

# Wastewater Sample Request Form

REV 12-08



**RNR Environmental's lab service** will perform a series of tests on the water sample submitted and determine an optimum treatment based upon on the information provided herein. Upon completion, a report will be issued indicating results before and after treatment.

**Sampling Instructions:** Please send a **1 gallon representative sample**. Missing, incomplete, or inaccurate information on this form will delay the evaluation and may lead to an erroneous recommendation.

**Note:** Standard evaluations require a two-week testing period. However, additional time may be required.

Listed below is the standard wastewater testing options offered by **RNR's lab services...** Please check only those procedures that are required.

Standard Evaluation: Treatment Recommendations, Suspended Solids, pH, Oil & Grease	<input type="checkbox"/>
Metals Analysis: Cd, Cr, Cu, Pb, Ni, Zn	<input type="checkbox"/>
▪ TCLP on Sludge:	<input type="checkbox"/>
▪ Total Organic Carbon:	<input type="checkbox"/>
▪ Chemical Oxygen Demand:	<input type="checkbox"/>
▪ Total Phosphorus	<input type="checkbox"/>
▪ Additional Tests:	<input type="checkbox"/>

Today's date: \_\_\_\_\_

Facility generating wastewater: \_\_\_\_\_

Address: \_\_\_\_\_

Facility contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**RNR Environmental Sales Rep/Distributor:** ROBERT NOLL

What type of process generated this wastewater? \_\_\_\_\_

Is this facility a current customer XXXXXXXXXX?  Yes  No If yes, what chemicals? \_\_\_\_\_

Has this sample been altered since sampling (e.g. pH adjusted)?  Yes  No

Volume of wastewater generated per day? \_\_\_\_\_ Gallons Type of process:  Batch  Continuous

Will treated water be:  recycled  discharged to sewer/other: \_\_\_\_\_

If multiple samples are being submitted, can the streams be combined?  Yes  No If yes, at what ratio: \_\_\_\_\_

Does this facility have a discharge permit?  Yes  No If yes, please attach with discharge limits. \_\_\_\_\_

Please describe current disposal method and items of concern:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide all other relevant information including prior analytical reports, MSDS's on known cleaning agents, solvents, etc and attach to this request form with the sample. Send samples to: XXXXXXXXXX **Oilfield Services Technical Center, 2870 Forbs Avenue, Hoffman Estates, IL 60192. ATTN: Wastewater Laboratory.**