AIR WATER & SOIL LABORATORIES, INC.

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE _____OF _____

CLIENT NAME:	PROJECT NAME:
CLIENT CONTACT:	SITE NAME:
CLIENT ADDRESS:	PROJECT NUMBER:
CLIENT PHONE NUMBER:	P.O. NUMBER:
CLIENT FAX NUMBER: EMAIL:	REGULATORY AUTHORITY:
Is sample for compliance reporting? YES NO / Is sample from a chlorinated supply? YES NO	PWS I.D. #:
SAMPLER NAME (PRINT): / SAMPLER SIGNATURE:	**Turn Around Time: Day(s)**

Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO

CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	MATRIX: Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other _____	ANALYSIS / (PRESERVATIVE)							COMMENTS: Quote I.D.: PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)
1)																						
2)																						
3)																						
4)																						
5)																						
6)																						
7)																						
8)																						
9)																						
10)																						

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	**QC Data Package** Level I ☐ Level II ☐ Level III ☐ Level IV ☐
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	**LAB USE ONLY** **COOLER TEMP** _____**°C**
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	