

DMR-QA Participant Information



Client: _____
 Address: _____
 Contact: _____
 Phone: _____
 Email: _____
 Permit Number: _____

Analyte	Method	Analyte	Method
Trace Metals		Miscellaneous Analytes	
<input type="checkbox"/> Aluminum	_____	<input type="checkbox"/> Non-Filterable residue (TSS)	_____
<input type="checkbox"/> Antimony	_____	<input type="checkbox"/> Oil and Grease	_____
<input type="checkbox"/> Arsenic	_____	<input type="checkbox"/> pH	_____
<input type="checkbox"/> Barium	_____	<input type="checkbox"/> Total Cyanide	_____
<input type="checkbox"/> Beryllium	_____	<input type="checkbox"/> Total Phenolics	_____
<input type="checkbox"/> Cadmium	_____	<input type="checkbox"/> Total Residual Chlorine	_____
<input type="checkbox"/> Chromium, total	_____	<input type="checkbox"/> Settleable Solids	_____
<input type="checkbox"/> Chromium, hexavalent	_____	<input type="checkbox"/> Turbidity	_____
<input type="checkbox"/> Cobalt	_____	Minerals	
<input type="checkbox"/> Copper	_____	<input type="checkbox"/> Alkalinity, total (CaCO ₃)	_____
<input type="checkbox"/> Iron	_____	<input type="checkbox"/> Chloride	_____
<input type="checkbox"/> Lead	_____	<input type="checkbox"/> Fluoride	_____
<input type="checkbox"/> Manganese	_____	<input type="checkbox"/> Hardness, total (CaCO ₃)	_____
<input type="checkbox"/> Mercury	_____	<input type="checkbox"/> Specific Conductance	_____
<input type="checkbox"/> Molybdenum	_____	<input type="checkbox"/> Sulfate	_____
<input type="checkbox"/> Nickel	_____	<input type="checkbox"/> Total Dissolved Solids	_____
<input type="checkbox"/> Selenium	_____	Nutrients	
<input type="checkbox"/> Silver	_____	<input type="checkbox"/> Ammonia as N	_____
<input type="checkbox"/> Thallium	_____	<input type="checkbox"/> Nitrate as N	_____
<input type="checkbox"/> Vanadium	_____	<input type="checkbox"/> Nitrite as N	_____
<input type="checkbox"/> Zinc	_____	<input type="checkbox"/> Orthophosphate as P	_____
Demands		<input type="checkbox"/> Total Kjeldahl-Nitrogen as N	_____
<input type="checkbox"/> BOD, 5-day	_____	<input type="checkbox"/> Total Phosphorus as P	_____
<input type="checkbox"/> BOD, carbonaceous, 5-day	_____	Microbiology	
<input type="checkbox"/> COD	_____	<input type="checkbox"/> Fecal Coliform, MF or MPN	_____
<input type="checkbox"/> TOC	_____	<input type="checkbox"/> Total Coliform, MF or MPN	_____

Please check the required analytes above and write in the methods specified on your permit. Return by fax (530-243-7494) or email (nhawley@basiclab.com) to Nathan Hawley at Basic Laboratory.

Signature: _____ Date: _____