

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

RUSH Due Date



Chain of Custody

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 Com P (C)	Client I.D. / Sample Location or DEQ / EPA Location Code	Field Results		Analysis Requested → # of Container ↓	Total Coliform	Total Chlorine						
						(pH, Temp, Chlorine, ...) (note analysis & units)	Location Code									
			DW	G				1	1	*						

Sample Type - Routine Sample - Repeat Sample - Other - Special - Trigger Source

WebCOC Please include chlorine result.

Certification by Company Official: I hereby certify that the above sampling occurred during a period such 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 _____
<input type="checkbox"/> Relinquished to Lab By: _____	Date/Time _____	Received at Lab By: _____	Rec'd °C _____ Date/Time _____
<input type="checkbox"/> Relq'd to Log-In Fridge By: _____			

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

Mail Report To: Address: _____ Phone #: Fax #: Email: _____	Mail Invoice To: Address: _____ Bid # - _____ PO # - _____ Phone #: Fax #: _____
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