



PO Box 169
1602 Parkwest Drive
Hastings, NE 68901
402-463-3522

PO Box 1397
1816 East Wyatt Earp
Dodge City, KS 67801
620-227-7123

WASTEWATER SAMPLE INFORMATION

Lab Number: _____

CUSTOMER INFORMATION		TEST REQUESTED		LAB USE ONLY
Company _____		Composite	Grab	WW1 WW1CB BOD CBOD COD PH OG TSS THM1 THM2 FCOLI NH3N NO3N DOXY TKN
Contact _____		_____	_____	
Address _____		_____	_____	
_____		_____	_____	
Phone Number _____		_____	_____	
Fax Number _____		_____	_____	
Email _____		_____	_____	
SAMPLE INFORMATION		_____	_____	
Grab sample collected Date _____ Time _____		_____	_____	
by whom _____		_____	_____	
Composite Start Date _____ Time _____		_____	_____	
by whom _____		_____	_____	
Stop Date _____ Time _____		_____	_____	
by whom _____		_____	_____	
Field pH _____ Field Temperature _____		_____	_____	
Flow Rate _____ Units _____		_____	_____	
Sample Location _____		_____	_____	
Sample Type _____ Influent _____ Effluent _____		_____	_____	
Other _____		_____	_____	
Method of transport _____		_____	_____	
		_____	_____	Basic Wastewater Package (BOD, pH, TSS)
		_____	_____	Carbonaceous BOD Wastewater Package (CBOD, pH, TSS)
		_____	_____	Biochemical Oxygen Demand
		_____	_____	Carbonaceous Biochemical Oxygen Demand
		_____	_____	Chemical Oxygen Demand
		_____	_____	pH
		_____	_____	Oil and Grease (Hastings Laboratory)
		_____	_____	Total Suspended Solids
		_____	_____	Heavy Metal Package #1 (Cd, Cr, Pb, Cu, Ni, Zn)
		_____	_____	Heavy Metal Package #2 (As, Ba, Cd, Cr, Cu, Pb, Hg, Se, Ag)
		_____	_____	Fecal Coliform
		_____	_____	Ammonia-Nitrogen
		_____	_____	Nitrate-Nitrogen
		_____	_____	Dissolved Oxygen (Hastings Laboratory)
		_____	_____	Total Kjeldahl Nitrogen
		_____	_____	Other _____
		_____	_____	Subcontracted Tests _____

SPECIAL INSTRUCTIONS AND COMMENTS	
BOD SAMPLES	Advance notice of 24 hours required. Samples accepted only on Wednesday, Thursday, and Friday unless prior arrangements have been made. A <i>minimum 100% surcharge</i> applies to all BOD samples arriving on Monday or Tuesday. BOD samples must be sent in a 1-liter container. Servi-Tech containers are preferable and available at no extra cost. BOD samples must be received within 24 hours of sampling and have an arrival temperature of 4°C or less. If this is the first time submitting a BOD sample, please submit 2 samples and you will only be charged for one.
BACTERIA SAMPLES	Advance notice of 24 hours required. Samples accepted only on Monday, Tuesday, Wednesday and Thursday unless prior arrangements have been made. A <i>minimum 100% surcharge</i> applies to all bacteria samples arriving on Friday. Bacteria samples must be received in a sterile container within 24 hours of sampling and have an arrival temperature of 4°C or less.
OIL & GREASE	Sample must be in a glass container.

Relinquished By:	Date	Time	Received by:	Date	Time
Relinquished By:	Date	Time	Received by:	Date	Time
Relinquished By:	Date	Time	Received by:	Date	Time

FOR LAB USE ONLY

Cooler arrived intact: ___ Yes ___ No

Arrival Temperature (°C): _____

Comments: _____
