

POLLUTION CONTROL SERVICES

LAB NUMBER

SINGLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Container Extensions: S B1 B2 N HEM P Other _____

CUSTOMER INFORMATION				REPORT INFORMATION					
Name: _____				Attention: _____		Telephone: _____			
Name: _____				Attention: _____		FAX: _____			
SAMPLE INFORMATION <i>(Please complete all items as they pertain to your sample)</i>									
<i>Sample Collection</i>	<input type="checkbox"/> Grab Sample Date: _____ Sample Time: _____		Collected By: _____		Project Name: _____				
	<input type="checkbox"/> Composite Start Date: _____ End Date: _____ Start Time: _____ End Time: _____		<input type="checkbox"/> Time/Equal Portion or <input type="checkbox"/> Flow Weighed <input type="checkbox"/> 3 Part <input type="checkbox"/> 6 Part <input type="checkbox"/> 12 Part <input type="checkbox"/> 24 Hour		Project Number: _____ Project Location: _____				
<i>Sample Identification</i>	<input type="checkbox"/> Wastewater		<input type="checkbox"/> Domestic <input type="checkbox"/> Industrial		<input type="checkbox"/> Sludge		Commercial Carrier ID Number: _____		
	<input type="checkbox"/> Water		<input type="checkbox"/> Surface <input type="checkbox"/> Groundwater		<input type="checkbox"/> Influent <input type="checkbox"/> Effluent <input type="checkbox"/> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Well Water <input type="checkbox"/> Monitor Well				
	<input type="checkbox"/> Soil				<input type="checkbox"/> Liquid - <input type="checkbox"/> Aeration <input type="checkbox"/> Reair <input type="checkbox"/> RAS <input type="checkbox"/> Track <input type="checkbox"/> Digester <input type="checkbox"/> Solid		Comments/Precautions/Special Instructions: _____ _____ _____		
					Other Misc Description/Location _____ _____				
<i>Field Parameters</i>		pH: _____ S.U. _____	Chlorine Res: _____ mg/l	Water Temp.: _____ C / F	D.O. _____ mg/l	Sp.Cond. _____ umhos/cm @ 25 C			
<i>Sample Preservation</i>		<input type="checkbox"/> Cool 4°	pH<2 - <input type="checkbox"/> HNO3-Mtls <input type="checkbox"/> H2SO4-COD,FOG,Nutrients,Phenol	pH>12 - <input type="checkbox"/> NaOH - T.CN	Other: _____				
ANALYSIS REQUEST <i>Check analysis desired below. (See Schedule of Services for other available analysis.)</i>									
GENERAL CHEMISTRY			METALS <input type="checkbox"/> Total <input type="checkbox"/> Dissolved			RCRA WASTE PROFILE		BACTERIOLOGICAL	
___ pH	___ D.O.	___ T.Acidity	___ Ag	___ Hg	___ Sr	___ RCI	___ F.Coliform - col/100 ml		
___ BOD5	___ COD	___ T.Alk.	___ Al	___ K	___ Tl	___ TCLP - Full	___ F.Coliform - col/gm dry wt		
___ CBOD5	___ FOG	___ P.Alk.	___ As	___ Mg	___ V	___ TCLP - Full w/o H/P	___ T.Coliform - col/100 ml, P/A		
___ TSS	___ FOG A	___ Sp.Cond.	___ Ba	___ Mn	___ Zn	___ TCLP - Vol	___ Quanti Tray - MPN		
___ VSS	___ FOG B	___ TDS	___ Be	___ Mo	___	___ TCLP - Semi Vol	___ E. coli - MPN		
___ MLSS	___ FOG C	___ T.Hard	___ Ca	___ Na	___	___ TCLP 8 Metals	MISCELLANEOUS		
___ VMLSS	___ FOG D	___ Cl	___ Cd	___ Ni	___	___ TCLP - Pb			
___ NH3N	___ T.CN	___ SO4	___ Cr	___ Pb	___	___ RCRA 8 Metals	___ 503 Metals		
___ NO3N	___	___ TCEQ Well Wtr	___ HexCr	___ Sb	___	___ BTEX	___ Soil/Sludge Nutrients		
___ NO2N	___	___ Std. Well Water	___ Cu	___ Se	___	___ TPH	___ F.Coli (7 Replicate)		
___ TKN	___ % Org N	___ w/ Coliform	___ Fe	___ Sn	___	___ MTBE	___ S.O.U.R.		
___ TPO4P	___ % Ash	___ w/o Coliform	___	___	___	___	___		
REQUIRED TURNAROUND: <input type="checkbox"/> Routine (6-10 days) EXPEDITE: (See Surcharge <input type="checkbox"/> < 8 Hrs. <input type="checkbox"/> < 16 Hrs. <input type="checkbox"/> < 24 Hrs. <input type="checkbox"/> 5 days <input type="checkbox"/> Other: _____ Rush Charges Authorized by: _____									
SAMPLE Archive/Disposal: <input type="checkbox"/> Laboratory Standard <input type="checkbox"/> Hold for client pick up Container Type / #: <input type="checkbox"/> Plastic _____ Number; <input type="checkbox"/> Glass _____ Number; <input type="checkbox"/> Other _____ Number									
Relinquished By: _____		Date: _____	Time: _____	Received By: _____		Date: _____	Time: _____		
Relinquished By: _____		Date: _____	Time: _____	Received By: _____		Date: _____	Time: _____		
Relinquished By _____		Date: _____	Time: _____	Received By: _____		Date: _____	Time: _____		