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

Reset Form

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

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

Lab Received: __/__/__ QA Review Date: __/__/__ Report Date: __/__/__ Lab Report Number: _____

PWSID: IN _____

Public Water System Name: _____

Public Water System Contact Person: _____ System Contact Phone No: ___-___-____

Main Lab Certification: __-__-__

Main/Contracted Laboratory Name: _____

Testing Lab ID: C-__-__

Lab Contact Person: _____ Contact Phone No: ___-___-____

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	__.__.__		__.__	__.__	☐	10.0
1041	Nitrite	__.__.__		__.__	__.__	☐	1.0
1038	Nitrite & Nitrate	__.__.__		__.__	__.__	☐	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: _____