Customer Name & Address

Time

Sampler Signature

Project #:

Date

Special Notes:_

Relinquished by: (Signature)_

Relinquished by: (Signature)_

Relinquished by: (Signature)_____

179 W.Broadway Dover, Ohio 44622

Phone (330) 343-3711

Fax: (330) 343-9858

Date:_____Time:____

Project Name and Address:

Waste Water Other Matrix

Grab Soil Storm Water

Matrix

WW CHAIN-OF-CUSTODY & ANALYSIS REQUEST FORM PRESERVATIVES Turnaround Time Requested (TAT) (Circle): 0 No Preserative 1 Hydrochloric Acid Normal Rush Other: 2 Nitric Acid 3 Sulfuric Acid Other Preservative Rush Request Signature: Phone Fax Email Rush Results Requested by:(Circle): Date Results are Needec Customer Phone: Fax: Email: Project Manager: State samples were collected in: C-O-C Ohio No. **Preservative Code** 3 0 0 1 0 3 0 0 0 2 AMMONIA as NH3 CBOD /BOD Nitrite / Nitrate Oil & Greese # of containers Preserved Additional **Analysis** Phos TSS Fecal **List Metals** 된 **Station Location** & Remarks LAB NUMBERS Temperature Rceived:__ Date: _____Time: _____Received by: (Signature) Date: Time: Date: Time: _Received by: (Signature)_____ Date: Time:

Received by: (Signature)

Date:

Time: