

For Office Use Only

DRINKING WATER ANALYSIS - RADIONUCLIDE REPORT FORM

Check here if more than one sample was taken during this quarter for this point of entry.

PWSID: NJ		System Name:		Facility Name:		
	Radionuclide (SDWIS #):	Gross alpha excluding radon (4002)	Radium-226 (4020)	Radium-228 (4030)	Uranium (URM)	Uranium (4006)
Sample information	For Compliance? (Y/N)	(1)	(1)	(1)	(1)	(1)
	Lab Sample Number	(2)	(2)	(2)	(2)	(2)
	Sample Collection Date	(3)	(3)	(3)	(3)	(3)
	Sample Collection Time	(4)	(4)	(4)	(4)	(4)
	Water System Facility Code	(5)	(5)	(5)	(5)	(5)
	Sampling Point	(6)	(6)	(6)	(6)	(6)
Sample Results	Analyzing Laboratory ID#	(7)				
	Reg Detection Limit (15)	3 pCi/L	1 pCi/L	1 pCi/L	0.001 mg/L	
	SDWIS Result (14)	(14a) pCi/L	(14b) pCi/L	(14c) pCi/L	(14d) mg/L	(14e) pCi/L
	Result Value (8)	(8a) pCi/L	(8b) pCi/L	(8c) pCi/L	(8d) mg/L	(8e) pCi/L
	Result Count Error (9)	(9a) pCi/L	(9b) pCi/L	(9c) pCi/L		(9e) pCi/L
	MDA (10)	(10a) pCi/L	(10b) pCi/L	(10c) pCi/L	(10d) mg/L	(10e) pCi/L
	Analysis Method (11)	(11a) ECLS-R-GA*	(11b)	(11c)	(11d)	(11e)
	Analysis Start Date (First & Second count) (12)	(12a)	(12b)	(12c)	(12d)	(12e)
Analysis Start Time (First & Second count) (13)	(13a)	(13b)	(13c)	(13d)	(13e)	

***Also known as 48-Hour Rapid Gross Alpha Test or NJAC 7:18-6.4**

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Prepared by: __Owner/Operator__ Laboratory__ Consultant__ Other: _____ Phone No. (_____) _____ E-mail: _____

Print name of form preparer

Affiliation

Signature of Form Preparer

____/____/____
Date

• A COPY OF THE ORIGINAL LABORATORY DATA SHEET MUST BE ATTACHED TO THIS FORM.