

Water Chemistry Chain of Custody

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Report To Info	ormation				Public Wa	ter System Information Only:													
Client Name:					Public System ID:						tem Name:								
Address:					County:														
County:					Source	rce #: Con					nposition: Grab Composite								
City: State:		Zip:		Composite Sampling: List Source #'s															
Phone: Fax:					Sample	Sample Type: Pre-Treatment (RAW) Post-Treatment (Finished)													
Email:					Sample	Investi	stigativeBuilding Permit Other												
Contact Person: Sampler:		Sampler:			Special Remarks:														
Billing Info (If different than Report To Info) Billing Name: Address:				-					T	est R	eques	ted			Number of Containers				
City:		State:	Zip:	_											of C				
Please fill o	out as much information as p	oossible.													ber				
No	Description/Location		Collection Date	Collection Time	Type of Container	ESS Lab#									MnN	Preservative			
1							+				+	+	+	\vdash	$\vdash \vdash$				
2												\perp	+	\vdash	\square	_			
3																			
4																			
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							+				+		+						
6			+				+				+	+	+		$\vdash\vdash$				
7												_							
8																			
9																			
Samples relinquished by:						Date:	Time:				ļ			1		Total Containers			
Samples received by:						Date: Time:													
Evidence of Cooling Yes No Samples received Intact:					Yes	□ No						Keep Samples Refrigerated Or On Ice.							
Temperature at receipt°C Chain of custody and labels agree					ree: Yes	☐ No	No						Check with lab for specific holding times.						