



# K & W Laboratories

1121 Hwy 24/27 W  
Midland, North Carolina 28107  
Tel (704) 888-1211 Fax (704) 888-1511

## WATER QUALITY PARAMETERS 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): D01 Sample Point: WQP Location Code: \_\_\_\_\_

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

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

(Please Print)

Collection Date

Collection Time

\_\_\_/\_\_\_/\_\_\_

\_\_\_:\_\_\_, \_\_\_M

(MM/DD/YY)

(Specify AM or PM)

Mail Results to (water system representative):

Phone #: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Responsible Person's email: \_\_\_\_\_

LABORATORY ID #: 3 7 7 6 7

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	ACTION LEVEL
1016	Calcium	SM3500CaD	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1044	Orthophosphate as PO <sub>4</sub>	SM4500P-E	0.500 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1049	Silica		2.00 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1064	Conductivity	SM2510B	N/A	N/A	____.____ μmhos/cm	N/A
1925	pH	SM4500H+B	N/A	N/A	____.____ units	6.5 – 8.5
1927	Alkalinity	SM2320B	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1996	Water Temperature	SM2550B	N/A	N/A	____.____ °C	N/A

	DATE:	TIME:
ANALYSES BEGUN:	___/___/___ (MM/DD/YY)	___:___, ___M (Specify AM or PM)
ANALYSES COMPLETED:	___/___/___ (MM/DD/YY)	___:___, ___M (Specify AM or PM)

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

Certified By: G. Kraska  
(Print and sign name)

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