

Test Method: SM 9223B

Lab Sample ID# _____

Water Supply System Name: _____			
WSS Code No. (5 digits)	NM35 _____	Chlorine Yes / No	Free: _____ mg/l Total: _____ mg/l
Date Collected:	Time Collected (24 hr): _____		

Please circle the "Type" of sample from one of the five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RP _____	Location: _____
2. Repeat	Sample Point ID: RP _____	Location: _____
	Original Lab Sample ID# _____	
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name: _____
	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name: _____
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____ 1
5. Special	_____	

FIELD SAMPLE DATA & REMARKS	pH: _____	Conductivity (µS/cm) _____	Temp. (°C): _____
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Comments: _____

Collected By (print): _____	Sampler/ Operator ID# _____	Phone Number: _____	
Relinquished by (signature): _____	NM _____	Date: _____	Time: (24 hr.) _____
Received by name: _____	Signature: _____	Date: _____	Time: (24 hr.) _____
Relinquished by name: _____	Signature: _____	Date: _____	Time: (24 hr.) _____
Received by name: _____	Signature: _____	Date: _____	Time: (24 hr.) _____

Rejected	Reason: _____
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SAMPLE RECEIPT CONDITION	Temp (°C): _____	Custody Seals: Yes/ No	Intact: Yes/ No
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Preservative: Ice Yes/ No	Comments: _____
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	Test	Test Results
Start	Date: _____ Time (24 hr) _____	Volume Assayed: _____ ml
Finish	Date: _____ Time (24 hr) _____	TC (P/A) _____ EC (P/A) _____

Analyst: _____ Date: _____ Time (24 hr) _____