

Wastewater Sample Request Form

Date

Requestor's Name (Title)

Signature

Email Address

Company Name & Address

City

State

Zip Code

Telephone Number

What is the purpose of the samples requested? (Please attach additional page(s) if necessary)

What is the volume of samples requested?

What type of wastewater samples?

Influent

Effluent

Mixed liquor

Other _____

Sample Released By: Please Print

Signature

Date

Sample Received By: Please Print

Signature

Date

Check here if not the requestor

The sample(s) will only be used for education and training purposes by Requestor. Requestor will not transfer the sample(s) to another individual or entity. Requestor will not release information relating to the sample(s) without written permission of MSD. Requestor agrees to send MSD a draft of any information to be released for professional publication prior to publishing. Requestor acknowledges that the sample(s) may expose Requestor to hazards and risks of injury and/or illness. Requestor releases and will hold harmless MSD, its employees, and agents from any liability arising from the handling or use of the sample(s). Requestor will be responsible for providing the necessary containers for the samples.

Mail form to: Metropolitan Sewer District of Greater Cincinnati (MSD)
Attn: Deb Leonard
1600 Gest Street
Cincinnati, Ohio 45204

Or Email to:

MSD.communications@cincinnati-oh.gov