



WATER TEST REQUEST FORM

CHAIN OF CUSTODY FORM? YES NO

NAME _____	Date Rec. _____ Rpt. No. _____
ADDRESS _____	Sample Date _____
CITY _____	Preservative _____
STATE & ZIP _____ Phone _____	Sampled By _____

WEEKLY MONTHLY QUARTERLY OTHER _____
SURFACE WELL SPECIAL INSTRUCTIONS: _____

SAMPLE I.D.				
LAB NO.				
pH				
EC				
Ca				
Mg				
Na				
K				
NO3-N				
NH3-N				
TKN				
ORTHO-P				
TOTAL-P				
SO4-S				
Cl				
ALKALINITY				
COD				
BOD				
TDS				
FDS				
TSS				
SET. SOLIDS				
OIL & GREASE				
SAR	NP: P:	NP: P:	NP: P:	NP: P:
CLASSIF.				

Sampled by:	Relinquished by: _____ Date/Time _____	Received by: _____ Date/Time _____
	Relinquished by: _____ Date/Time _____	Received by: _____ Date/Time _____
	Relinquished by: _____ Date/Time _____	Received by: _____ Date/Time _____

We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests but, because of factors beyond our control in sampling procedures, and the inherent variability of water, our liability is limited to the price of the tests.