

Drinking Water Sample Submission Form

Agricultural Analytical Services Laboratory

<p><i>Your name and contact information:</i></p> <p>Name: _____ <i>(Individual who sampled water)</i></p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>	<p><i>Additional individual, if any, to receive copy of results:</i></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
<p><input type="checkbox"/> <i>Hard-copy report required:</i> If email addresses are listed, the lab will automatically email all lab results. Check this box if you require a hard-copy lab report.</p>	

Sample Information

Sample identification: _____ Date sampled: _____ Time sampled: _____ AM PM
(Identification for your own use to be printed on report) (Date and time sampled must be completed)

County location (if PA): _____

Please specify if your water is raw (untreated) or treated with any of the following *(check all that apply)*:

Water is raw (untreated) Water softener Disinfection Carbon filter UV treated Iron filter

Reverse osmosis filter Acid neutralization Whole-house sediment filter Other *(please specify)*: _____

If you are submitting your water sample because of a specific concern, please specify *(check all that apply)*:

No specific concern Cloudiness Bad taste or odor Staining Health concern Nearby land use

Other *(please specify)*: _____

If your water source is located in sight of any of the following activities, please specify *(check all that apply)*:

Mining Gas/oil well Agriculture Industry Road Housing development Other: _____

Analysis Request *(See back of this form for test descriptions)*

TEST PACKAGES *(Select only one test package)*

<input type="checkbox"/> WD01 Standard \$60	<input type="checkbox"/> WD05 Mining \$80
<input type="checkbox"/> WD02 Aesthetics/Corrosivity \$85	<input type="checkbox"/> WD06 Gas/Oil Drilling \$75
<input type="checkbox"/> WD03 Aesthetics/Corrosivity Plus Lead \$125	<input type="checkbox"/> WD07 Trace \$130
<input type="checkbox"/> WD04 Agriculture/Septic \$70	<input type="checkbox"/> WD08 Extensive \$220

INDIVIDUAL TESTS

<input type="checkbox"/> Aluminum \$15	<input type="checkbox"/> Copper \$15	<input type="checkbox"/> Manganese \$15
<input type="checkbox"/> Arsenic \$30	<input type="checkbox"/> Corrosivity \$45	<input type="checkbox"/> Nitrate Nitrogen \$15
<input type="checkbox"/> Bacteria* (total coliform and E. coli) \$40	<input type="checkbox"/> Fluoride \$20	<input type="checkbox"/> pH* \$15
<input type="checkbox"/> Barium \$15	<input type="checkbox"/> Hardness \$20	<input type="checkbox"/> Sulfate \$15
<input type="checkbox"/> Chloride \$15	<input type="checkbox"/> Iron \$15	<input type="checkbox"/> Total Dissolved Solids* \$15
<input type="checkbox"/> Conductivity \$15	<input type="checkbox"/> Lead-Running \$25	<input type="checkbox"/> Total Suspended Solids \$15
	<input type="checkbox"/> Lead/Copper First-Draw \$40	

Total cost of test(s) selected: \$ _____ * included in all test packages

Sample Receipt *(lab use only)*

# of containers: _____	Container(s) in good condition? _____	Sample cooled or on ice? _____	Ice melted: _____	Temp °C: _____	Data entry _____
			Y or N		

Sample Payment

Check enclosed. *(Make check payable to The Pennsylvania State University)*

Charge my credit card.

Cardholder's name: *(please print)* _____ Card number: _____

Cardholder's signature: _____ Expiration date: _____



PennState Extension

Agricultural Analytical Services Laboratory
 720 Tower Rd. • The Pennsylvania State University
 University Park, PA 16802 • Phone: 814-863-0841
 Fax: 814-863-4540 • Web: agsci.psu.edu/aasl