

Tritium and Stable Isotopes Laboratory Request Form

Collector name _____

Collector phone number _____

Collector email _____

Collector comments _____

	Unique Number or Surface Water Sample ID (location ID)	Sample taken		Field measurements						PWS ID	Requested analysis			
		Date (mm/dd/yyyy)	Time hh:mm:ss (24 hour)	SC (µS/cm)	pH	DO (Mg/L)	Eh (mV)	Temp (°C)	Sampling depth (ft.)		Tritium (enriched)	Oxygen - 18 of water	Deuterium of water	Other
1														
2														
3														
4														
5														
6														

Relinquished by: _____ Date: _____ Time: _____

Accepted by: _____ Date: _____ Time: _____

Turn in signed and completed form (page 1) with samples

Instructions

Collector name

Enter the collector's first and last name DO NOT use initials.

Collector phone number

Enter the collector's phone number (including area code). This phone number will be used if additional information is needed regarding the sample.

Collector email

Enter the collector's primary work email address. This email will be used if additional information is needed regarding the sample.

Collector comments

This field is optional. Enter any pertinent information that can be used to characterize the sample or field conditions or the reason the sample was taken. Some examples could include "Vulnerability confirmation sampling for city of XX," "Samples frozen for nitrogen isotope analysis," "Sample collected post-softener," or "Rainy and windy". DO NOT write any other type of information in this area. **DO NOT add any other type of information in this area.**

Unique number (Location ID)

This field **MUST** be filled in:

- For a well, enter the Minnesota Unique Well Number
- For a non-well sample, enter the appropriate identification number (e.g., surface water samples – SWS101). See SCP documents for more details on alternate IDs.
- DO NOT use spaces or dashes

Turn in signed and completed form (page 1) with samples

Minnesota Department of Health
Drinking Water Protection
651-201-4700
health.drinkingwater@state.mn.us
www.health.state.mn.us

- DO NOT use PWSIDs or MNDWIS sample point IDs (e.g. E01, S01) without permission from the Isotope Lab Shipper, as results may be lost in the database without proper IDs.

Sample taken

- Date – MM/DD/YYYY
- Time – HH:MM:SS (24 Hour clock). Seconds are not required but are occasionally quite useful.

Field measurements

These fields are optional if field parameter measurement equipment is not available. Information collected in the field

- SC - Specific Conductivity ($\mu\text{S}/\text{cm}$ – microsiemens per cm)
- pH - pH (pH units)
- DO - Dissolved Oxygen (mg/L)
- Eh - Oxidation Reduction Potential (ORP)
- T($^{\circ}\text{C}$) - Temperature $^{\circ}\text{C}$
- Depth - Used when sampling at different depths in the well or surface water body. Depth below measuring point (feet)

PWS ID

If the sample is taken from a public water supply source or the sample is associated with a public water supply, enter 7-digit public water system ID number.

Requested analysis – Mark (X) the appropriate box for the analysis. Use the space provided in "Other" for an additional analysis. Be sure to alert the Isotope Lab Shipper BEFORE sampling if an additional analysis is required, as different sampling and shipping protocols may be required.

08/31/2021

To obtain this information in a different format, call 651-201-4700.