

## Week 8 Problems

### Section 63

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1. When 0.45 M HCN is added to a 0.50 M NaCN solution, what is the pH of the solution after equilibrium is established?
2. When 1.00 mole of NaF is added to a 1 liter 0.5 M HF solution, what is the pH of the solution after equilibrium is established? Assume no change in volume.
3. How many mL of 2.0 M KOH is necessary to neutralize 300 mL of 0.85 M HCl?
4. What is the pH at the halfway point of titrating 200 mL of 2.0 M acetic acid with 0.4 M NaOH? How many mL of NaOH are necessary to reach the equivalence point and what is the pH?

Conceptual questions:

5. A solution of an acid and a salt of its conjugate base (e.g. HCl & NaCl) will be less acidic/more acidic than a solution of the acid alone.
6. Around what pH would a mixture of NaHSO<sub>4</sub> and CaSO<sub>4</sub> best buffer?
7. What are the two different ways to make a buffer?
8. Generally, how do buffers work? What makes a buffer "good"?
9. What are the major species in solution for the titration of acetic acid with NaOH?
  - a. At the halfway point
  - b. At the equivalence point
  - c. Beyond the equivalence
  - d. For the situations in a,b, and c, which constitute a buffered solution?
10. For the following scenarios, would the final pH be equal to, greater than, or less than 7 at the equivalence point?
  - a. Titrating acetic acid with NaOH
  - b. Titrating KOH with HCl
  - c. Titrating ammonium chloride with NaOH
11. What are the characteristics of an appropriate indicator for a titration?
12. In blood, the primary buffering system is composed of bicarbonate (HCO<sub>3</sub><sup>-</sup>) in equilibrium with carbonic acid (H<sub>2</sub>CO<sub>3</sub>). The healthy range of blood pH is 7.35-7.45. Is this within the optimal buffering range for this buffer? Why or why not?