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OEPA Chemical Certification #1291 • OEPA Microbiological Certification #849

DRINKING WATER ANALYSIS REQUEST FORM

Please FULLY COMPLETE this form. For Total Coliform Testing, please use Microbiological SSR.

PWS Name: _____	Sample Monitoring Point: EP _____ RS _____ Other _____
Facility Name: _____	Sample Collection Date: _____ Time: _____
PWS ID#: _____ WFSC ID#: _____	Sample Purpose: <input type="checkbox"/> Compliance <input type="checkbox"/> Resample <input type="checkbox"/> New Well
Address: _____	<input type="checkbox"/> Other (explain): _____
County: _____	Sample Collected by: _____
Contact Person: _____	Sample Location Description: _____
Contact Phone: _____	Lab Number: _____

ANALYSIS TO BE PERFORMED:

Inorganics: <input type="checkbox"/> MCL Inorganics#	<input type="checkbox"/> Antimony*#	<input type="checkbox"/> Cyanide, Total*#
<input type="checkbox"/> New Well Set - COMM & NTNC*	<input type="checkbox"/> Arsenic*^	<input type="checkbox"/> Fluoride*#^
<input type="checkbox"/> New Well Set - TNC^	<input type="checkbox"/> Barium*#^	<input type="checkbox"/> Alkalinity*^
	<input type="checkbox"/> Beryllium*#	<input type="checkbox"/> Chloride*^
	<input type="checkbox"/> Cadmium*#	<input type="checkbox"/> Nitrate*^
	<input type="checkbox"/> Chromium*#	<input type="checkbox"/> Nitrite*^
	<input type="checkbox"/> Mercury*#	<input type="checkbox"/> pH*^
	<input type="checkbox"/> Nickel*#	<input type="checkbox"/> Sulfate*^
	<input type="checkbox"/> Selenium*#	<input type="checkbox"/> Phosphorus, Total
	<input type="checkbox"/> Thallium*#	<input type="checkbox"/> Residue, Total Filt (Dissolved)*^
	<input type="checkbox"/> Other _____	

Radiological:	<input type="checkbox"/> New Well Set - COMM*	<input type="checkbox"/> Gross Alpha*^
	<input type="checkbox"/> New Well Set - NTNC & TNC*^	<input type="checkbox"/> Radium 226
		<input type="checkbox"/> Radium 228*
		<input type="checkbox"/> Gross Beta*^
		<input type="checkbox"/> Uranium
		<input type="checkbox"/> Other _____

Volatile Organic Compounds:	<input type="checkbox"/> New Well Set VOC's*	<input type="checkbox"/> VOC's*
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Synthetic Organic Compounds:	<input type="checkbox"/> New Well Set SOC's*	<input type="checkbox"/> Group 1* Alachlor* Atrazine* Simazine* Carbufuran Oxamyl(Vydate) Picloram Pentachlorophenol 2,4-Dichlorophenoxyacetic Acid
		<input type="checkbox"/> Group 2 Lindane (BHC-Gamma) Methoxychlor Diquat Glyphosate Polychlorinated Biphenyls Benzo(a)pyrene Endothall Di (2-Ethylhexyl) Phthlate Di (2-Ethylhexyl) Adipate
		<input type="checkbox"/> Group 3 Benzo(a)pyrene Endothall Di (2-Ethylhexyl) Phthlate Di (2-Ethylhexyl) Adipate
		<input type="checkbox"/> Group 4 Benzo(a)pyrene Endothall Di (2-Ethylhexyl) Phthlate Di (2-Ethylhexyl) Adipate
		<input type="checkbox"/> Other _____

Disinfection By-Products:	<input type="checkbox"/> HAA5 - Haloacetic Acids	
	<input type="checkbox"/> TTHM - Total Trihalomethanes	

If Reporting Address is different than above:

Company: _____

Attention: _____

Address: _____

Phone: _____ Fax: _____

If Billing Address is different than above or reporting address:

Company: _____

Attention: _____

Address: _____

Phone: _____ Fax: _____

Purchase Order #: (if any) _____