



# 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)

<b>OWNER INFORMATION</b>		<b>REPORT TO INFORMATION</b> 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 <i>If no box is checked, compliance testing applies and results are sent to BHPS</i> <input type="checkbox"/> Not For Compliance		Phone: _____    Fax: _____	
<b>BILL TO INFORMATION</b> Same As Owner <input type="checkbox"/>		<b>SOURCE OF WATER</b>	
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: _____	
<b>SAMPLE INFORMATION</b>		<b>SAMPLE TYPE</b>	<b>USE OF WATER</b>
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: _____		<b>REASON FOR ANALYSIS</b>	
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.