Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD



Page:_<u>1__</u>OF__<u>1</u>

CLIENT NAME / BILL TO **EMAIL ADDRESS** info@white-water-associates.com Hematite Township **ADDRESS** 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 409 River Lane 906 822 7889 STATE PROJECT NAME / WSSN# ZIP Unless othersise noted, drinking water reports are sent to the local TEST / ANALYSIS REQUESTED (Attach list if neeeded) 49920 and/or state regulating agencies MΙ Amasa WSSN: 20231048 SAMPLER NAME (print first/last name) SITE CODE COUNTY OF LOCATION WL001 Jen Doe Iron SAMPLER'S SIGNATURE Public Systems, **Preservatives** in REMARKS state: WWA noted upon arrival, database Sample Type = Routine, Repeat contains bottle preservation details. Raw. Process. or Other. Sample Collection **PRESERVATIVES** Samp Type (G)rab (C)omp Containers Matrix Code (key below) Residual Chlorine SAMPLE ID AND LOCATION (Containers for each sample may be DATE TIME Number of combined on one line) Coliform **REMARKS** (Note any special G-Trizma Na Thio Nitrate H2S04 Filtered NaOH HN03 Other: instructions provided by client or Lead None VOC 宁 conditions of receipt noted by 표 WWA lab staff.) 5/3/2023 9:00 425 Townline Rd, Amasa, MI Routine Kitchen Relinquished by: Date: Time: Received by: Date: Time: Comments: Packing: Ice ____ 5/3/2023 9:30 Jen Doe Cooler ___ Relinquished by: Date: Date: Time: Received by: Time:

Matrix Code: Drinking Water (DW), Water (W), Sediment (Sd), Soil/Solid (S), TCLP (TC), SPLP (SP), Other (O)

Sample temp (°C) on receipt: obs:_____ corr:____

UPS□ FedEx□ USPS□ Client□ Other _____