

***All BOLDED sections
MUST be Completed ***

Soil Control Lab Use Only

Account #

Laboratory #:

Client/Company Name:

Attn:

Address:**City, State & Zipcode:**

Billing E-mail Address:

Phone numbers(s):**E-mail (1):**

E-mail (2):

Project #:

Project Name:

Sampler's Name (Print):

Sampler's Company:

Sampler's Signature:**Submittal of Sample(s) Indicates Acknowledgment & Adherence
of the Following Information:***As the client and customer of the laboratory, I understand that the samples indicated on this form (chain of custody) will be analyzed by a laboratory that is not accredited by any government agency, and that the results of the analysis cannot be used for any type of compliance, cannot be used as the basis of any complaint, and cannot be used to satisfy any legal requirements.* Initial Here --> x

SCL Staff Notes:

				Total Coliform & E.coli P/A or MPN	Analyses Requested - [Tests Needed] :			
Sample Location or Sample Identification	Date and Time Sample Collected	*Matrix Code	Field pH or Cl2 Residual (if applicable)					
		DW			☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

^Use additional sheets if submitting more than 5 samples

*Matrix code examples: DW= Domestic Water, AQ= Aqueous S= Solid L= Leaf Tissue

Relinquished (delivered to lab) by (Signature and Print Name):

For lab use only: - Received By:

Date/Time:

Date:

Susan Ussler / Mike Galloway / Stefani Skrovan

For Lab Use Only:Receiving Temp: ____ °C Thermometer: #1 ☐ #5 ☐

Sampler Cooling Method: Wet Blue None Other: _____

Sample Notes:

Container(s) Received: ☐ Bacteria (100mL) ☐ 8oz Poly ☐ 16oz Poly ☐ 1LPoly ☐ 16oz AG

Chilling Process Begun by client? Y / N

☐ 8oz/ ☐ 16oz Poly w/ HNO₃ ☐ 8oz Poly w/ H₂SO₄ ☐ 8oz/ ☐ 1L AGw/ H₂SO₄ ☐ Other _____Bottle(s) Marked / Chain of Custody Filled Out Properly By Client? Yes ☐ No ☐