable Limit
				(i.e. <R.R.L.) (x)		
1005	Arsenic	200.8	0.005 mg/L		_____ mg/L	0.010 mg/L
1010	Barium	200.8	0.400 mg/L		_____ mg/L	2.000 mg/L
1015	Cadmium	200.8	0.001 mg/L		_____ mg/L	0.005 mg/L
1020	Chromium	200.8	0.020 mg/L		_____ mg/L	0.100 mg/L
1024	Cyanide	335.4	0.050 mg/L		_____ mg/L	0.200 mg/L
1025	Fluoride	4500F-C	0.100 mg/L		_____ mg/L	4.000 mg/L
1028	Iron	200.8	0.060 mg/L		_____ mg/L	0.300 mg/L
1032	Manganese	200.8	0.010 mg/L		_____ mg/L	0.050 mg/L
1035	Mercury	245.1	0.0004 mg/L		_____ mg/L	0.002 mg/L
1036	Nickel	200.8	0.100 mg/L		_____ mg/L	N/A
1045	Selenium	200.8	0.010 mg/L		_____ mg/L	0.050 mg/L
1052	Sodium	200.7	1.0 mg/L		_____ mg/L	N/A
1055	Sulfate	4500504-E	15.0 mg/L		_____ mg/L	250.0 mg/L
1074	Antimony	200.8	0.003 mg/L		_____ mg/L	0.006 mg/L
1075	Beryllium	200.8	0.002 mg/L		_____ mg/L	0.004 mg/L
1085	Thallium	200.8	0.001 mg/L		_____ mg/L	0.002 mg/L
1925	pH	150.1	N/A	N/A	_____ s. units	6.5 - 8.5

\* Note: Except for Fe, Mn and Sulfate, if result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

Date: _____	Time: _____
Analysis Begun: ____/____/____	Time: _____: _____ am/ pm (circle one)
Analysis Completed: ____/____/____	Time: _____: _____ am/ pm (circle one)

Laboratory Log ID: \_\_\_\_\_ Certified By: \_\_\_\_\_

(Print & Sign)

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

**Laboratory Should Mail Results to:** Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Cntr, Raleigh NC 27699-1634  
Fax: 919-715-6637