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Florence, SC 29501

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PAGE # ____ OF ____

REGULATORY: YES NO FILTRATION

TURNAROUND TIME: ____ P1

ADDRESS:				SAMPLE ANALYSIS REQUESTED												Container Type	PROGRAM AREA										
				<table border="1"> <tr> <td>TYPE: Grab / Composite</td> <td>TOTAL # OF CONTAINERS</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														TYPE: Grab / Composite	TOTAL # OF CONTAINERS								
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PHONE:		FAX:																									

C = NAOH E = $Na_2S_2O_3$ G = ZINCACETATE
 PROGRAM AREA: D = DRINKING WATER
 G = GROUNDWATER S = SOLID SL = SLUDGE
 W = WASTEWATER O=OTHER

Container Type: P=Plastic/G=Glass

SHADED AREAS FOR LAB USE ONLY

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS															Container Type	PROGRAM AREA	NOTES	LAB ID

Fill in the Number of Containers for EACH Test

SAMPLER SIGNATURE

Relinquished by: _____ Date: _____ Time: _____
 Received by: _____ Date: _____ Time: _____

FLOW INFO
 Relinquished by: _____ Date: _____ Time: _____
 Received by: _____ Date: _____ Time: _____

ICE: YES NO ICE PACK
 RECEIPT TEMP: _____ °C

Comments: _____