

# MVWA WATER QUALITY LABORATORY



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



☐ Cash ☐ Check No. \_\_\_\_\_  
☐ Debit or Credit ☐ To Be Billed

Page \_\_\_\_ of \_\_\_\_

## REQUEST FOR WATER QUALITY TESTS

SAMPLE INSTRUCTIONS: (Price: \$100; Expedited ☐ \$200)

Private Wells: Share results with NYSDOH: Yes ☐ No ☐

1. Complete the top portion in its entirety. Label all bottles with Sample Point, Date, Time, and Initials.
2. Fill Bottle #1 (small 250mL) **completely** leaving no air space. Cap and label accordingly. Fill Bottle #2 (large 1000mL) to the shoulder of the bottle. Cap and label accordingly.
3. At its discretion, MVWA may subcontract your sample out to a contracted lab for any reason, including but not limited to workload volume, equipment failure, and issues related to quality control.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Client Address: \_\_\_\_\_

Client E-mail: \_\_\_\_\_

Sample Address (if different): \_\_\_\_\_

Sample Point: \_\_\_\_\_ Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_  
(e.g. kitchen sink, bathroom faucet)

Send report via (Select One): Mail ☐ E-mail ☐ Fax ☐ Pick-up ☐ Send to: \_\_\_\_\_

Required by NYS Health Dept.? Yes ☐ No ☐ County: \_\_\_\_\_ PWS#: \_\_\_\_\_

Print Name: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

(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
- Potable ☐ Non-potable ☐
- Bottle #1 Filled Completely (Alkalinity) ☐ Y ☐ N
- Bottle #2 Filled to Shoulder (all others) ☐ Y ☐ N

## LABORATORY RESULTS

ANALYTE	RESULT	Method**	Date Tested	Time Tested	Analyst
Total Hardness*	_____ mg CaCO <sub>3</sub> /L	Method SM23 2340C			
Calcium Hardness	_____ mg CaCO <sub>3</sub> /L	Method SM23 3500-Ca-B			
Chloride	_____ mg/L	Method SM23 4500-Cl- B			
Sulfate	_____ mg/L	Method SM23 4500-SO <sub>4</sub>			
Fluoride	_____ mg/L	Method SM23 4500-F C			
Conductivity	_____ µS/cm	Method SM23 2510B			
Alkalinity	The Alkalinity to pH _____ = _____ mg CaCO <sub>3</sub> /L	Method SM23 2320B			
Turbidity	_____ NTU	Method SM23 2130B			

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

\*\* Full method accreditations can be found on our website.

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

### Mohawk Valley Water Authority

Telephone (315) 792-0301 • One Kennedy Plaza • Utica, NY 13502 • Fax (315) 792-5201

Analysis performed at:

3-2024

USEPA ID#: NY01505

New York State ELAP ID#: 10319

Pennsylvania DEP ID#: 68-03428

### MEMBER OF:

American Water Works Association (AWWA) • Water Research Foundation

