

**South Dakota Department of
Agriculture and Natural Resources**

Joe Foss Building
523 East Capitol
Pierre, South Dakota 57501
(800) 438-3367

South Dakota Public Health Laboratory

Laboratory Building
615 East 4th St.
Pierre, South Dakota 57501-1700
(605) 773-3368

Municipal Effluent Sampling Program

1. BOD samples must be sufficiently iced so they arrive in the lab at 6°C or less but not frozen.
2. If only sending Microbiological samples, they must arrive in the lab at 9°C or less but not frozen.
3. If any sample is over its maximum receiving temperature it may be rejected.

Holiday BOD collection calendar can be found at the following web address: <http://doh.sd.gov/documents/Lab/CollectionCalendar.pdf>

Send Report To:

City/Agency _____

Date Collected _____

Mailing Address _____

Time Collected _____

UPS Address _____

Name of Sampler _____

City/State/Zip _____

Phone _____

Effluent flow – gpm _____

EPA ID Number _____

Chlorine Residual _____

Permit Number _____

Water Temperature _____

Check if requesting permission to discharge from D ANR

Field pH _____

Are you presently discharging? Yes No

Check if you need a kit returned

Is effluent chlorinated? Yes No

Lagoon Cell _____

Field Comments _____

PLEASE CHECK THE LABORATORY ANALYSES YOU ARE REQUESTING

Influent	✓
Grab	<input type="checkbox"/>
8 Hour Composite	<input type="checkbox"/>
24 Hour Composite	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Total Coliform - 25 Tube (35)	<input type="checkbox"/>
Fecal Coliform - 25 Tube (36)	<input type="checkbox"/>
Fecal Coliform – Membrane Filter (33)	<input type="checkbox"/>
E. coli	<input type="checkbox"/>
BOD5	<input type="checkbox"/>
TSS	<input type="checkbox"/>
pH	<input type="checkbox"/>
Ammonia (570)	<input type="checkbox"/>
Nitrate	<input type="checkbox"/>
Total Phosphorus	<input type="checkbox"/>
Total Nitrogen	<input type="checkbox"/>
TKN	<input type="checkbox"/>
TDS	<input type="checkbox"/>
RAD 226	<input type="checkbox"/>
Oil & Grease	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Effluent	✓
Grab	<input type="checkbox"/>
8 Hour Composite	<input type="checkbox"/>
24 Hour Composite	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Total Coliform - 25 Tube (35)	<input type="checkbox"/>
Fecal Coliform - 25 Tube (36)	<input type="checkbox"/>
Fecal Coliform – Membrane Filter (33)	<input type="checkbox"/>
E. coli	<input type="checkbox"/>
BOD5	<input type="checkbox"/>
TSS	<input type="checkbox"/>
pH	<input type="checkbox"/>
Ammonia (570)	<input type="checkbox"/>
Nitrate	<input type="checkbox"/>
Total Phosphorus	<input type="checkbox"/>
Total Nitrogen	<input type="checkbox"/>
TKN	<input type="checkbox"/>
TDS	<input type="checkbox"/>
RAD 226	<input type="checkbox"/>
Oil & Grease	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Other	✓
Grab	<input type="checkbox"/>
8 Hour Composite	<input type="checkbox"/>
24 Hour Composite	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Total Coliform - 25 Tube (35)	<input type="checkbox"/>
Fecal Coliform - 25 Tube (36)	<input type="checkbox"/>
Fecal Coliform – Membrane Filter (33)	<input type="checkbox"/>
E. coli	<input type="checkbox"/>
BOD5	<input type="checkbox"/>
TSS	<input type="checkbox"/>
pH	<input type="checkbox"/>
Ammonia (570)	<input type="checkbox"/>
Nitrate	<input type="checkbox"/>
Total Phosphorus	<input type="checkbox"/>
Total Nitrogen	<input type="checkbox"/>
TKN	<input type="checkbox"/>
TDS	<input type="checkbox"/>
RAD 226	<input type="checkbox"/>
Oil & Grease	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Lab Use Only

_____ °C IP NIP