SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT LAB
620 South 400 East #400 ST. GEORGE, UT 84770 (435) 986-2580
LAB NUMBER: UT00955

DRINKING WATER NITRATE TESTING SAMPLE FORM

*Water Sample Source: ☐Public Water System   System # ☐☐☐☐☐   *Sample Collection Date: _____

☐Private Water *(Well, Spring, Etc.)* ☐Other_____   *Collected By: _____

*Water System or Private Owner Name: _____

*Testing Method Requested: *Please only select

☐ Nitrate 0.23 to 13.5 mg/L (*HACH® LR TNT+ 835; METHOD 10206*)

Sample Information
Please print clearly as you fill out this form out completely and accurately. Lab staff will not alter submitted paperwork.

* Source Location or Address	*Site Description or Source Number	*Sample Time (24hr)	Bottle ID	BLANK samples will be run as investigative. *These Sample(s) are:	Sample #	Nitrate as NO_3-N
				☐Routine Source ☐Investigative** ☐Repeat_____		
				☐Routine Source ☐Investigative** ☐Repeat_____		
				☐Routine Source ☐Investigative** ☐Repeat_____		
				☐Routine Source ☐Investigative** ☐Repeat_____		
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				☐Routine Source ☐Investigative** ☐Repeat_____		
				☐Routine Source ☐Investigative** ☐Repeat_____		
				☐Routine Source ☐Investigative** ☐Repeat_____		

For Laboratory Use Only

Blank _____   MS _____

OPR _____   MSD _____

Send Reports To:

*Name: _____   *Phone: _____

*Email: _____

Address: _____

City: _____   State: _____   Zip: _____

Comments:

Received On Ice?
☐Yes ☐No; Temp _____°C
☐ Received within 1 Hour

Chain of Custody

Accepted By: _____   ☐N/A
Date: _____   Time: _____
Transfer To: _____   ☐N/A
Date: _____   Time: _____
Lab Received By: _____
Date: _____   Time: _____
Notes:

Paid:

I, _____, declare that the sample(s) submitted with this form have been in my possession since the time of collection and that, to the best of my knowledge, the information submitted on this form is true, accurate, correct and complete.

Signed_____ Date: _____ Time: _____

*Required information on each form submitted

*****Routine and Repeat source samples are reported to the Utah Department of Environmental Quality Division of Drinking Water.
If the sample does not need to be reported to DDW then please mark it as Investigative.***