|  |  |  |
| --- | --- | --- |
| **Report To Information**  **Company Name:**  **Contact Name:** | **Bill To Information** (If different from report to)  **Company Name**:  **Contact Name:** | **Project Information**  **PWSID:** |
| **System Name:** |
| **Address:**    **City:**       **State:**    **Zip:** | **Address:**    **City:**       **State:**    **Zip:** | **Compliance Samples:** Yes  No   **Send Results to CDPHE:** Yes  No |
| **Phone:** | **Phone:** | **Task Number**  (Lab Use Only) |
| **Email:** | **Email:** |
| **Sample Collector:** | **PO Number:** |
| **Sample Collector Phone:** |



**Drinking Water Chain of Custody**

**Commerce City Lab**

**10411 Heinz Way**

**Commerce City CO 80640**

**Lakewood Service Center**

**12860 W. Cedar Dr, Suite 100A**

**Lakewood CO 80228**

**Phone: 303-659-2313**

**www.coloradolab.com**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Date | Time | Client Sample ID / Sample Pt ID | | | | | | No. of Containers | Residual Chlorine  (mg/L)  P/A Samples Only | Total Coliform P/A | 504.1 EDB/DBCP | | 505 Pests/PCBs | 515.4 Herbicides | 524.2 VOCs | 525.2 SOCs-Pest | 531.1 Carbamates | 547 Glyphosate | 548.1 Endothall | 549.2 Diquat | 524.2 TTHMs | 552.2 HAA5s | Lead/Copper | Nitrate | Nitrite | Fluoride | Inorganics | | Alk./Lang. Index (Circle) | TOC, DOC (Circle) | SUVA, UV 254 (Circle) |  | Gross Alpha/Beta | Radium 226/228 | Radon | Uranium | Chlorite |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **Instructions:** | | | | | | | | | | | | | C/S Info:    Delivered Via: C/S Charge | | | | | | | | | | Seals Present Yes  No  Headspace Yes  No  Temp. °C /Ice Sample Pres. Yes  No | | | | | | | | | | | |
| **Relinquished By:** | | | **Date/Time:** | **Received By:** | | | | | **Date/Time:** | | | | | **Relinquished By:** | | | | | | **Date/Time:** | | | | | **Received By:** | | | | | | **Date/Time:** | | | |

|  |  |
| --- | --- |
| **PHASE I, II, V Drinking Water Analyses (check requested analysis)** | **Subcontract Analyses** |