



Inorganic Chemistry Routine Non Potable Water Form

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Phone Number: (860) 920-6585

Submitter's Information: Name: _____ Horizon Profile: _____

Address: _____
(Street) (City) (State) (Zip Code)

Sample Information: Date: _____ Site Name: _____

Site Address: _____
(Street) (City) (State) (Zip Code)

Collector's Information: Name: _____ Title: _____

Collector's Phone Number: _____

Additional Information: _____

Bottle Type			
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Lab ID	Column No.	Collector Number	Time Collected	Sample Description	Chem	Metals	Cyanide	Other
	1							
	2							
	3							

Please check appropriate box(s) below for each requested sample test (1-3).

Group Tests		Acode	1	2	3	Individual Analytes		Acode	1	2	3
Pool Water (1-2)	POOLCHEM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Total Phosphorus	PHOS-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine Water Group (1-13)	SURFACEWAT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Total Dissolved Solids	SOLIDDISS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Metals (24 - 29)	HEAVYMET-NP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Conductivity	120.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Metals (27-34)	RCRAMET-NP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Sulfates	300-SO4-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reservoir Metals (22 - 34)	RESMETL-NP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Sodium	200.7-NA-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Analytes		Acode	1	2	3	22 Iron	200.7-FE-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 pH	PH-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Manganese	200.7-MN-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Alkalinity, pH4.5	ALKALINITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Zinc	200.7-ZN-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross Appearance	APPEARANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Nickel	200.7-NI-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Color, qualitative	COLOR-WA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Copper	200.7-CU-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Turbidity	TURB-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Cadmium	200.7-CD-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Total Suspended Solids	SOLIDSUSP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Chromium	200.7-CR-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Chloride	300-CL-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29 Lead	200.7-PB-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hardness	200.7-HARDP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Arsenic	200.7-AS-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Nitrate	300-NO3-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Barium	200.7-BA-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Nitrite	300-NO2-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Mercury	245-HG-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Ammonia	N-NH3-P		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Selenium	200.7-SE-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Organic Nitrogen	ON-GRP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Silver	200.7-AG-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Total Kjeldahl Nitrogen	TKN-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Calcium	200.7-CA-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Chemical Oxygen Demand	COD-HACH-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Magnesium	200.7-MG-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Ortho-phosphate (as P)	300-OP-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Potassium	200.7-K-W		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAIN OF CUSTODY IS NOT REQUIRED FOR ROUTINE SAMPLING EVENTS. PLEASE CONTACT LABORATORY TO DETERMINE IF NECESSARY. PLEASE PRINT AND SIGN YOUR NAME IN THE APPROPRIATE CELL.

Collected by Name	Date/Time	Received by Name	Relinquished by Name	Date /Time	Received by Name
P: _____		P: _____	P: _____		P: _____
S: _____		S: _____	S: _____		S: _____
Relinquished by Name	Date/Time	Received by Name	Relinquished by Name	Date/Time	Received by Name
P: _____		P: _____	P: _____		P: _____
S: _____		S: _____	S: _____		S: _____