



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

NEW WELL INORGANIC CHEMICAL ANALYSIS (continued)

Note: All information must be supplied for plan review credit.

WATER SYSTEM NO. _____ - _____ - _____

Name of Water System: _____

Facility ID No. _____

Sample Point: _____

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

LABORATORY ID #: 3 7 7 6 7

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS	ALLOWABLE LIMIT*
1036	Nickel		0.100 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1040	Nitrate	4500NO3-D	1.00 mg/L	<input type="checkbox"/>	____.____ mg/L	10.00 mg/L
1041	Nitrite	4500NO2-D	0.10 mg/L	<input type="checkbox"/>	____.____ mg/L	1.00 mg/L
1045	Selenium		0.010 mg/L	<input type="checkbox"/>	____.____ mg/L	0.050 mg/L
1050	Silver		0.05 mg/L	<input type="checkbox"/>	____.____ mg/L	0.100 mg/L
1052	Sodium		1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1055	Sulfate	4500SO4-E	15.0 mg/L	<input type="checkbox"/>	____.____ mg/L	250.0 mg/L
1068	Acidity	2310B	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1074	Antimony		0.003 mg/L	<input type="checkbox"/>	____.____ mg/L	0.006 mg/L
1075	Beryllium		0.002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.004 mg/L
1085	Thallium		0.001 mg/L	<input type="checkbox"/>	____.____ mg/L	0.002 mg/L
1095	Zinc		1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	5.0 mg/L
1905	Color	2120B	5 units	<input type="checkbox"/>	____.____ units	15 units
1915	Total Hardness		1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1925	pH	4500H+B	N/A	N/A	____.____ units	6.5 – 8.5 units
1927	Alkalinity	2320B	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1930	Total Dissolved Solids	2540C	10.0 mg/L	<input type="checkbox"/>	____.____ mg/L	500.0 mg/L

* Note: Concentrations for Lead and Copper are action levels, not MCLs.

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

Laboratory Log #: _____

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

COMMENTS: _____



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NEW WELL INORGANIC CHEMICAL ANALYSIS

Note: All information must be supplied for plan review credit.

WATER SYSTEM NO. _____ - _____ - _____

County: _____

Name of Water System: _____

Sample Type: Entry Point Non-compliance

Location Where Collected: _____
(Note: Compliance sample MUST be collected at the entry point.)

Facility ID No. _____

Sample Point: _____

Collected By: _____
(Please Print)

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

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	ALLOWABLE LIMIT*
0100	Turbidity	SM2130B	0.10 ntu	<input type="checkbox"/>	____.____ ntu	N/A
1005	Arsenic		0.005 mg/L	<input type="checkbox"/>	____.____ mg/L	0.010 mg/L
1010	Barium		0.4 mg/L	<input type="checkbox"/>	____.____ mg/L	2.000 mg/L
1015	Cadmium		0.001 mg/L	<input type="checkbox"/>	____.____ mg/L	0.005 mg/L
1016	Calcium	3500CA-D	1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1017	Chloride		5.0 mg/L	<input type="checkbox"/>	____.____ mg/L	250.0 mg/L
1020	Chromium		0.020 mg/L	<input type="checkbox"/>	____.____ mg/L	0.100 mg/L
1022	Copper	3111B	0.050 mg/L	<input type="checkbox"/>	____.____ mg/L	1.300 mg/L
1024	Cyanide		0.050 mg/L	<input type="checkbox"/>	____.____ mg/L	0.200 mg/L
1025	Fluoride	4500F-C	0.100 mg/L	<input type="checkbox"/>	____.____ mg/L	4.000 mg/L
1028	Iron		0.060 mg/L	<input type="checkbox"/>	____.____ mg/L	0.300 mg/L
1030	Lead	3113B	0.003 mg/L	<input type="checkbox"/>	____.____ mg/L	0.015 mg/L
1031	Magnesium		1.0 mg/L	<input type="checkbox"/>	____.____ mg/L	N/A
1032	Manganese		0.010 mg/L	<input type="checkbox"/>	____.____ mg/L	0.050 mg/L
1035	Mercury		0.0004 mg/L	<input type="checkbox"/>	____.____ mg/L	0.002 mg/L

* Note: Concentrations for Lead and Copper are action levels, not MCLs.



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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: Entry Point Special/Non-compliance

Location Where Collected: _____

Facility ID No. _____

Sample Point: _____

Collected By: _____
(Please Print)

Collection Date	Collection Time
____/____/____ (MM/DD/YY)	____:____, M (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*	ALLOWABLE LIMIT
1005	Arsenic		0.005 mg/L	<input type="checkbox"/>	_____ mg/L	0.010 mg/L
1010	Barium		0.400 mg/L	<input type="checkbox"/>	_____ mg/L	2.000 mg/L
1015	Cadmium		0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
1020	Chromium		0.020 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1024	Cyanide		0.050 mg/L	<input type="checkbox"/>	_____ mg/L	0.200 mg/L
1025	Fluoride	4500FC	0.100 mg/L	<input type="checkbox"/>	_____ mg/L	4.000 mg/L
1028	Iron		0.060 mg/L	<input type="checkbox"/>	_____ mg/L	0.300 mg/L
1032	Manganese		0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1035	Mercury		0.0004 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1036	Nickel		0.100 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1045	Selenium		0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1052	Sodium		1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1055	Sulfate	4500SO4E	15.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1074	Antimony		0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.006 mg/L
1075	Beryllium		0.002 mg/L	<input type="checkbox"/>	_____ mg/L	0.004 mg/L
1085	Thallium		0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1925	pH	4500H+B	N/A	N/A	_____ units	6.50 - 8.50

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

	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: _____

Laboratory should Mail Results to:

Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax: 919.715.6637