

MVWA WATER QUALITY LABORATORY



Tel: (315) 792-0301
Fax: (315) 792-5201

- Cash
- Check No. _____
- Debit or Credit
- To Be Billed

REQUEST FOR NITRATE/NITRITE TESTS

Page ___ of ___

Name: _____ Telephone # _____ Fax No. _____

Client Address: _____

Sample Address (if different): _____

Exact sample point location: _____

(e.g. kitchen sink, outside faucet)

Date taken _____ Time taken _____

- Type of sample
- Unchlorinated water
 - Chlorinated water – chlorine residual _____
 - Other: explain _____

Send report to: _____

Is this sample required by NYS Health Dept.? Yes No

If yes – FED I.D. No. _____

Applicant's signature: _____

.....
(FOR LABORATORY USE ONLY)

LIMS#: _____

Date Received _____ Time Received _____ Initials _____
Date Tested _____ Time Tested _____ Initials _____
Date Reported _____ Technician _____

Chilling Initiated	<input type="checkbox"/>
pH Check	<input type="checkbox"/>
Cl-res Check	<input type="checkbox"/>

LABORATORY RESULTS

Total Nitrate _____ (mg NO₃-N/L) Method _____ Analyst _____
Total Nitrite _____ (mg NO₂-N/L) Method _____ Analyst _____
Other (record units) _____ Method _____ Analyst _____

F-4N

These test results relate only to the sample as it was received by the laboratory.

Mohawk Valley Water Authority
Telephone (315) 792-0301 • One Kennedy Plaza • Utica, NY 13502 • Fax (315) 792-5201
Analysis performed at:
USEPA ID#: NY01505 New York State ELAP ID#: 10319 Pennsylvania DEP ID#: 68-03428

MEMBER OF:
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