

MVWA WATER QUALITY LABORATORY



<input type="checkbox"/> Debit or Credit	<input type="checkbox"/> Cash
<input type="checkbox"/> To Be Billed	<input type="checkbox"/> Check _____

REQUEST FOR WATER QUALITY TESTS

Page ___ of ___

SAMPLE INSTRUCTIONS:

1. Complete the above portion in its entirety. Label all bottles with Sample Point, Date, Time, and Initials.
2. Fill the small 250mL bottle **completely** leaving no air space. Cap and label accordingly.
3. Fill the large 1000mL bottle to the shoulder of the bottle. Cap and label accordingly.

Name: _____ Phone # _____ Fax # _____

Client Address: _____

Client E-mail: _____

Sample Address (if different): _____

Sample Point: _____ Sample Date: _____ Sample Time: _____

(e.g. kitchen sink, outside faucet)

Send report via: Mail E-mail Fax Pick-up

Applicant's signature: _____

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(FOR LAB USE ONLY - TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY)

- Date Received _____ Time Received _____ Initials _____ Receipt Temperature _____
 - Chilling Initiated Y N
 - Bottle #1 Filled Completely (alkalinity) Y N
 - Bottle #2 Filled to Shoulder (all others) Y N
- Date Resulted _____ Initials _____

LABORATORY RESULTS

ANALYTE	RESULT	METHOD	DATE TESTED	TECHNICIAN
Total Hardness*	_____ mg CaCO ₃ /L	Method <u>SM22 2340C</u>		
Calcium Hardness	_____ mg CaCO ₃ /L	Method <u>SM22 3500-Ca-B</u>		
Chloride	_____ mg/L	Method <u>SM22 4500-Cl- B</u>		
Fluoride	_____ mg/L	Method <u>SM22 4500-F C</u>		
Conductivity	_____ μS/cm	Method: <u>SM22 2510B</u>		
Alkalinity	The alkalinity to pH _____ = _____ mg CaCO ₃ /L	Method: <u>SM22 2320B</u>		

*There is no accredited Total Hardness ELAP method for potable water.

Mohawk Valley Water Authority
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 Analysis performed at:
 USEPA ID#: NY01505 New York State ELAP ID#: 10319

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