

CHAIN OF CUSTODY

PWS ID # _____

PAGE _____ OF _____

Chemistry

Biology

Biomon

PO# _____
 Project _____
 Remarks:

Client Name: _____
 Address: _____
 Street _____
 City, State, Zip _____

Phone: _____
 Fax: _____

Contact: _____

Sampler Signature: _____

SAMPLE ID

SAMPLE DATE

SAMPLE TIME

SAMPLE TYPE

Metals (See Below)	Chemistry	Biology	Biomon	No. of Containers	Laboratory Number
<input type="checkbox"/> TDS <input type="checkbox"/> TSS <input type="checkbox"/> TS <input type="checkbox"/> SETT <input type="checkbox"/> TVS <input type="checkbox"/> VSS	<input type="checkbox"/> O+G <input type="checkbox"/> TPHC <input type="checkbox"/> MBAS <input type="checkbox"/> CN <input type="checkbox"/> Sulfide	<input type="checkbox"/> BOD <input type="checkbox"/> COD <input type="checkbox"/> New Source	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	Na ₂ S ₂ O ₃	
<input type="checkbox"/> BOD <input type="checkbox"/> COD <input type="checkbox"/> New Source	<input type="checkbox"/> Tot.P <input type="checkbox"/> O-PO ₄	<input type="checkbox"/> Nitrate + Nitrite <input type="checkbox"/> Nitrite	<input type="checkbox"/> AWET (SWRO)	H ₂ SO ₄	
<input type="checkbox"/> TKN <input type="checkbox"/> Ammonia	<input type="checkbox"/> THM's <input type="checkbox"/> HAAS	<input type="checkbox"/> TDM's <input type="checkbox"/> HAAS		HNO ₃	
<input type="checkbox"/> Phenol <input type="checkbox"/> 420.1 <input type="checkbox"/> 625 <input type="checkbox"/> 8270	<input type="checkbox"/> 8260 <input type="checkbox"/> 624 <input type="checkbox"/> BTEX	<input type="checkbox"/> Perchlorate <input type="checkbox"/> Radio <input type="checkbox"/> Asbestos		NONE	
<input type="checkbox"/> 8260 <input type="checkbox"/> 624 <input type="checkbox"/> BTEX	<input type="checkbox"/> Perchlorate <input type="checkbox"/> Radio <input type="checkbox"/> Asbestos	Total Coliform <input type="checkbox"/> P/A <input type="checkbox"/> Colilert <input type="checkbox"/> MPN		NaOH	
<input type="checkbox"/> E. Coli <input type="checkbox"/> Fecal Strep	Fecal Coliform <input type="checkbox"/> MPN <input type="checkbox"/> MF	<input type="checkbox"/> MICRO SCOPE ID		NaOH/ZnAc	
<input type="checkbox"/> Plate Count <input type="checkbox"/> BIOLOG		<input type="checkbox"/> Plate Count <input type="checkbox"/> BIOLOG			

Metals:	Al	Sb	As	Ba	Be	B	Cd	Ca	Cr	Co	Cu	Au	Fe	Pb	Mg	Mn	Hg	Mo	Ni	Se	Ag	Na	
<input type="checkbox"/> Sr <input type="checkbox"/> TI <input type="checkbox"/> Sn <input type="checkbox"/> TI <input type="checkbox"/> V <input type="checkbox"/> Zn																							
[] TOTAL [] DISSOLVED [] SDWA [] TCLP [] RCRA																							
	AM	PM																					
	AM	PM																					
	AM	PM																					
	AM	PM																					
	AM	PM																					
	AM	PM																					
	AM	PM																					
	AM	PM																					
	AM	PM																					

Metals: Al Sb As Ba Be B Cd Ca Cr Co Cu Au Fe Pb Mg Mn Hg Mo Ni Se Ag Na

Sr TI Sn TI V Zn

Sample Types: DW, GW, SW, WW, AQ, Soil, Sludge or Solid

Sample Receiving:

1. Relinquished By: _____ Date: _____ Time: _____ AM/PM

2. Relinquished By: _____ Date: _____ Time: _____ AM/PM

3. Relinquished By: _____ Date: _____ Time: _____ AM/PM

1. Received By: _____ Date: _____ Time: _____ AM/PM

2. Received By: _____ Date: _____ Time: _____ AM/PM

3. Received By: _____ Date: _____ Time: _____ AM/PM

Total # containers: _____

Attn: Your signature on this document authorizes analysis regardless of sample condition at time of submittal

By signing this chain of custody, the designated client and agent agree to pay Aquatic Consulting & Testing, Inc. for all services rendered in conjunction with the submitted samples within 30 days of invoice. It is the client's responsibility to note purchase order numbers or other responsible parties on the form and failure to do so does not constitute justification for non-payment.

Write-Laboratory _____ Yellow-Report _____ Pink-Client _____

Sample delivery group # : _____