



CHAIN OF CUSTODY / WA. DRINKING WATER

1317 South 13th Ave. • Kelso, WA 98626 • (360) 577-7222 • (800) 695-7222 • FAX (360) 636-1068

SR# _____

Page _____ of _____

All fields must be filled out. The information in the **Shaded Fields** is required for reporting your results to the WA. DOH for compliance.

| | | | | | | | | | | | | |
|---|----------------|----------------|---------------------|--------------------------------|--|--|---|--------------|-------------------------|------------------|-------------------|-----------------------------|
| System Name or Property Owner Name: <input type="checkbox"/> Public <input type="checkbox"/> Private | | | | | Sample Type (indicate 1 per sample) | Sample Purpose (indicate 1 per sample) | NUMBER OF CONTAINERS Synthetic Organics (SOCs): 504.1 <input type="checkbox"/> 508.1 <input type="checkbox"/> 515.4 <input type="checkbox"/> 525.2 <input type="checkbox"/> 531.1 <input type="checkbox"/> 547 <input type="checkbox"/> 548.1 <input type="checkbox"/> 549.2 <input type="checkbox"/> Volatile Organics (VOCs): 524.2 <input type="checkbox"/> Disinfection By-Products: THM <input type="checkbox"/> HAA <input type="checkbox"/> Chlorate <input type="checkbox"/> Chlorite <input type="checkbox"/> Bromate <input type="checkbox"/> Treatment & Precursors: Fluoride <input type="checkbox"/> Residual Chlorine <input type="checkbox"/> TOC <input type="checkbox"/> Inorganics (IOCs): WA. IOC List <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Metals (Circle Below): Lead & Copper <input type="checkbox"/> Hardness <input type="checkbox"/> Radionuclides ¹ : Gross Alpha <input type="checkbox"/> Gross Beta <input type="checkbox"/> Radon <input type="checkbox"/> Radium 226 <input type="checkbox"/> Radium 228 <input type="checkbox"/> Other: Asbestos ¹ <input type="checkbox"/> Dioxins <input type="checkbox"/> | | | | | |
| Public Water System ID: _____ Group A <input type="checkbox"/> Group B <input type="checkbox"/> | | | | | | | | | | | | |
| Project Manager: (Person receiving results) | | | | | | | | | | | | |
| Address: (Street/City/State/Zip) | | | | | | | | | | | | |
| County: | | | Phone Number: | | | | | | | | | |
| Sampled By: (Please print clearly) | | | Fax Number: | | | | | | | | | |
| Sampler's Signature: | | | | | | | | | | | | |
| Sample Name | Date Collected | Time Collected | *Source Number | Specific Location Sample Taken | Sampled Before Treatment (B) | Sampled After Treatment (A) | | Unknown (NA) | Routine Compliance (RC) | Confirmation (C) | Investigative (I) | Other (specify in comments) |
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| COPY OF REPORT TO: | | | INVOICE INFORMATION | | | SPECIAL INSTRUCTIONS/COMMENTS: | | | | | | |
| Name: | | | P.O.#: | | | Circle Metals: Al As Sb Ba Be Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Tl Zn Hg * For composited or blended samples, list all sources in this section. 1 Analysis subcontracted to an outside laboratory, Shipping costs may be charged. | | | | | | |
| Address: | | | Bill To: | | | | | | | | | |
| | | | Address: | | | | | | | | | |
| Fax: | | | | | | | | | | | | |
| e-mail | | | | | | | | | | | | |
| RELINQUISHED BY: | | | RECEIVED BY: | | | RELINQUISHED BY: | | | RECEIVED BY: | | | |
| Printed Name: _____ | | | Printed Name: _____ | | | Printed Name: _____ | | | Printed Name: _____ | | | |
| Signature: _____ | | | Signature: _____ | | | Signature: _____ | | | Signature: _____ | | | |
| Date/Time: _____ | | | Date/Time: _____ | | | Date/Time: _____ | | | Date/Time: _____ | | | |
| Company: _____ | | | Company: _____ | | | Company: _____ | | | Company: _____ | | | |

DISTRIBUTION: WHITE - return to originator; YELLOW - lab; PINK - retained by originator

COC/WAD Rev 02/08