

# Soil Control Lab

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# Chain-of-Custody

Soil Control Lab Use Only

Account #:	Laboratory #:
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Client/Company Name:
Attn:
Address:
Phone:
Fax:
E-mail:
Project #:
Project Name:
<b>Water System # is assigned to you by the State if you are a water system</b>
Water System #:
Water System Name:
Sampler's Name (Print): _____
Sampler's Company: _____
Sampler's Signature: _____

<b>Information for Bacteria Samples:</b>
People to Contact for positives:
Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____
*If you have a positive and we are unable to speak directly to a live person on the phone we are required to fax the result automatically to the Health Department.
Sampling Period: _____
Sample Type: <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special <input type="checkbox"/> Replacement

Request to send results to other parties:
Copy to: <input type="checkbox"/> EHS <input type="checkbox"/> MCHD <input type="checkbox"/> DOHS <input type="checkbox"/> Other _____
<input type="checkbox"/> Electronic Data Transfer to State (for chemistry only)
Copies via email to:
(list up to 3 e-mails)

Comments/Special Instructions (i.e. Place billing address here if different than address above):
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Analysis Requested				

Sample Identification	Sampling Date	Sampling Time	Matrix	Field Notes (Optional) Cl <sub>2</sub> Residual

Relinquished By (Signature and Print Name):	Date/Time:	Received By (Signature and Print Name):	Date/Time: