



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

Volatike Solids

pH

Electical 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 _____