

Environment 1, Incorporated

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Client ID#: _____

**TTHM/HAA5 – Stage 1
Disinfection Byproducts Analysis**

Note: ALL information must be supplied for compliance credit

WATER SYSTEM ID#: _____ - _____ - _____

County: _____

Name of Water System: _____

Sample Type: Entry Point Special/Non-compliance

Sample Point: Maximum Residence Time (MAXRES1) Average Residence Time (AVGRES1) Special/Non-compliance

Location Where Collected: _____

Facility ID No. D01

Location Code: _____

Collected By: _____

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

Mail Results to (water system representative):

Phone: (____) _____ - _____

Fax #: (____) _____ - _____

Email: _____

TTHM

HAA

Received On:

Temp: _____ Celsius