



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 (i.e. <R.R.L.) (x)	QUANTIFIED RESULTS*	Allowable Limit
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	4500SO4-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	4500H+B	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: _____

