

ORGANIC CHEMISTRY ANALYTICAL REQUEST FORM

NMSU – SWAT LABORATORY
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Lab No. 11

Date Received: _____

<u>2</u> User Code#: _____	<u>3</u> Request ID No.: _____	Place Form ID Sticker Here	<u>4</u> Priority Code #: [] (If "1" or "2" call SWAT Coordinator)
<u>5</u> Facility Name: _____	<u>6</u> County: _____	<u>7</u> City: _____	<u>8</u> State: _____
<u>9</u> Sample Location: _____			
<u>10</u> Collected By: _____ First and Last name Phone #: _____		On: ____/____/____	At: ____:____ hrs. Date: (MM/DD/YY) Time: 24 hour clock
<u>11</u> Codes: Submitter _____ WSS# _____ Sampler ID# _____		<u>12</u> Sample Purpose: <input type="checkbox"/> Compliance <input type="checkbox"/> NMED Monitoring <input type="checkbox"/> Confirmation <input type="checkbox"/> Special	
<u>13</u> Report Name To: _____		<u>14</u> Phone #: _____	
Address _____		Sampling Information: <input type="checkbox"/> Composite _____ (composite time period) <input type="checkbox"/> Grab <input type="checkbox"/> Flow Proportioned <input type="checkbox"/> Equal Aliquot <input type="checkbox"/> Sample Split w / Permittee <input type="checkbox"/> Chain of Custody	
City, State Zip _____			
<u>15</u> Field Data: pH: _____ Conductivity: _____ µmhos/cm @ Temperature: _____ °C Chlorine Residual: _____ mg/L			
<u>16</u> Sample Source: <input type="checkbox"/> – Entry Point Distribution <input type="checkbox"/> – Stream <input type="checkbox"/> – Well; Depth _____ <input type="checkbox"/> – Lake <input type="checkbox"/> – Spring <input type="checkbox"/> – Drain <input type="checkbox"/> – Distribution <input type="checkbox"/> – Pool <input type="checkbox"/> – WWTP		<u>17</u> Field Remarks: _____	
<u>18</u> Sample Type: <input type="checkbox"/> – Water <input type="checkbox"/> – Unchlorinated <input type="checkbox"/> – Soil, <input type="checkbox"/> – Food <input type="checkbox"/> – Wastewater <input type="checkbox"/> – Chlorinated <input type="checkbox"/> – Other This form accompanies a single sample consisting of: _____ - 40 ml septum vial(s) _____ - glass bottle(s) _____ - ml each		<u>19</u> Preservation: <input type="checkbox"/> - Not Preserved; stored at room temperature <input type="checkbox"/> - Sample Iced (Not Frozen) <input type="checkbox"/> - Dechlorinated by Sodium Thiosulfate <input type="checkbox"/> - Preserved with Hydrochloric acid (2 drops/40 ml) <input type="checkbox"/> - Dechlorinated by Ascorbic acid <input type="checkbox"/> - _____ <input type="checkbox"/> - _____	
<u>20</u> Analyses Requested: Please check the appropriate box(es) below to indicate the type of analytical screen(s) required. Whenever possible, list specific compounds suspected or required and when high contamination is suspected.			
Volatile Screens: <input type="checkbox"/> - SDWA Total Trihalomethanes (524.2) <input type="checkbox"/> - SDWA VOC I (21 REGULATED+) (524.2) <input type="checkbox"/> - SDWA VOC II (EDB & DBCP) (504) <input type="checkbox"/> - BETX (8021) <input type="checkbox"/> - _____ <input type="checkbox"/> - _____ Other Specific Compounds or Groups: <input type="checkbox"/> - () _____ <input type="checkbox"/> - () _____		Semi-volatile Screens: <input type="checkbox"/> - Oil and Grease (413.1) <input type="checkbox"/> - Total Petroleum Hydrocarbons (418.1) <input type="checkbox"/> - Organochlorine Pesticides (8080) <input type="checkbox"/> - Polychlorinated Biphenols (8080) <input type="checkbox"/> - Polynuclear Aromatic Hydrocarbons (8310) <input type="checkbox"/> - _____ <input type="checkbox"/> - _____ <input type="checkbox"/> - _____ <input type="checkbox"/> - _____ <input type="checkbox"/> - GC/MS Screen	
Remarks: _____			
VOC bubble > 6 mm <input type="checkbox"/> Yes <input type="checkbox"/> No Sample Rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sample submitter is responsible for hazardous material disclosure and hazardous sample disposal. Acknowledged _____			

NMSU SWAT REQUIREMENTS AND SAMPLE CONTAINER SUMMARY

FOR SAFE DRINKING WATER ACT ORGANIC SAMPLES AND ENVIRONMENTAL SAMPLES

Water Analysis Drinking and Environmental	No. of Analytes in Test	EPA Method Number	Maximum Holding Time (days)	Preservation			Container (No.) Size ¹
				Contained in Bottles as Shipped From Lab	Add for Non-chlorinated Systems	Add for Chlorinated Systems	
Volatiles – 2 (EDB & DBCP)	2	504	28		HCl pH<2 (2 drops) Cool 4°C	Thiosulfate HCl pH<2 (2 drops) Cool 4°C	Glass (2) 40 ml
SDWA VOCs Volatiles - 1	58	524.2	14		HCl pH<2 (2 drops) Cool 4°C	Thiosulfate HCl pH<2 (2 drops) Cool 4°C	Glass (2) 40 ml
SDWA Total Trihalomethanes	4	524.2	14		HCl pH<2 (2 drops) Cool 4°C	Thiosulfate HCl pH<2 (2 drops) Cool 4°C	Glass (2) 40 ml
BTEX in Water	4	8021	14		Cool 4°C	Thiosulfate Cool 4°C	Glass (2) 40 ml
BTEX in Soil	4	8021	14		Cool 4°C	Cool 4°C	Glass jar (1) 4 oz
Oil and Grease or TPH	1	413.1	28	1 ml Conc. Sulfuric Acid	Cool 4°C	Cool 4°C	Amber Glass (1) 1 L
Organochlorine Pesticides & PCBs	26	8080	7		Cool 4°C	Cool 4°C	Amber Glass (1) 1 L
Polynuclear Aromatic Hydrocarbons	16	8310	14		Cool 4°C	Cool 4°C	Amber Glass (1) 1L

1. Sample containers are provided by the SWAT Laboratory. Soil samples are to be collected in a 4 oz glass jar with Teflon liner. Extra bottles may be required by the lab for QC purposes. Travel blanks are supplied for VOCs.
2. DO NOT RINSE BOTTLES. They contain preservatives that have been added at the laboratory which are necessary for preservation.
3. Chlorinated systems should request dechlorinating agents for methods 504 and 524.2. Add the sodium thiosulfate to the bottles in methods 504 and dissolve before adding the hydrochloric acid (HCl). Request VOA vials with ascorbic acid for method 524.2 when sampling chlorinated systems.
4. See sampling instruction sheet for proper use of ID Request stickers.

USE ONLY WHEN NECESSARY

Chain-Of-Custody

I certify that this sample was transferred from _____ to _____

at (location) _____ on _____ at _____
Date Time

Evidentiary Seals: - None OR Seals Intact -Yes - No

Signatures _____

and from (if applicable) _____ to _____

at (location) _____ on _____ at _____
Date Time

Evidentiary Seals: - None OR Seals Intact -Yes - No

Signatures _____