

MVWA WATER QUALITY LABORATORY

Tel: (315) 792-0301
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- Cash
- Check No. _____
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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 EPA 353.2 *Max Level Allowed = 10 mg/L*

Total Nitrite _____ (mg NO₂-N/L) Method EPA 353.2 *Max Level Allowed = 1 mg/L*

*Please refer to <https://www.mvwa.us/WaterQuality/TestExplainOtherWQ.aspx> for explanations of test results.

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

