

Sample Location: _____

Reporting Form

Reporting Period (Year): _____

Description	Reference Value (mg/L)	Reporting Limit (current reporting period)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Name of NV Certified Lab	---					
Lab Reference Number	---					
Sample Date	---					
Lab Test Date	---					
Sampled By	---					
Paste pH	S.U.					
ANP	T/kT					
Total Sulfur	%					
Hot Water Rinse Residue	%					
HCL Rinse Residue	%					
HNO ₃ Rinse Residue	%					
H ₂ O-Soluble Sulfate	%					
Non-H ₂ O Soluble Sulfate	%					
Pyritic Sulfur	%					
Non-Extractable Sulfur	%					
Potentially Acid Generating Sulfur	%					
Calculated AGP	T/kT					
NNP	T/kT					
ANP/AGP	---					

Notes:

- Complete descriptions of the methods and calculations can be found in the most recent version of the Nevada Modified Sobek Procedure.
- If Total Sulfur is below the reporting limit (RL), then sulfur speciation is not required; use half the reportable limit from total sulfur [S (T)] for the Potential Acid-Generating Sulfur [PAG (S)]
- If PAG (S) is larger than S (T), due to sampling/rounding error, use S (T) for calculations.

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