



NEVADA STATE HEALTH LABORATORY

University of Nevada School of Medicine
 1660 North Virginia Street, Reno, NV 89503-1738
 Phone: (775) 688-1335

WATER CHEMISTRY ANALYSIS

NOTE: FORM MUST BE FILLED OUT IN INK (NO PENCIL ENTRIES)

OWNER INFORMATION		REPORT TO INFORMATION Same As Owner <input type="checkbox"/>	
Owner: _____		Report To: _____	
Address: _____		Attn: _____	
City, St, Zip: _____		Address: _____	
Phone: _____	Fax: _____	City, St, Zip: _____	
<input type="checkbox"/> For Compliance If no box is checked, compliance testing applies and results are sent to BHPS <input type="checkbox"/> Not For Compliance		Phone: _____ Fax: _____	
BILL TO INFORMATION Same As Owner <input type="checkbox"/>		SOURCE OF WATER	
Bill To: _____		Public Water System ID Number: _____	
Address: _____		Public Water System ID Name: _____	
City, St, Zip: _____		<input type="checkbox"/> Spring <input type="checkbox"/> Surface <input type="checkbox"/> Well Depth (ft): _____ <input type="checkbox"/> Filter Township: _____ Range: _____ Section: _____	
SAMPLE INFORMATION		SAMPLE TYPE	USE OF WATER
Date Collected: _____		<input type="checkbox"/> SDWA (Drinking Water) <input type="checkbox"/> CWA (Pollution) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Domestic Drinking Water <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial or Mining <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____
Time Collected: _____		REASON FOR ANALYSIS	
Source Address: _____		<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Private Residence <input type="checkbox"/> Other: _____	
Sample Taken From: _____		<i>Sample is tested as received. Analytical results associated with this requisition and generated by NSHL are representative only of the sample submitted to this laboratory.</i>	
City: _____			
State: _____ County: _____			
<i>I attest to the validity and authenticity of this sample. I am aware that tampering with or intentionally mislabeling the sample location, date or time is considered fraud and may be grounds for legal action.</i>			
Sampler Name (Print): _____		Sampler Signature: _____ Date: _____	

PANELS

- Lead And Copper Rule
- Alpha/Beta
- SOC
- VOC Phase I, II and V
- VOC THM
- BTEX
- MTBE

PANELS/TESTS

- IOCS Phase II
 - Barium
 - Cadmium
 - Chromium
 - Fluoride
 - Mercury
 - Nitrate + Nitrite as N
 - Nitrite-N
 - Selenium
- IOCS Phase V
 - Antimony
 - Beryllium
 - Cyanide
 - Nickel
 - Thallium

PANELS/TESTS

- Routine Domestic
 - Alkalinity
 - Arsenic
 - Barium
 - Boron
 - Calcium
 - Chloride
 - Color
 - Copper
 - Electrical Conductivity
 - Fluoride
 - Hardness
 - Iron
 - Magnesium
 - Manganese
 - Nitrate + Nitrite as N
 - pH
 - Potassium
 - Silica
 - Sodium
 - Sulfate
 - TDS
 - Turbidity
 - Zinc

PANELS/TESTS

- Secondary IOCS
 - Aluminum
 - Chloride
 - Color
 - Copper
 - Fluoride
 - Iron
 - Magnesium
 - Manganese
 - MBAS
 - Odor
 - pH
 - Silver
 - Sulfate
 - Total Dissolved Solids
 - Zinc

Other: _____

How sample was delivered Courier Drop off Fed Ex UPS U.S.Postal Campus Mail

Delivered By _____

Received By _____

NOTE: This document will be destroyed at NSHL after 12 years, unless Client requests otherwise.