



# 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Collection Date</b>	<b>Collection Time</b>
____/____/____ (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.

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

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

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

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