



## Inorganic Chemistry Wastewater (NPDES) Form

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**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:** \_\_\_\_\_

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

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

| Individual Analytes      | Acode      | 1                        | 2                        | 3                        | Individual Analytes        | Acode      | 1                        | 2                        | 3                        |
|--------------------------|------------|--------------------------|--------------------------|--------------------------|----------------------------|------------|--------------------------|--------------------------|--------------------------|
| 1 pH                     | PH-W       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 Mercury                 | 245-HG-W   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Chromium, hexavalent   | CR-6       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 Total Residual Chlorine | CL2-T      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Alkalinity, pH4.5      | ALKALINITY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19 Cyanide, Total          | CN-LACH-W  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Total Solids           | SOLIDS-T   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 Cyanide, Amenable       | CN-AMEN-W  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total Suspended Solids | SOLIDUSP   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21 Fluoride                | 300-FL-W   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Total Dissolved Solids | SOLIDDISS  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 Total Kjeldahl Nitrogen | TKN-W      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Aluminum               | 200.7-AL-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 Ammonia                 | N-NH3-P    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Cadmium                | 200.7-CD-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 Nitrate                 | 300-NO3-W  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Chromium               | 200.7-CR-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 Nitrite                 | 300-NO2-W  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Copper                | 200.7-CU-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 Total Phosphorus        | PHOS-W     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Iron                  | 200.7-FE-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27 Ortho phosphorus        | 300-OP-W   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Lead                  | 200.7-PB-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 Sulfate                 | 300-SO4-W  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Nickel                | 200.7-NI-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 Chemical Oxygen Demand  | COD-HACH-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Silver                | 200.7-AG-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 Hardness                | 200.7HARDP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Tin                   | 200.7-SN-W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 Chloride                | 300-CL-W   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Zinc                  | 200.7-ZN-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 | Collected 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: _____         |