



DEPARTMENT OF HEALTH

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 CHEMICAL PANEL
- ☐ INORG. CHEM + FLUORIDE
- ☐ LEAD/COPPER PANEL
- ☐ RADIOCHEMICAL SCREEN

- ☐ VOC's (Volatile Organic Chemicals)
- ☐ THM'S (Trihalomethanes)
- ☐ TOC

RADIOCHEMICAL

Parameter	Maximum Limit
☐ Gross Alpha	15 pCi/L
☐ Gross Beta	
☐ Radium 226	5 pCi/L
☐ Radium 228	5 pCi/L
☐ Uranium	

☐ Radon in Water

- ☐ Ortho Phosphate
- ☐ Ammonia
- ☐ Fecal Coli form

INORGANIC CHEMICALS

Parameter	Maximum Limit
☐ Aluminum	
☐ Antimony	6 ug/L
☐ Arsenic	50 ug/L
☐ Barium	2000 ug/L
☐ Beryllium	4 ug/L
☐ Cadmium	5 ug/L
☐ Chromium	100 ug/L
☐ Copper	1.3 mg/L
☐ Lead	15 ug/L
☐ Mercury	2 ug/L
☐ Molybdenum	
☐ Nickel	100.0 ug/L
☐ Nitrate	10.0 mg/L
☐ Nitrite	1.0 mg/L
☐ Selenium	50 ug/L
☐ Silver	
☐ Thallium	2 ug/L
☐ Zinc	
☐ Cyanide	200 ug/L

COMMON IONS

Parameter	Suggested Limit
☐ Alkalinity	
☐ Bicarbonate	
☐ Calcium	
☐ Carbonate	
☐ Chloride	250 mg/L
☐ Conductivity @ °C umhos/cm	
☐ Fluoride	4.0 mg/L
☐ Hardness (calculated)	
☐ Iron	0.3 mg/L
☐ Langlier index	
☐ Magnesium	
☐ Manganese	0.5 mg/L
☐ pH	
☐ Potassium	
☐ Sodium	
☐ Solids (Total Dissolved)	500 mg/L
☐ Sulfate	

For Lab Use Only

Condition of Sample: ☐ Clear ☐ Turbid ☐ Suspended Matter ☐ Odor

Temperature when Rec'd: _____ Color _____ Other _____ pH _____

Received by _____ Date _____

Lab Number

(Lab Use Only)