



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

Recommended treatment method:

Recommended plant location to treat:

Anticipated cost to treat: _____

Treatability performed by: _____

Results communicated to: _____

Additional comments: