

CHAIN OF CUSTODY for COLIFORM DENSITY TESTS

COLLECTED BY:	REPORT RESULTS TO:
DATE COLLECTED:	(Address)
TIME COLLECTED:	(City, State, Zip)
SAMPLING LOCATION:	(Phone)
TYPE OF SAMPLE: (check appropriate boxes) <input type="checkbox"/> Wastewater <input type="checkbox"/> Raw <input type="checkbox"/> Final <input type="checkbox"/> Chlorinated <input type="checkbox"/> Grab <input type="checkbox"/> Surface Water Res. Cl _____ <input type="checkbox"/> Composite Begin _____ End _____ <input type="checkbox"/> Cross Composite Depth (ft or meters)	SAMPLE TAKEN FROM: (check one) <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> Reservoir <input type="checkbox"/> Lake <input type="checkbox"/> S T P <input type="checkbox"/> Industrial <input type="checkbox"/> Well <input type="checkbox"/> Drain <input type="checkbox"/> Lagoon <input type="checkbox"/> Recreational <input type="checkbox"/> Other
PURPOSE OF SAMPLE: <input type="checkbox"/> Intensive Survey <input type="checkbox"/> Trend <input type="checkbox"/> Compliance <input type="checkbox"/> Other _____	SAMPLE PRESERVATION: (check all that apply) <input type="checkbox"/> Cooled <input type="checkbox"/> Sodium Thiosulfate <input type="checkbox"/> Frozen <input type="checkbox"/> Iodine <input type="checkbox"/> Other _____
INDICATE TESTS REQUESTED:	
<input type="checkbox"/> TOTAL COLIFORM <input type="checkbox"/> MPN ESTIMATED# _____ <input type="checkbox"/> FECAL COLIFORM <input type="checkbox"/> MPN ESTIMATED# _____ <input type="checkbox"/> E. COLI <input type="checkbox"/> MPN ESTIMATED# _____ TEMP _____	
Relinquished by: Date: Time:	Received by: Date: Time:

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