



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

**NITRATE/NITRITE ANALYSIS**

Note: All information must be supplied for compliance credit.

**WATER SYSTEM ID #:** \_\_\_\_\_ **County:** \_\_\_\_\_

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

**Sample Type:**  Entry Point  Special/Non-compliance

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

**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
1040	Nitrate	4500NO3-D	1.00 mg/L	<input type="checkbox"/>	____.____ mg/L	10.00 mg/L
1041	Nitrite	4500NO2-B	0.10 mg/L	<input type="checkbox"/>	____.____ mg/L	1.00 mg/L

\*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State on day test completed.

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

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

**Certified By:** \_\_\_\_\_  
(Print and sign name)

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