



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

Company:

Testing authorized by:

Phone:

Email:

Date collected:

Name of Sample:

Sample collected by:

What level of testing would you like?

Microanalysis & Filament Origins
 (Fill 1/2 bottle for each area tested)

Testing not listed: contact your rep for pricing, recommendations, and instructions

Testing name: _____

FOR EXPEDITED TESTING AND OTHER SPECIAL REQUESTS PLEASE CALL 888.757.9577

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

Please circle the correct units or write in your own.

Daily Flow Rate: _____ Units: MGD GPD m ³ /day	Water Temp: _____ °F °C	F:M _____
Avg. MLSS: _____ Units: mg/L	DO Level: _____ Avg: _____ mg/L	Influent BOD: _____ Effluent BOD: _____ mg/L
Ammonia (NH₃) Levels: In: _____ Out: _____ Units: mg/L	30 Min Settling: _____ % divided by 1000 ml	Effluent TSS: _____ mg/L
pH: _____ Units:	Basin/Tank/Lagoon Volume: _____ _____ _____ m ³ /day gal	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 ₃	_____	_____
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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