

SAMPLE TREATABILITY FORM

Sample Name: _____

Customer: _____ Sales Rep: _____

Location: _____ CWT Classification: _____

Project Volume: _____ Frequency: _____

Sample Date: _____ Submission Date: _____

Sample to be submitted for analysis at off-site lab?

☐ YES ☐ NO ☐ HOLD FOR REVIEW

Contractor Tank?

☐ YES ☐ NO

Process Generating this waste/material: _____

Physical Characteristics: _____

Notes/Comments:

TREATABILITY RESULTS (Please check analyses needed)☐ pH _____ ☐ PCB, ppm _____ ☐ S, ppm _____ ☐ C1, ppm _____ FP, °F _____ ☐ Oil % _____ ☐ Water % _____☐ Solid % _____ ☐ Oxidizing Potential (+/-) _____ ☐ NH3, ppm _____ ☐ CO2, ppm _____

Recommened treatment method: _____

Recommended plant location to treat: Roselawn, MI _____

Anticipated cost to treat: _____

Treatability performed by: _____

Results communicated to: _____

Additional comments: