



RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

TOTAL ORGANIC CARBON (TOC) REQUIREMENTS

Disinfection Byproduct Precursor Analysis

Note: All information must be supplied for compliance credit.

WATER SYSTEM NO. _____ - _____ - _____ County: _____

Name of Water System: _____

Sample Type: Source Water Treated Water Special/Non-compliance

Location Where Collected: _____
(Note: Compliance samples MUST be collected from either Source or Treated sites)

Facility ID No. _____

Sample Point: _____

Collected By: _____
(Please Print)

Mail Results to (water system representative):

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

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
1927	Alkalinity		1.0 mg/L	<input type="checkbox"/>	_____ . ____ mg/L	N/A
2919	Dissolved Organic Carbon		1.0 mg/L	<input type="checkbox"/>	_____ . ____ mg/L	N/A
2920	Total Organic Carbon (TOC)		1.0 mg/L	<input type="checkbox"/>	_____ . ____ mg/L	N/A
2922	Ultraviolet Absorption 254 (UV254)		0.01 cm ⁻¹	<input type="checkbox"/>	_____ . ____ cm ⁻¹	N/A

	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: _____
(Print and sign name)

COMMENTS: _____