SYSTEM NAME or
CLIENT NAME: _____
ADDRESS: _____

CONTACT NAME: _____
TELEPHONE: ( ) _____
FAX: ( ) _____

COLLECTED BY: _____
TELEPHONE: ( ) _____

SAMPLE TYPE:
☐ Pre-Treatment / Raw (none)
☐ Post-Treatment / Finished

SYSTEM ID#: _____
CLASS: ☐ A ☐ B ☐ PRIVATE
COUNTY: _____
SOURCE(S): _____
COMPOSITION: ☐ Single Source ☐ Composite* ☐ Blended ☐ Distribution

SAMPLE PURPOSE:
☐ Routine Compliance ☐ Investigative
☐ Confirmation ☐ Building Permit
☐ Other: Specify _____

DRINKING WATER SAMPLE INFORMATION & CHAIN OF CUSTODY

D004200

AVOCET ENVIRONMENTAL TESTING
1500 North State Street, Suite 200 • Bellingham, WA 98225
(360) 734-9033 • FAX (360) 734-0467 • TOLL FREE 800/227-9427

INSTRUCTIONS
1. USE ONE LINE PER SAMPLE.
2. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE.
3. WRITE IN ANY TESTS NOT LISTED.

SAMPLE ID / LOCATION	COLLECTION DATE	COLLECTION TIME	NUMBER OF CONTAINERS	TESTS TO PERFORM: COMPLETE INORGANICS	PRIMARY INORGANICS	NITRATE	LEAD & COPPER	ARSENIC								LAB NO. (LAB USE ONLY)
		AM PM														
		AM PM														
		AM PM														
		AM PM														
		AM PM														
		AM PM														
		AM PM														
		AM PM														
		AM PM														
		AM PM														

REMARKS:

*COMPOSITE INFORMATION: ENTER SOURCE NUMBERS TO BE COMPOSITED. SIGN & ATTACH COMPOSITING WAIVER FORM.

1. 2. 3. 4. 5.

BILLING INFORMATION, IF DIFFERENT THAN ABOVE

NAME ADDRESS

ATTN: CITY, STATE, ZIP

IMPORTANT: KEEP SAMPLE REFRIGERATED. SAMPLE HOLDING TIMES VARY. CHECK WITH LABORATORY FOR SPECIFIC HOLDING TIMES.

ARRIVED VIA:
☐ AET COURIER
☐ OTHER: _____
☐ CLIENT ☐ ON ICE

RELEASING SIGNATURE 1. DATE TIME
RECEIVING SIGNATURE 1. DATE TIME

RELEASING SIGNATURE 2. DATE TIME
RECEIVING SIGNATURE 2. DATE TIME