



MERITECH, INC.

ENVIRONMENTAL LABORATORIES

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TOTAL ORGANIC CARBON (TOC) REQUIREMENTS Disinfection Byproduct Precursor Analysis

Note: All information must be supplied for compliance credit.

Water System Number: _____ - _____ - _____ County: _____

Name of Water System: _____

Sample Type: Source Water (Compliance) Treated Water (Compliance) Non-compliance

Location Where Collected: _____

(Note: Compliance samples MUST be collected from either Source or Treated sites)

Facility ID No. _____

Sample Point: _____

Collected By: _____
(Please Print)

Mail Results to (water system representative):

Collection Date	Collection Time
____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email: _____

Laboratory ID #: 3 7 7 4 0

Contam Code	Contaminant	Method Code	Required Reporting Limit (R.R.L.)	Analysis Started	Analysis Ended	Not Detected (i.e. < R.R.L.)	Quantified Results	Allowable Limit
1927	ALKALINITY, TOTAL	2320B	1.0 mg/L			<input type="checkbox"/>	mg/L	n/a
2919	DISSOLVED ORGANIC CARBON (DOC)	5310C	1.0 mg/L			<input type="checkbox"/>	mg/L	n/a
2920	TOTAL ORGANIC CARBON (TOC)	5310C	1.0 mg/L			<input type="checkbox"/>	mg/L	n/a
2922	ULTRAVIOLET ABSORPTION 254 (UV254)	5910B	0.009 cm ⁻¹			<input type="checkbox"/>	cm ⁻¹	n/a

Laboratory Log #: _____ Certified By: _____
(Print and sign name)

COMMENTS: _____