

For Lab Use Only

Lab # _____

BIOSOLID OR NON-ANIMAL WASTE/COMPOST SUBMISSION FORM

Please Note – Retain a copy of this form for your files. Submit one copy per sample.

Name: _____ Sample #: _____
Mailing address: _____ County: _____
City, State, Zip: _____
Phone #: _____ Date Received: _____

Sample Type:

Bio-solids – 503 Regulations Non 503 Regulations
 Class A or Class B

*NOTE:

1. If for land application of biosolids, **chain of custody** and **quality assurance documentation** is required. Contact the **PHW Lab** for these forms and sampling instructions.
2. Test(s) for pathogen reduction (fecal coliform) must be done within 24 hours of collection. Therefore, contact the **FEW Lab** to schedule analyses.

END USE OF MATERIAL _____

TESTS REQUESTED

All for 503 (SC13)

Total Minerals:

Phosphorus (P)	Magnesium (Mg)	Iron (Fe)	Copper (Cu)	Lead (Pb)	Nickel (Ni)
Potassium (K)	Sulfur (S)	Aluminum (Al)	Zinc (Zn)	Cadmium (Cd)	Molybdenum (Mo)
Calcium (Ca)	Manganese (Mn)	Boron (B)	Sodium (Na)	Chromium (Cr)	

Total Nitrogen

Fecal Coliform (pathogen reduction)

Arsenic

Selenium

Arsenic + Selenium

Mercury

pH

Total Kjeldahl Nitrogen (excluding nitrate nitrogen)

Nitrate Nitrogen

Ammonium Nitrogen

Total Volatile Solids

Total Solids

Other: _____

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Date Received: _____ Time Received: _____ Date Returned: _____

Payment Received: _____ Invoice #: _____

Received By: _____

NH₄-N _____ Moisture _____ Total Solids _____ NO₃-N _____ Mercury _____

Total N _____ Arsenic _____ Total Volatile Solids _____ Selenium _____ Other _____