

# 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"/> <b>Grab</b>	Sample Date: _____	Sample Time: _____	Collected By: _____			Project Name: _____		
	<input type="checkbox"/> <b>Composite</b>	Start Date: _____	End Date: _____	<input type="checkbox"/> Time/Equal Portion or <input type="checkbox"/> Flow Weighed			Project Number: _____		
		Start Time: _____	End Time: _____	<input type="checkbox"/> 3 Part <input type="checkbox"/> 6 Part <input type="checkbox"/> 12 Part <input type="checkbox"/> 24 Hour			Project Location: _____		
<i>Sample Identification</i>	<input type="checkbox"/> <b>Wastewater</b>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Sludge	<input type="checkbox"/> Liquid - <input type="checkbox"/> Aeration <input type="checkbox"/> Reair <input type="checkbox"/> RAS <input type="checkbox"/> Track <input type="checkbox"/> Digester			Commercial Carrier ID Number: _____		
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Influent	<input type="checkbox"/> Effluent		<b>Other Misc Description/Location</b> _____ _____	Comments/Precautions/Special Instructions: _____ _____		
	<input type="checkbox"/> <b>Water</b>	<input type="checkbox"/> Surface	<input type="checkbox"/> Stream	<input type="checkbox"/> Lake					
		<input type="checkbox"/> Groundwater	<input type="checkbox"/> Well Water	<input type="checkbox"/> Monitor Well					
<input type="checkbox"/> <b>Soil</b>						Report <input type="checkbox"/> As Is or <input type="checkbox"/> Dry Weight			
<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°		<input type="checkbox"/> pH<2 <input type="checkbox"/> HNO3-Mtls	<input type="checkbox"/> H2SO4-COD,FOG,Nutrients,Phenol	<input type="checkbox"/> 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	
<input type="checkbox"/> pH	<input type="checkbox"/> D.O.	<input type="checkbox"/> T.Acidity	<input type="checkbox"/> Ag	<input type="checkbox"/> Hg	<input type="checkbox"/> Sr	<input type="checkbox"/> RCI	<input type="checkbox"/> F.Coliform - col/100 ml		
<input type="checkbox"/> BOD5	<input type="checkbox"/> COD	<input type="checkbox"/> T.Alk.	<input type="checkbox"/> Al	<input type="checkbox"/> K	<input type="checkbox"/> Tl	<input type="checkbox"/> TCLP - Full	<input type="checkbox"/> F.Coliform - col/gm dry wt		
<input type="checkbox"/> CBOD5	<input type="checkbox"/> FOG	<input type="checkbox"/> P.Alk.	<input type="checkbox"/> As	<input type="checkbox"/> Mg	<input type="checkbox"/> V	<input type="checkbox"/> TCLP - Full w/o H/P	<input type="checkbox"/> T.Coliform - col/100 ml, P/A		
<input type="checkbox"/> TSS	<input type="checkbox"/> FOG A	<input type="checkbox"/> Sp.Cond.	<input type="checkbox"/> Ba	<input type="checkbox"/> Mn	<input type="checkbox"/> Zn	<input type="checkbox"/> TCLP - Vol	<input type="checkbox"/> Quanti Tray - MPN		
<input type="checkbox"/> VSS	<input type="checkbox"/> FOG B	<input type="checkbox"/> TDS	<input type="checkbox"/> Be	<input type="checkbox"/> Mo		<input type="checkbox"/> TCLP - Semi Vol	<input type="checkbox"/> E. coli - MPN		
<input type="checkbox"/> MLSS	<input type="checkbox"/> FOG C	<input type="checkbox"/> T.Hard	<input type="checkbox"/> Ca	<input type="checkbox"/> Na		<input type="checkbox"/> TCLP 8 Metals	<b>MISCELLANEOUS</b>		
<input type="checkbox"/> VMLSS	<input type="checkbox"/> FOG D	<input type="checkbox"/> Cl	<input type="checkbox"/> Cd	<input type="checkbox"/> Ni		<input type="checkbox"/> TCLP - Pb			
<input type="checkbox"/> NH3N	<input type="checkbox"/> T.CN	<input type="checkbox"/> SO4	<input type="checkbox"/> Cr	<input type="checkbox"/> Pb		<input type="checkbox"/> RCRA 8 Metals	<input type="checkbox"/> 503 Metals		
<input type="checkbox"/> NO3N		<input type="checkbox"/> TCEQ Well Wtr	<input type="checkbox"/> HexCr	<input type="checkbox"/> Sb		<input type="checkbox"/> BTEX	<input type="checkbox"/> Soil/Sludge Nutrients		
<input type="checkbox"/> NO2N		<input type="checkbox"/> <b>Std. Well Water</b>	<input type="checkbox"/> Cu	<input type="checkbox"/> Se		<input type="checkbox"/> TPH	<input type="checkbox"/> F.Coli (7 Replicate)		
<input type="checkbox"/> TKN	<input type="checkbox"/> % Org N	<input type="checkbox"/> w/ Coliform	<input type="checkbox"/> Fe	<input type="checkbox"/> Sn		<input type="checkbox"/> MTBE	<input type="checkbox"/> S.O.U.R.		
<input type="checkbox"/> TPO4P	<input type="checkbox"/> % Ash	<input type="checkbox"/> w/o Coliform							
<b>REQUIRED TURNAROUND:</b> <input type="checkbox"/> Routine (6-10 days) <b>EXPEDITE:</b> (See Surcharg <input type="checkbox"/> < 8 Hrs. <input type="checkbox"/> < 16 Hrs. <input type="checkbox"/> < 24 Hrs. <input type="checkbox"/> 5 days <input type="checkbox"/> Other: _____ <b>Rush Charges Authorized by:</b> _____									
<b>SAMPLE Archive/Disposal:</b> <input type="checkbox"/> Laboratory Standard <input type="checkbox"/> Hold for client pick up <b>Container Type / #:</b> <input type="checkbox"/> Plastic _____ Number; <input type="checkbox"/> Glass _____ Number; <input type="checkbox"/> Other _____ Number									
Relinquished By: _____		Date: _____		Time: _____		Received By: _____		Date: _____	
Relinquished By: _____		Date: _____		Time: _____		Received By: _____		Date: _____	
Relinquished By _____		Date: _____		Time: _____		Received By: _____		Date: _____	