



CEQ SUBMISSION FORM

FY _____

Date Received		CEQ Lab#			
Sender's Name		Client's Name			
Street Address		County			
City		State			
Email		Zip			
Phone		Fax			
Billing Info					
Sample Type	Water	Foliage	Soil	Tissue	Other:

Type of Analysis Requested (Please Circle)	
Pesticide / Insecticide (P44, S44, W45) \$100	Phenol (W28) \$40
Herbicide (P45, S45, W46) \$100	Cyanide (F25, W29) \$50
Pesticide / Herbicide Combo (H5) \$150	Tannins (Hach method) \$25
Phenoxy Herbicide (P46, S46, W47) \$100	PCB {Transformer Oils} (H1) \$50
Termiticide (P47, S47, W48) \$100	Volatile Organic Analysis (W49, S48) \$125
TPH Diesel Range Organics (W52, S51) \$75	BTEX Only (W50, S49) \$100 { Benzene, Toluene, Ethyl Benzene, Xylene}
TPH Gasoline Range Organics (W51, S50) \$75	

Check# _____ Amount _____ Invoice# _____ Completed _____ (Faxed or Emailed)