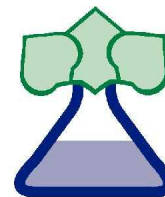


American Agricultural Laboratory, Inc.

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 www.AmAgLab.com



Wastewater Sample Submittal Form

Name & Address Name _____ Address _____ Phone # _____	Bill To _____
	Extra Copies To _____
	e-Mail (PDF) Copies To _____
	e-Mail Address _____
	FAX To _____
	FAX No. _____

Name _____ Sample Identification _____
 Date Sampled _____ Time Sampled _____

Tests Requested (Please Check)

Combination Tests

pH, c-BOD (or BOD), Total Suspended Solids
 pH, c-Biochemical Oxygen Demand, Total Suspended Solids, Oil and Grease
 pH, c-Biochemical Oxygen Demand, Total Suspended Solids, Ammonium-N

<p>Individual Tests</p> <p><input type="checkbox"/> Alkalinity (as CaCO₃) <input type="checkbox"/> Ammonium-N (NH₄-N) <input type="checkbox"/> Biochemical Oxygen Demand, 5-day (BOD) <input type="checkbox"/> BOD, soluble 5-day <input type="checkbox"/> c-Biochemical Oxygen Demand, 5-day (c-BOD) <input type="checkbox"/> c-BOD, soluble 5-day <input type="checkbox"/> Chemical Oxygen Demand (COD) <input type="checkbox"/> COD, soluble <input type="checkbox"/> Chloride (as Cl) <input type="checkbox"/> Chlorine, residual (as Cl₂) <input type="checkbox"/> Crude Protein <input type="checkbox"/> Crude Fat <input type="checkbox"/> Cyanide, total <input type="checkbox"/> Dissolved Oxygen <input type="checkbox"/> Electrical Conductivity <input type="checkbox"/> E. Coli <input type="checkbox"/> Fatty Acids, Free</p>	<p><input type="checkbox"/> Fatty Acids, Volatile <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> Moisture <input type="checkbox"/> Nitrate-N (NO₃-N) plus Nitrite-N (NO₂-N) <input type="checkbox"/> Nitrite-N (NO₂-N) <input type="checkbox"/> Total Nitrogen (as TKN) <input type="checkbox"/> Oil and Grease <input type="checkbox"/> pH <input type="checkbox"/> Phosphorus, ortho <input type="checkbox"/> Phosphorus, total <input type="checkbox"/> Sodium <input type="checkbox"/> Sulfide <input type="checkbox"/> Sulfur, Total <input type="checkbox"/> Total Dissolved Solids <input type="checkbox"/> Total Solids <input type="checkbox"/> Total Suspended Solids <input type="checkbox"/> Total Volatile Solids <input type="checkbox"/> Total Volatile Suspended Solids <input type="checkbox"/> Other _____</p>	<p>Heavy Metal Tests</p> <p><input type="checkbox"/> Aluminum <input type="checkbox"/> Arsenic <input type="checkbox"/> Barium <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Cobalt <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Molybdenum <input type="checkbox"/> Nickel <input type="checkbox"/> Selenium <input type="checkbox"/> Silicon <input type="checkbox"/> Silver <input type="checkbox"/> Tellurium <input type="checkbox"/> Uranium <input type="checkbox"/> Vanadium</p>
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Request Wastewater Sample Supplies				LAB USE ONLY	
Quantity	Item	Quantity	Item	Date	ARS
_____	Wastewater Sample Submittal Forms	_____	ARS / UPS Labels	_____	Received _____ BRL
_____	Sample Bottle (1 Liter)	_____	BRL / USPS Labels	_____	Time _____ None
_____	Shipping Cooler	_____	Pre-addressed Labels	_____	Received _____

RD:09.18.09

DO NOT USE PENCIL - INDELIBLE INK ONLY

SUBMIT WHITE COPY WITH SAMPLES AND RETAIN PINK COPY