



BILLING INFORMATION

Client: _____ Project PO: _____
 Address: _____

 _____ Contact Person: _____

 _____ Contact Number: _____
 Phone: _____ Fax: _____
 E-mail: _____ Project Name: _____

WATER SYSTEM INFORMATION

System Name: _____ DOH Source Numbers: _____
 Address: _____ Group A Group B

 County: _____
 System ID #: _____

Sample Purpose
 DOH Compliance
 EPA Compliance
 For Information Only

SAMPLE INFORMATION

Sample Composition: Single Source Blended (List Multiple Source Numbers in Source Nos. field) Composite (Specify in Comments field) Distribution sample
Sample Type: Pre-Treatment/Raw Post-Treatment/Finished Unknown
Sample Location: _____ **Date Collected:** _____ **Collected By Name and Phone #:** _____

IOC's
 Ag, As, Ba, Be, Cd, Cr, Cu, Fe, Hg, Mn, Na, Ni, Pb, Sb, Se, Tl, Zn, Cyanide (Free), Hardness, Color, Conductivity, Chloride, Fluoride, N+N, Nitrite, Nitrate, Sulfate, TDS, and Turbidity
 TIME COLLECTED: _____ DOH # 193- _____

NITRATE
 TIME COLLECTED: _____ DOH # 193- _____

HERBICIDE
 TIME COLLECTED: _____ DOH # 193- _____

TRIHALOMETHANE
 TIME COLLECTED: _____ DOH # 193- _____

PESTICIDE
 TIME COLLECTED: _____ DOH # 193- _____

HALOACETIC ACIDS
 TIME COLLECTED: _____ DOH # 193- _____

CARBAMATES
 TIME COLLECTED: _____ DOH # 193- _____

LEAD AND COPPER RULE
 TIME COLLECTED: _____ DOH # 193- _____

RADIUM 228
 TIME COLLECTED: _____ DOH # 193- _____

GROSS ALPHA
 TIME COLLECTED: _____ DOH # 193- _____

VOC'S
 TIME COLLECTED: _____ DOH # 193- _____

TIME COLLECTED: _____ DOH # 193- _____

TIME COLLECTED: _____ DOH # 193- _____

TIME COLLECTED: _____ DOH # 193- _____

TIME COLLECTED: _____ DOH # 193- _____

Relinquished by (Signature) _____ Date/Time _____	Received by (Signature) _____ Date/Time _____	Turn-Around-Time (Business Days) <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day (Approx) <input type="checkbox"/> Other _____	Comments: *Records are destroyed after 7 years	Custody Seal: Cooler: Temp (°C): Received in Good Condition:
Relinquished by (Signature) _____ Date/Time _____	Received by (Signature) _____ Date/Time _____			
Sample Disposal Instructions: <input type="checkbox"/> DAL Disposal @ \$2.50 per Container <input type="checkbox"/> Return <input type="checkbox"/> Pickup				

