



505 S Rosa Rd Room 25  
 Madison, WI 53719  
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## Wastewater Lab Analysis Form

Company:	Date collected:
Testing authorized by:	Name of Sample:
Phone:	Sample collected by:
Email:	

What level of testing would you like?

Microanalyses & Filament Origins (Fill 1/2 bottle for each area tested)	<input type="checkbox"/>	Treatability Study (call for collection instructions)	<input type="checkbox"/>
Proactive Microanalysis Program (Fill 1/2 bottle for each area tested)	<input type="checkbox"/>	Testing not listed: contact your rep for pricing, recommendations, and instructions	<input type="checkbox"/>
		Testing name: _____	

FOR EXPEDITED TESTING AND OTHER SPECIAL REQUESTS PLEASE CALL 888.757.9577

**(Required, fill out both sides) Please answer the following:**

Daily Flow Rate: _____	Water Temp: _____	F:M _____
Avg. MLSS: _____	DO Level: _____ Avg: _____	Influent BOD: _____ Effluent BOD: _____
Ammonia (NH <sub>3</sub> ) Levels: In: _____ Out: _____	30 Min Settling: _____	Effluent TSS: _____
pH: _____	Basin/Tank/Lagoon Volume: _____ _____ _____	Misc.: _____

### Problems experienced

- Foaming
- Bulking
- Poor BOD removal
- Poor ammonia removal
- Poor phosphorus removal
- High TSS
- Other

\_\_\_\_\_

**Please add as much additional information about your wastewater treatment plant as possible.**

Effluent Limits:	Summer	Winter
BOD	_____	_____
TSS	_____	_____
NH <sub>3</sub>	_____	_____
Total P	_____	_____

1) Describe what you are dealing with.

2) What chemicals are being used?

3) Water temperature:

4) What type of process do you have?

Misc. Data/Notes:

**Please send Test Kit to:  
505 S Rosa Rd. Room 25  
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