

**Environment 1, Incorporated**

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Client ID#: \_\_\_\_\_

**TTHM/HAA5 – Stage 2  
Disinfection Byproducts Analysis**

Note: ALL information must be supplied for compliance credit

WATER SYSTEM ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_

Name of Water System: \_\_\_\_\_

Sample Type:  High TTHM     High HAA5     Previous State 1 Site     Other     Special/Non-compliance

Location Where Collected: \_\_\_\_\_

Facility ID No. D01

Sample Point ID: B \_\_\_\_\_

Collected By: \_\_\_\_\_  
(Please Print)

Collection Date	Collection Time
____/____/____	____:____ AM or PM

Mail Results to (water system representative):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

TTHM

HAA

Received On:

Temp: \_\_\_\_\_ Celsius