



# SLUDGE ANALYSIS SAMPLE INFORMATION

1602 Park West Drive • P.O. Box 169  
Hastings, NE 68901  
800.557.7509

## CUSTOMER INFORMATION

Results To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_  
Bill To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SAMPLE INFORMATION

Sample collected Date \_\_\_\_\_ Time \_\_\_\_\_  
By Whom \_\_\_\_\_  
Location \_\_\_\_\_  
Sample Type      Input      Output  
                         Other \_\_\_\_\_  
                         Digestion \_\_\_\_\_  
Input, \_\_\_\_\_, Flow \_\_\_\_\_  
Output, \_\_\_\_\_, Flow \_\_\_\_\_  
Decantate, \_\_\_\_\_, Flow \_\_\_\_\_  
Notes \_\_\_\_\_  
Transported By \_\_\_\_\_

(i.e., U.S. Parcel. UPS, if by individual then please give name)

## TEST REQUESTED

Heavy Metals (As, Cd, Cr, Cu, Pb, Hg, Mo, Ni, Se, Zn) (Method 3050)  
Nitrogen (Total Kjeldahl N, Nitrate Nitrogen, Ammonia Nitrogen)  
Total Solids  
Volatile Solids  
pH  
Electrical Conductivity (EC)  
\*Sludge Analysis Package (All the above)  
Fecal Coliform Bacteria (May require 7 samples)  
SOUR (Specific Oxygen Uptake Rate)  
Other \_\_\_\_\_

## SPECIAL INSTRUCTIONS & COMMENTS

Cool samples to 4 C. Delivery within 24-48 hours required. A minimum 100% surcharge will be added to the cost of analysis when the test requires attendance of a technician on a weekend or holiday. (Such as a 5-day BOD received at the laboratory on Monday or Tuesday of the week will require a weekend surcharge.)

*Retain One Copy For Your Records & Return The Other Copies To The Laboratory.*

## FOR LAB USE ONLY

Date & Time Received In Laboratory \_\_\_\_\_ Temperature \_\_\_\_\_  
Received By \_\_\_\_\_