



South Dakota Agricultural Laboratories
 Brookings Biospace,
 1006 32nd Avenue, Suite 105
 Brookings, SD 57006-4728

DE-ICER SAMPLE SUBMISSION FORM

Use one sheet for each sample.

Submitter: Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Sample Identification _____ Where sampled _____	Results and invoice to: _____ _____ _____ _____ _____
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Date Collected: _____

Sample handling and preparation. (Required for all samples)

___ Percent Concentration of Magnesium

___ Percent Total Settleable Solids and Percent Solids Passing a 10 Sieve

___ Total Phosphorus, Cyanide, Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Selenium, Zinc, Mercury

___ Percent Total Settleable Solids

___ Percent Solids Passing a 10 Sieve

___ Total Phosphorus

___ Total Cyanide

___ Total Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Selenium and Zinc

___ Total Mercury