

Biosolid Sample Submission Form

Company Name _____	Send additional copy of analysis to:
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____
Email _____	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 ₃ -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 **Total Cost: \$** _____
271 test, PSC cost is \$20.00

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:

# 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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PennState Extension