



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 _____

Reccomended treatment method: _____

Recommended plant location to treat: _____

Anticipated cost to treat: _____

Treatability performed by: _____

Results communicated to: _____

Additional comments: