*** Complete Entire COC to be in Compliance***

☐ **RUSH** Due Date _____

Chain of Custody

Accurate Environmental Labs

Client Name-

Project Name- **Drinking Water Coliform Analysis**

Accurate Work Order #	Date Sample Taken	Time Sample Taken	Matrix or Source (Refer below)	Grab (G) or Comp (C)	Client I.D. / Sample Location or DEQ / EPA Location Code	Field Results (pH, Temp, Chlorine, …) (note analysis & units) Location Code	Cl_2		Sample Preserv. & Container →	$Na_2S_2O_3$ 125 ml Sterile Plastic						
									Analysis Requested →	Total Coliform						
									# of Container ↓							
			DW	G					1	1						

Comments

Sample Type ☐ – *Routine Sample* ☐ – *Repeat Sample* ☐ – *Other* ☐ – *Special* ☐ – *Trigger Source*

032018 tkw

Certification by Company Official: I hereby certify that the above sampling occurred during a period that the sample(s) is/are representative of a typical operating day discharge for the above facility.

Signature : Date/Time

Sampled By: Company: Sample Method:

Relinquished By:	Date/Time	Received By:		Date/Time
☐ Relinquished to Lab By: ☐ Relq'd to Log-In Fridge By:	Date/Time	Received at Lab By:	Rec'd °C	Date/Time

Reporting Requirements (standard 10-15 working days)		**Compliance** *Reporting?*	*Yes or No* (DMR, PWS,)	*Oklahoma* **PWS ID #**	— — — — — — — — — —	***RUSH** Request* (if available)	_____ (Working Days)

Mail Report To:

Address:

Phone #: ( ) Fax #: ( )

Email:

Mail Invoice To:

Bid # -

Address:

PO # -

Phone #: ( ) Fax #: ( )

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