



Piedmont Triad Regional Water Authority  
 7297 Adams Farm Road  
 Randleman, NC 27317  
 336-498-5510

### LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

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

**County:** \_\_\_\_\_

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

**Sample Type:**  Routine Distribution  Special/Non-compliance

**Sample Site Type:**  Tier 1  Tier 2  Tier 3  Other

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

**Facility ID No. (Distribution):** \_\_\_\_\_

**Sample Point:** \_\_\_\_\_

**Location Code:** \_\_\_\_\_

**Collected By:** \_\_\_\_\_

(Please Print)

<b>Collection Date</b>	<b>Collection Time</b>
_____	_____ <b>M</b>
<small>(MM/DD/YY)</small>	<small>(Specify AM or PM)</small>

**Mail Results to (water system representative):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Responsible Person's email:**

\_\_\_\_\_

**LABORATORY ID #:** 37423

**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*	ACTION LEVEL
1022	Copper	EPA 200.8	0.050 mg/L	<input type="checkbox"/>	_____. ____ mg/L	1.300 mg/L
1030	Lead	EPA 200.8	0.003 mg/L	<input type="checkbox"/>	_____. ____ mg/L	0.015 mg/L

\* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

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

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

**Certified By:** \_\_\_\_\_

(Print and sign name)

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