



124 W. McIver Road  
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: \_\_\_\_\_