

Solid Waste (Soil) Program Participation Form

Where participation is as easy as 1, 2, 3...

1 FILL IN YOUR INFORMATION BELOW												
SHIP TO:						BILL TO:						
Contact Name:				Contact Name:								
Organization:				Organization:								
Address:					Address:							
City:	State:		Zip	:	City:			State:	Zip:			
Phone #:		Fax #:				email:						
asi client # :	NPDES Permittee #: US EP			A Lab Code: State Code:								

2 _{FILL IN THE} ORDER SELECTION	BenchMark Proficiency Testing Standards			On Target InstaCheck Standards				PT NOW Quick Response Standards				
Description	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total
Trace Metals in soil	SW1000	\$150			OW1000	\$135			NW1000	\$174		
Cyanide in soil	SW2300	\$100			OW2300	\$90			NW2300	\$116		
Hexavalent Chromium in soil	SW2500	\$100			OW2500	\$90			NW2500	\$116		
pH/Corrosivity in soil	SW5500	\$100			OW5500	\$90			NW5500	\$116		
Diesel Range Organics in soil	SW6100	\$130			OW6100	\$117			NW6100	\$151		
Gasoline Range Organics in soil	SW6200	\$130			OW6200	\$117			NW6200	\$151		
Total Petroleum Hydrocarbons	SW6300	\$130			OW6300	\$117			NW6300	\$151		
Aromatic Volatiles [BTEX + MTBE]	SW6500	\$130			OW6500	\$117			NW6500	\$151		
Pesticides in soil	SW7000	\$140			OW7000	\$126			NW7000	\$162		
Chlordane in soil	SW7100	\$120			OW7100	\$108			NW7100	\$139		
Toxaphene in soil	SW7200	\$120			OW7200	\$108			NW7200	\$139		
PCBs in soil	SW7500	\$140			OW7500	\$126			NW7500	\$162		
PAHs in soil	SW8000	\$140			OW8000	\$126			NW8000	\$162		
Herbicides in soil	SW8500	\$140			OW8500	\$126			NW8500	\$162		
Volatiles in soil	SW9000	\$170			OW9000	\$153			NW9000	\$197		
Semivolatiles [BNAs] in soil	SW9500	\$200			OW9500	\$180			NW9500	\$232		
COMPLETE INORGANIC SET*	SW0001	\$1926			OW0001	\$1733			NW0001	\$2234		
STATE SPECIFIC STANDARDS												
Washington State EPH	SW6150	\$130			OW6150	\$117			NW6150	\$151		
Washington State VPH	SW6250	\$130			OW6250	\$117			NW6250	\$151		
NOTE: shipping charges are added to each invoice	BenchN	BenchMark Totals		\$	On Target Totals		\$	PT Now Totals		s	\$	
* All Set Prices Include a 10% Discount TOTAL ORDER \$												
Choose You Months: Jan Feb Mar Apr				May	🗌 Jun 🗌	Jul 🗌	Aug	Sep	Oct	Nov 🗌	Dec	

$\overline{\mathfrak{B}}_{\mathrm{FILL}}$ in the payment information

ORDERED BY (Print):	Select Card Type: American Master Visa							
Signature:	Card Number:							
You can pay by either purchase order or credit card	Expiration Date:							
Purchase Order #	Cardholder Name:							

** Please complete this form and fax it to asi at (304) 422-4761**

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