

SAMPLE TREATABILITY FORM Sample Name: Customer: Sales Rep: Location: CWT Classification: _____ Frequency: ____ Project Volume: ___ Sample Date: Submission Date: Sample to be submitted for analysis at off-site lab? **Contractor Tank?** ☐ YES ☐ NO ☐ HOLD FOR REVIEW \square YES \square 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___ □ Halogens___ Reccomended treatment method: Recommended plant location to treat: Anticipated cost to treat: Treatability performed by: Results communicated to: **Additional comments:**