Biosolid Sample Submission Form

Company Name _____
Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Send additional copy of analysis to:
Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

☐ **Hard copy report required:** *If email addresses are listed, the lab will automatically email all lab results. Check this box and include $2 for postage if you require a hard copy lab report.*

Analysis Request

Please check test(s) requested

☐ *Basic Amendment Test*..... $250.00
Samples are analyzed for pH, percent solids, volatile solids, total nitrogen, organic nitrogen, ammonium nitrogen, phosphorus, potassium, calcium, magnesium, sodium, aluminum, iron, manganese, cadmium, chromium, copper, lead, mercury, molybdenum, nickel and zinc.

☐ *DEP Chapter 271 Sewage Sludge Test*..... $400.00
Samples are analyzed for percent solids, total nitrogen, organic nitrogen, ammonium nitrogen, arsenic, cadmium, copper, lead, mercury, molybdenum, nickel, selenium, zinc and PCBs to satisfy requirements of DEP Chapter 271, General Permit, Sewage Sludge Quality Test. Results are also reported for volatile solids, pH, aluminum, calcium, chromium, iron, magnesium, manganese, phosphorus, potassium and sodium.

☐ PCBs	$85.00
☐ Cyanide	$35.00
☐ Mercury	$40.00
☐ Arsenic	$35.00
☐ Selenium	$35.00
☐ Total Carbon	$18.00
☐ Nitrate-Nitrogen (NO_3-N)	$20.00
☐ Calcium Carbonate Equivalence (CCE)	$27.00
☐ Soluble Salts	$10.00
☐ Phosphorus Source Coefficient (PSC) *	$32.00
☐ Hard Copy mailing fee	$2.00

*if submitted for Basic or DEP 271 test, PSC cost is $20.00

Total Cost: $_____

Sample Information (**Required*)

Sample Identification:_____ Sampled by:_____ *(initials)*

Sample Matrix: ☐ Sewage Sludge ☐ Food waste ☐ Other: _____

Sample Type: ☐ Grab Date sampled: _____ Time sampled:_____

☐ Composite Date sampled: _____ Start time:_____ End time:_____

Chain of Custody

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:

Sample Receipt (lab use only)

of Containers: _____
Correct Container? _____
Correct Volume? _____

Container(s) in good condition? _____
Solid or Liquid _____

Sample cooled or on ice? _____
Ice melted: Y or N
Temp ˚C: _____

Payment Method

☐ Payment enclosed. Make checks payable to: *Penn State University*
☐ Charge my credit card: Name on Card: _____ (*please print*)
☐ Invoice me. Send invoice to: _____ Number: _____ Expiration Date: _____/_____
E-mail receipt to: _____

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PennState Extension

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