

***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: _____

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 -->

SCL Staff Notes: _____

Sampler's Name (Print): _____
 Sampler's Company: _____
Sampler's Signature: _____

Analyses Requested - [Tests Needed] :			

Sample Location or Sample Identification	Date and Time Sample Collected	*Matrix Code	Field pH or Cl2 Residual (if applicable)

^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 #2 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