

Request for Equipment and Supplies

Name _____

Date __/__/__

Volunteer Group _____

Kit # _____

Number of Stations Monitored _____

Please check the appropriate box(s) for needed equipment and supplies, if additional quantities are required please specify quantity needed. **If * is by item, please ship us the empty chemical bottles or equipment. Please include shipping address and email address for every supply request form submitted.**

2-ounce metals bottles

manganese sulfate

250 ml nutrient jar with sulfuric

nitric acid (HNO₃)

500 ml nutrient jug

phenolphthalein indicator*

KCL/probe solution*

pH buffers 4 -7-10 large/small(**circle needed**)

alkalide iodide

sodium thiosulfate*

ammonia buffer*

starch solution

BGMR*

Metals/Nutrient Labels (**circle one**)

EBT*

metals filters

EDTA *

pH probe/meter* (**circle one**)

deionized water*

thermometer

Sulfuric Acid (H₂SO₄)

syringe

sulfamic acid powder pillow

other _____

other _____

other _____

Shipping Address: _____

Email Address: _____

Comments: _____

River Watch Staff

Date Shipped: _____