

The University of Georgia
 College of Agricultural and Environmental Sciences
 Cooperative Extension Service
 SOIL, PLANT, AND WATER LABORATORY
 2400 College Station Rd.
 Athens GA 30602

Lab Use Only

LAB# _____

Received by: _____

Date and Time: _____

WATER SUBMISSION FORM

Please Note: Retain a copy of this form for your files. Submit one copy per sample.
 Test results may be available to other parties through the Georgia Open Records Act.

SUBMITTING COUNTY*	Sample location <i>(If different from client's address)</i>		
<p>COUNTY: _____</p> <p>Client Name: _____</p> <p>Client Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone #: _____</p> <p>E-mail: _____</p> <p><small>* Note: Test results will be sent to the submitting county office.</small></p>	<p>County: _____</p> <p>Client Name: _____</p> <p>Sample Address: _____</p> <p>City, State, Zip: _____</p> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: center;">Other Information</th> </tr> <p>Date Received: _____</p> <p>Sample ID: _____</p> <p>Date/time of Collection: _____</p>	Other Information	
Other Information			
TYPE OF SAMPLE (Check One):			
<p><input type="checkbox"/> Household Well <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Irrigation Pond <input type="checkbox"/> Municipal Water <input type="checkbox"/> Fish Pond <input type="checkbox"/> Other: _____</p> <p>If the water source is a well, please provide: Well Depth: _____ feet Well Casing Diameter: _____ inches</p> <p>What is the end use of the water? _____</p> <p>Briefly describe any problems and/or reasons for testing water: _____</p>			
TESTS REQUESTED			
<p><input type="checkbox"/> W1 - Basic Test (Includes: pH, P, K, Ca, Mg, Mn, Fe, Al, B, Cu, Cr, Mo, Ni, Si, Na, Zn, Calculated Hardness)</p> <p><input type="checkbox"/> W2 (500mL/16 oz.) - GA Expanded Water Test (Includes: W1, Anions, Soluble Salts, Alkalinity)</p> <p><input type="checkbox"/> W33 (1 liter/quart) - GA Certification for Drinking Water Providers (Drop off within 24 hours, or Ship Overnight.)</p> <p><input type="checkbox"/> W42 - Arsenic (As) <input type="checkbox"/> W42 - Lead (Pb) <input type="checkbox"/> W42 - Uranium (U) W42 - Other: _____</p> <p><input type="checkbox"/> W4 - Nitrate (NO₃-N) <input type="checkbox"/> W7 - Nitrite (NO₂-N) Other Tests: _____</p>			
FOR LAB USE ONLY			
<p>Payment Received: _____ Date Returned: _____</p> <p>pH _____ NO₂-N _____ E.C. _____</p> <p>F _____ Cl _____ NO₃-N _____ PO₄ _____ SO₄ _____</p> <p>Special Notes:</p>			