



Laboratory Services Program
Chemical Analytical Data for Drinking Water
DOH – L112

Public Health Laboratory
615 E. 4th Street
Pierre, SD 57501-1700
605-773-3368 FAX 605-773-6129
www.state.sd.us/doh/lab/index.htm

Name of Water System: _____

EPA ID #: _____ Phone No. _____

Results to be Returned to:

Sample Collector: _____

Name: _____

Street or P.O. Box: _____

City: _____

State: _____ Zip: _____

Payment to be made by (if different than above):

Name: _____

Organization: _____

Address: _____

State: _____ Zip: _____

Date Collected: _____ Time _____ Location of Sampling Tap _____ Well Depth: _____ Date Built: _____

Source Sample: ☐ Well ☐ Lake ☐ Reservoir ☐ Other: _____ Type of Sample: ☐ Raw ☐ Treated ☐ Composite
☐ Entry Point ☐ Distribution System

Source Name(s): _____

Field Temperature: _____ °F _____ °C Field pH: _____ Treatment Processes _____ Comments: _____

Please ✓ Analyses to be Performed.

☐ COMMON IONS PANEL

INORGANIC CHEMICALS

COMMON IONS

☐ INORGANIC CHEMICAL PANEL

Parameter Maximum Limit

Parameter

☐ INORG. CHEM + FLUORIDE

☐ Aluminum

☐ Alkalinity

☐ LEAD/COPPER PANEL

☐ Antimony

6 ug/L

☐ Bicarbonate

☐ VOC's (Volatile Organic Chemicals)

☐ Arsenic

0.010 mg/L

☐ Calcium

☐ TOC

☐ Barium

2000 ug/L

☐ Carbonate

☐ TPH-Gas

☐ Beryllium

4 ug/L

☐ Chloride

☐ TPH-Diesel

☐ Cadmium

5 ug/L

☐ Conductivity @ °C umhos/cm

☐ Ammonia

☐ Chromium

100 ug/L

☐ Fluoride

☐ Fecal Coliform

☐ Copper

1.3 mg/L

☐ Hardness

☐ Chlorite

☐ Lead

15 ug/L

☐ Iron

☐ Phenol

☐ Mercury

2 ug/L

☐ Langlier index

☐ Oil & Grease

☐ Molybdenum

☐ Magnesium

RADIOCHEMICAL

☐ Nickel

100.0 ug/L

☐ Manganese

Parameter Maximum Limit

☐ Nitrate

10.0 mg/L

☐ pH

☐ Gross Alpha 15 pCi/L

☐ Nitrite

1.0 mg/L

☐ Potassium

☐ Gross Beta

☐ Selenium

50 ug/L

☐ Sodium

☐ Radium 226 5 pCi/L

☐ Silver

☐ Solids (Total Dissolved)

☐ Radium 228 5 pCi/L

☐ Thallium

2 ug/L

☐ Sulfate

☐ Radon in Water

☐ Zinc

☐ Uranium

Cyanide

☐ WAD

☐ Total

For Lab Use Only

Abnormalities: _____

Temperature when Rec'd: _____

Date _____

Lab Number

(Lab Use Only)