



# NITRATE & NITRITE IN DRINKING WATER

State Form 53281 (6-07)  
 Indiana Department of Environmental Management (IDEM)  
 Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

Lab Received:      QA Review Date:      Report Date:      Lab Report Number:

For Laboratory Use Only => (Write dates as MM/DD/YY)

PWSID: **I N**

Public Water System Name:

Public Water System Contact Person:      System Contact Phone No:

Main Lab Certification:      Main/Contracted Laboratory Name:

Testing Lab ID: **C - 02 - 04**      Lab Contact Person: **Amy Berg**      Contact Phone No: **260 - 483 - 4759**

Collection Date (MM/DD/YY):      Sample ID:      POE:      Sampling Site/Location:

Comp ID#	Compound Name	Analysis Date (MM.DD.YY)	Approved Method **	Result (mg/L)	Detection Level	BDL	MCL (mg/L)
1040	Nitrate					<input type="checkbox"/>	10.0
1041	Nitrite					<input type="checkbox"/>	1.0
1038	Nitrite & Nitrate					<input type="checkbox"/>	10.0

**Other Information :**

Does the system chlorinate its water?       Yes       No

Was the sample dechlorinated at the lab?       Yes       No

Was this information sent to IDEM by the lab?       Yes       No

**Preservative Used:**

Iced

H2SO4

Other: \_\_\_\_\_

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by: \_\_\_\_\_