

P.O. Box 954, Cullowhee, NC 28723
 2675 Skyland drive
 Sylva, North Carolina 28779



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 Environmentalinc@aol.com

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):
Jackson County Department of Public Health

538 Scotts Creek Road Suite 100

Sylva, NC 28779

Phone #: (828) 587-8236

Fax #: (828) 586-3493

Responsible Person's email:

LABORATORY ID #: 37754

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	SM 4500 NO ₃ D	1.00 mg/L	<input type="checkbox"/>	____.____ mg/L	10.00 mg/L
1041	Nitrite	SM 4500 NO ₂ D	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.

	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: _____