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|  | **INDIANA STATE DEPARTMENT OF HEALTH**  Chemistry Laboratories  550 W. 16th Street, Suite B  INDIANAPOLIS, INDIANA 46202-2203  **CHEMICAL EXAMINATION OF WATER** | **Do not write in this space**  Lab No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Rec. \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Rep.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name / Organization*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Street*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *City or Town ZIP* |  | ***Please provide an email or a Fax number for your***  ***Report (PRINT):***    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Email Address*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Fax Number* |

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|  | ***Request*** |  | ***Request*** |  | ***Request*** |
| **INORGANICS** |  | **METALS** |  | **METALS** |  |
| Alkalinity as CaCO3 |  | Arsenic |  | Lead |  |
| Hardness as CaCO3 |  | Barium |  |  |  |
|  |  | Cadmium |  | RCRA Metals |  |
| pH |  | Chromium (Total) |  |  |  |
|  |  | Copper |  |  |  |
| Chlorides as Cl |  | Mercury |  |  |  |
| Sulfates as SO4 |  | Nickel |  |  |  |
| Phosphates as P |  | Selenium |  |  |  |
|  |  | Silver |  | **ORGANICS** |  |
| Fluorides as F |  |  |  | VOC |  |
| Nitrate + Nitrite as N |  | Iron |  | SVOC |  |
|  |  | Manganese |  | Pesticides |  |
| Cyanide |  | Calcium |  | TPH - E |  |
|  |  | Magnesium |  | TPH - V |  |
|  |  | Sodium |  | PCBs |  |
|  |  | Potassium |  | Methamphetamine |  |
|  |  | Zinc |  | Oil & Grease |  |

Collected by (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collected by Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Collected (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where was sample collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REMARKS:**

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