E160712

Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD

WHITE WATER ASSOCIATES, INC.

429 River Lane, P.O. Box 27
Amasa, Michigan 49903

Phone: (906) 822-7373, Fax -7977
Web: white-water-associates.com

CLIENT NAME / BILL TO			EMAIL ADDRESS
ADDRESS			TELEPHONE
CITY	STATE	ZIP	CONTRACT / PO / PROJECT NAME / WSSN #
SAMPLER NAME (print first/last name)			COUNTY OF LOCATION / PAGE ____ OF ____ (Indicate if more than one page of COC records used)
SAMPLER'S SIGNATURE			Check off preservatives for each bottle with an "x" upon arrival and indicate total number of bottles. WWA database contains bottle preservation details.

ANALYSIS TYPE REQUESTED (Attach list if neeeded)

Instructions to White Water
Send my report by:
____ email
____ mail

Unless otherwise noted, drinking water reports are sent to MDEQ/Health Dept.

REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff):

SAMPLE ID AND DESCRIPTION Containers for each sample may be combined on one line.	DATE	TIME	**SAMPLE MATRIX**					**CONTAINERS / PRESERVATIVES**								Total Number of Containers
			Drinking water	Aqueous	Sed.	Soil	Other: ____	Unpreserved	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH	Na Thio		

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:

Comments / Sample temperature on receipt / Ice Cooler (Circle)
(Also note any residual chlorine.)

UPS FedEx USPS Client Other _____