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STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

June 13, 1983

CAMP LEJEUNE/WTR QC BACT LAB  
BASE MAINT DEPT/BLOG 65  
CAMP LEJEUNE

NC 28542

Re: Sodium and Corrosivity Monitoring

Dear Sir:

Beginning July 1, 1983, all sodium and corrosivity data must be submitted on the model inorganic form that was mailed out in August and December 1982. I have enclosed another copy of this form for your convenience. Please be aware that you may utilize a form of your own design; however, it must contain all of the information requested by the model inorganic form.

The main reason for this requirement is that this office is still receiving incomplete sodium and corrosivity data. Several laboratories are submitting results and failing to include all of the necessary information.

If you have any questions or need assistance, please contact Mr. Larry Elmore at telephone (919) 733-2321.

Very truly yours,

Charles E. Rundgren, Head  
Water Supply Branch  
Environmental Health Section

WLE:spm

Attachments

CLW

000005322

0 3  
 T.C. (8-9)      Lab. ID (42-46)

WAQC-106-I

INORGANIC CHEMICAL ANALYSES - PUBLIC WATER SYSTEM

Water System I.D. Number

CLW

0 - - - -  
 (1-7)

Complete All Items Above Heavy Line  
 (See Instructions on Reverse Side)

000005323

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

Type of System:  
 Community       Non-Community

Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

Source of Water:  
 Ground       Both  
 Surface       Purchased

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

Report To: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

Source of Sample:  
 Distribution Tap       House Tap  
 Plant Tap       Well Tap

Telephone Number: ( ) -

Collected By: \_\_\_\_\_

Type of Treatment:  
 None       Lime  
 Chlorinated       Soda Ash  
 Fluoridated       Polyphosphate  
 Filtered       Water Softener  
 Alum       Other

Date Collected: MM DD YY Time: AM PM  
 (31-36)      (38-41)

Location of Sampling Point: \_\_\_\_\_  
 (Address where sample was collected)  
 Loc. Code \_\_\_\_\_

Remarks: \_\_\_\_\_ (28-30)

Type of Sample: (37)  
 D-Regular       S-Special  
 C-Check

Contaminant ID (10-13)	Name	Method (14-16)	Results Mg/l (17-21)
1005	Arsenic		
1010	Barium		
1015	Cadmium		
1020	Chromium		
1025	Fluoride		
1030	Lead		
1035	Mercury		
1040	Nitrate (N)		
1045	Selenium		
1050	Silver		

Contaminant ID (10-13)	Name	Method (14-16)	Results Mg/l (17-21)
1028	Iron		
1032	Manganese		
1925	pH		

Date Received \_\_\_\_\_ Date Reported \_\_\_\_\_ Reported By \_\_\_\_\_  
 Date Analyzed MM DD YY (22-27)      Laboratory Number \_\_\_\_\_