



**W.A.T.E.R. WORKS LABORATORY, INC.**

**CHAIN OF CUSTODY FORM**

360 GLENWOOD AVE. EAST ORANGE, NJ 07017

Phone: 973 678-3787 Fax: 973 678-6779

NJDEP Certification # 07673

CLIENT ADDRESS : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SITE ADDRESS : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WWL LIM ID #	
--------------	--

CLIENT Field ID #	DATE COLL	TIME COLL	G R A B	C O M P	MATRIX see note	# OF CONTAINERS							Field Measurements	ANALYSIS REQUESTED	LAB USE WWL Sample #
						T O T A L	U N P R E S	B A C T	H N O 3	N A O H	H 2 S O 4	H C L			

REPORT FORMAT : STANDARD	NJ REDUCED	FULL	EDD	SAMPLES REC'D IN GOOD COND: YES NO	COOLER TEMP @ LAB
--------------------------	------------	------	-----	------------------------------------	-------------------

SAMPLED BY NAME/COMPANY :	DATE	TIME	Field Param Analyzed By Signature:	DATE	TIME
RELINQUISHED BY :			RECEIVED BY :		
RELINQUISHED BY :			RECEIVED BY :		
RELNQD AT LAB BY:			REC IN LAB BY:		

RUSH TURNAROUND TIMES MUST BE APPROVED BY LAB PRIOR TO SAMPLE ARRIVAL. RUSH SURCHARGES WILL APPLY.	Result turnaround time : Standard or RUSH If RUSH Enter NEED BY DATE : / /
---	---

LAB USE ONLY					REMARKS:
Preservatives:	#of Cont.	Bott Type	pH at Lab	Analysis Req	
HNO3					
HCL					
HCL Vials					
H2So4					
NaOH					
Sterile/Na2S2O3					