

ARL Water/Effluent Analysis Request Form

Initials: _____ Surname: _____ Customer Number (if applicable): _____

Company/Farm name: _____ Farm Location: _____

Postal Address: _____

Phone: _____ Email: _____

Mobile: _____ Please tick if you would like email notification of when your results are available through My Ravensdown

Results to:	Client <input checked="" type="checkbox"/> Consultant <input type="checkbox"/>	Merchant <input type="checkbox"/>
Charge to:	Client <input type="checkbox"/> Consultant <input type="checkbox"/>	Purchase Order Number: _____
Consultant/Merchant address: _____		

Sample information (please note all fields outlined must be filled)

	1	2
Sample Name		
Sample Date		
Sample Time		
Sample Type (e.g. drinkable, dairy effluent, bore)		
Is this a Ministry of Health required test? (Yes/No)		
GPS Location (if applicable)		
Any concerns with water quality? (Please describe)		

Sample reception (Office Use Only)

Received Date		
Received Time		
Temp on Receipt °C		
Chilled on Receipt? (Yes/No/Unknown)		
ID Text		
ID Numeric		

Tests required - please select appropriate analysis required		
Domestic/Drinking Water <small>(pH, Macro & Micronutrients, Chloride, Conductivity, Total Dissolved Solids, Alkalinity, Hardness, Bicarbonate, Free Carbon Dioxide, NH₄-N, NO₃/NO₂-N)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiological/Bacteria <small>(Total Coliforms & E. Coli)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation <small>(pH, Macro & Micronutrients, Chloride, Conductivity, Total Dissolved Solids, Hardness, Bicarbonate, Free Carbon Dioxide, Sodium Absorption Ratio, Alkalinity)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Farm Environmental Impact <small>(pH, Ammoniacal N, Nitrate/Nitrite-N, Dissolved Reactive P, Total Coliforms, E. Coli)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Metal Suite – Drinking Water <small>(Al, As, Ba, Cd, Cr, Hg, Mo, Ni, Pb, Se, Sb, U)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Farm Dairy Effluent <small>(pH, Ca, Mg, K, Na, Sodium Absorption Ratio, Total N, Total Dissolved P, Total S)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Trade Waste <small>(pH, CBOD, Total Grease, Settleable Solids, Total Suspended Solids)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Winery Waste <small>(pH, BOD, Ca, Mg, Na, Sodium Absorption Ratio, Total N (TKN + NO₃), Total P, Total Suspended Solids, Total Dissolved Solids)</small>	<input type="checkbox"/>	<input type="checkbox"/>

Additional tests required : Please complete under Other instructions

Other instructions: _____

Declaration: I certify details provided are correct and agree to Ravensdown Limited's Terms of Trade (please refer to ravensdown.co.nz/terms-of-trade).

Signed: _____ Date: _____