

Chain of Custody Form (COC)

LAB ID#			
Test Method: _____	Lab Sample ID#: _____		
Water Supply System Name:	WSS Code No. (5 Digits): NM35 _____		
Chlorine: YES / NO	Compliance Sample: Yes or No	Free: _____ mg/l	Total: _____ mg/l

Please select the "Type" of sample this is from one of the Six selections below and fill out the information for your selection (all boxes must be filled out completely). Only one selection per sample submitted.

DATE COLLECTED: MM/DD/YYYY	TIME COLLECTED: _____ AM/PM
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1. Routine	Sample Point ID: RT _____	Location:
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2. Repeat	Sample Point ID: RP _____	Location:
	Original Lab Sample ID#:	

3. GW Triggered Source	Source Facility ID#:	Source Facility Name:
	Original Lab Sample ID#:	Sample Point ID#: SP _____ 1

4. GW Repeat	Source Facility ID#:	Source Facility Name:
	Triggered Source Lab Sample ID#:	Sample Point ID#: SP _____ 1

5. E- Coli Enumeration (LT2)	Facility ID#:	Location Name:
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6. Special	Facility ID#:	
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FIELD SAMPLE DATA & REMARKS:	Conductivity (µS/cm):	pH:	Temp (°C):
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Comments:			
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Collected By:	Sampler/Operator ID#: NM _____	Phone Number:	
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REPORT TO:	phone:	Email:	
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Address:			
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Relinquished By:		Received By:	
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Name (print)	Date:	Name (print)	Date:
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Signature	Time: AM/PM	Signature	Time: AM/PM
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SAMPLE RECEIPT CONDITION:	Temperature(°C):	Custody Seals: YES / NO	Seals Intact: YES / NO
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Preservative: Ice YES / NO	Comments:		
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Start Date:	Time: AM/PM	Volume Assayed: _____ ml
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		TC (Present/Absent):	EC (Present/Absent):
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		EC Enumeration (per 100ml):	
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Finish Date:	Time: AM/PM		
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