

# 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 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 <sub>3</sub> -N)	\$20.00
Calcium Carbonate Equivalence (CCE)	\$27.00
Soluble Salts	\$10.00
Phosphorus Source Coefficient (PSC) *	\$32.00

\*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: <input type="checkbox"/> Sewage Sludge <input type="checkbox"/> Food waste <input type="checkbox"/> Other: _____	
Sample Type: <input type="checkbox"/> 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:

# of Containers:

## Sample Receipt (lab use only)

Sample cooled or on ice?

Correct Container?

Container(s) in good condition?

Ice melted: Y or N

Correct Volume?

Solid or Liquid

Temp °C:

## Payment Method

Payment enclosed. Make checks payable to: *Penn State University*

Charge my credit card: Name on Card: \_\_\_\_\_ (please print)  
 Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
 E-mail receipt to: \_\_\_\_\_

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 The Pennsylvania State University  
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 University Park, PA 16802

Phone: 814-863-0841  
 Email: [aasl@psu.edu](mailto:aasl@psu.edu)  
 Website: [www.aasl.psu.edu](http://www.aasl.psu.edu)



**PennState Extension**