



RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

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)

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 #: 37701

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	3113 B	0.005 mg/L	<input type="checkbox"/>	_____ mg/L	0.010 mg/L
1010	Barium	200.7	0.400 mg/L	<input type="checkbox"/>	_____ mg/L	2.000 mg/L
1015	Cadmium	200.7	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
1020	Chromium	200.7	0.020 mg/L	<input type="checkbox"/>	_____ mg/L	0.100 mg/L
1024	Cyanide	4500 CN-E	0.050 mg/L	<input type="checkbox"/>	_____ mg/L	0.200 mg/L
1025	Fluoride	4500 F-C	0.100 mg/L	<input type="checkbox"/>	_____ mg/L	4.000 mg/L
1028	Iron	200.7	0.060 mg/L	<input type="checkbox"/>	_____ mg/L	0.300 mg/L
1032	Manganese	200.7	0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1035	Mercury	245.1	0.0004 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1036	Nickel	200.7	0.100 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1045	Selenium	3113 B	0.010 mg/L	<input type="checkbox"/>	_____ mg/L	0.050 mg/L
1052	Sodium	200.7	1.0 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
1055	Sulfate	4500 SO4-E	15.0 mg/L	<input type="checkbox"/>	_____ mg/L	250.0 mg/L
1074	Antimony	3113 B	0.003 mg/L	<input type="checkbox"/>	_____ mg/L	0.006 mg/L
1075	Beryllium	200.7	0.002 mg/L	<input type="checkbox"/>	_____ mg/L	0.004 mg/L
1085	Thallium	200.9	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
1925	pH	4500 H + 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: _____
(Print and sign name)

COMMENTS: _____