CHAIN-OF-CUSTODY REC



CLIENT NAME / BILL TO				EMAIL ADDRESS											Associates, Inc.												
ADDRESS			TEL	TELEPHONE											Amasa MI: PO Box 27, 429 River Ln, Amasa MI 49903, 906-822-7889 Kewaunee WI: 223B Milwaukee St, Kewuanee WI 54216, 920-419-2249												
CITY	STATE	ZIP	PRO	PROJECT NAME / WSSN#												ТЕ	ST / /	ANAL	YSIS	- \	Unless othersise noted, drinking water reports are sent to the local and/or state requlating agencies						
SAMPLER NAME (print first/last name)			COI	COUNTY OF LOCATION							SITE CODE																
SAMPLER'S SIGNATURE				Public Systems, in REMARKS state: Sample Type = Routine, Repeat, Raw, Process, or Other.						Preservatives WWA noted upon arrival, database contains bottle preservation details.																	
									PRESERVATIVES																		
SAMPLE ID AND LOCATION (Containers for each sample may be combined on one line)	DATE	TIME	Matrix Code (key below)	Samp Type (G)rab (C)omp	Filtered	Residual Chlorine	None	H2SO4	HNO3	HCI	NaOH	Na Thio	G-Trizma	Other:	Number of Containers											ii	REMARKS (Note any special nstructions provided by client or conditions of receipt noted by WWA lab staff.)
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Relinquished by: Date:		Date:	Time: Received by:				Date:						ite:	Time:			Comments:								Packing: Ice Cooler		
Relinquished by: Date:				Time: Received by: Date:										Time:													
Matrix Code: Drinking Water (DW)	, Water (W), Sediment ((Sd),	Soil/S	Solid	(S),	TCLF	• (TC), SP	PLP (SP), (Othe	r (O)						Sam	ple te	mp (°	C) on	rece	ipt: o	obs:_		corr:

Note: Drinking Water records retained for a minimum of 12 years unless directed by client for regulatory agency

Job # (WWA office use):