Drinking Water Chain of Custody

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Lab Number:

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

Sample Receipt	Turn Around Request
Temperature_____ °C	Standard TAT: _____ 5-7 working Days
Custody Seals: Yes____ No____	Rush TAT: (Surcharges apply)
Custody Seals Intact: Yes___ No___	____24 Hours ____ 48 Hours ____ 72 Hours
Total # of Containers:_____	Requested Report Delivery Date:

Sample Information

Lab #	Date Collected	Time Collected	Sample Identification	Sample Matrix Type*	Number of Containers		200.8 - As, Pb, U	Nitrate, Fluoride		Total Coliform Bacteria	Total dissoved Solids															
				DW	2		X	X		X	X															

Analytical Parameters and Methods Requested

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.