



Drinking Water Chain of Custody

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Lab Number:

Contact:		Project/PWS System Name:	
Company Name:		PWS System Name :(cont)	
Address:			
City, State, Zip:			
Sampler(s) Name & Signature:			P.O.#:

Phone:	Fax:	Email Report to:
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Sample Receipt			Turn Around Request			Analytical Parameters and Methods Requested																			
Temperature _____ °C			<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/> 5 working Day Requested Report Delivery Date _____			Sample Matrix Type*	Number of Containers	200.8 - As, Pb, U	Nitrate, Fluoride	Total Coliform Bacteria	Total dissolved Solids														
Custody Seals: Yes ___ No ___																									
Custody Seals Intact: Yes ___ No ___																									
Total # of Containers: _____																									
Sample Information				Sample Matrix Type*	Number of Containers	200.8 - As, Pb, U	Nitrate, Fluoride	Total Coliform Bacteria	Total dissolved Solids																
Lab #	Date Collected	Time Collected	Sample Identification																						
				DW	2		X	X	X	X															

Matrix* DW-Drinking Water, SW-Surface Water, RW-Raw Water (Source), GW-Groundwater, RW-Recreational Water, TW-Treated Water (point of Entry)

Date:	Time:	Samples Relinquished By:	Received By:

All services are performed subject to the Apex Standard Terms & Conditions unless otherwise specified in advance.