AQUATIC CONSULTING & TESTING, INC.
1525 W. University Drive, Suite 106 • Tempe, AZ 85281
Phone: (480) 921-8044 • Fax: (480) 921-0049

CHAIN OF CUSTODY

PWS ID #_____

PAGE____OF ____

Client Name: _____
Address: _____
Street
_____
City, State, Zip
Phone: _____
Fax: _____
Contact: _____
Sampler Signature: _____

PO# _____
Project _____
Remarks:

SAMPLE ID	SAMPLE Date	SAMPLE Time	SAMPLE TYPE	Chemistry: Metals (See Below)	❑ TDS ❑ TSS ❑ SETT ❑ TVS ❑ VSS	❑ O+G ❑ TPHC ❑ MBAS ❑ CN ❑ Sulfide	❑ BOD ❑ COD ❑ New Source	❑ Tot.P ❑ O-PO_4	❑ Nitrate + Nitrite ❑ Nitrite	❑ TKN ❑ Ammonia	❑ THM's ❑ HAAS	❑ Phenol ❑ 420.1 ❑ 625 ❑ 8270	❑ 8260 ❑ 624 ❑ BTEX	❑ Perchlorate ❑ Radio ❑ Asbestos	Biology: Total Coliform ❑ P/A ❑ Colilert ❑ MPN	❑ E. Coli ❑ Fecal Strep	Fecal Coliform ❑ MPN ❑ MF	❑ MICRO SCOPE ID	❑ Plate Count ❑ BIOLOG		Biomon: ❑ Acute ❑ Chronic	❑ AWET (SWRO)			No. of Containers: $Na_2S_2O_3$	H_2SO_4	HNO_3	NONE	NaOH	NaOH/ZnAc	Laboratory Number
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												
			AM PM																												

Metals: ❑ Al ❑ Sb ❑ As ❑ Ba ❑ Be ❑ B ❑ Cd ❑ Ca ❑ Cr ❑ Co ❑ Cu ❑ Au ❑ Fe ❑ Pb ❑ Mg ❑ Mn ❑ Hg ❑ Mo ❑ Ni ❑ Se ❑ Ag ❑ Na ❑ Sr ❑ Tl ❑ Sn ❑ Ti ❑ V ❑ Zn

[ ] TOTAL [ ] DISSOLVED [ ] SDWA [ ] TCLP [ ] RCRA

Sample Types: DW, GW, SW, WW, AQ, Soil, Sludge or Solid

Sample Receiving:
Intact: _____Yes _____No
Temp: _____ Auth Init: _____
Pres: _____Yes/V _____No/Lab
Sterile: _____Yes _____No
Total # containers: _____

1. Relinquished By:			2. Relinquished By:			3. Relinquished By:		
Date:	Time:	AM PM	Date:	Time:	AM PM	Date:	Time:	AM PM
1. Received By:			2. Received By:			3. Received By:		
Date:	Time:	AM PM	Date:	Time:	AM PM	Date:	Time:	AM PM

Attn: Your signature on this document authorizes analysis regardless of sample condition at time of submittal

By signing this chain of custody, the designated client and agent agree to pay Aquatic Consulting & Testing, Inc. for all services rendered in conjunction with the submitted samples within 30 days of invoice. It is the client's responsibility to note purchase order numbers or other responsible parties on the form and failure to do so does not constitute justification for non-payment.

White-Laboratory Yellow-Report Pink-Client

Sample delivery group # :_____