CHAIN OF CUSTODY RECORD

Client Name:																														
Address:				1	RPI	S C						VA/-4	14.					-4-					4	AP	ACCR	EDI				
City:State: Zip:													Water 1	ato	itory															
Phone: Fax:													13101 Leopard St. Corpus Christi, TX 78410 Ph: (361) 826-1200								TNI									
Send Email report to:								852	*/						`	,									4	ABO	PRAT	ORT		
Sampler:(PLEASE PRINT)							No. of Containers/ Preservative				Matrix			Residual Chlorine (If applicable)	e (If not listed h					Analyze For below, check other and list test req							eque	sted)		
Sample ID	Lab ID# (Lab Use Only)	Date Sampled	Time Sampled	Grab	Composite	Other			Thio	MAM Influent	ww influent	Water	Other -Specify		CBOD				onia-N				rus			Alkalinity	TOC Total Coli/ F coli	İ		E.coli-MPN
1																														
2																														
3																														
4																														
5																														
6																														
Relinquished By: Date: T								ime						***** For Laboratory Use Only *****																
Received By:	Date:						Time:						Sample(s) on ice: YES NO pH Strip Lot/ ID:																	
	Date:						Time:						Receiving Temp (°C):							pH < 2? YES NO Line #(s):										
Received By: Date:						Time:					Corrected Temp (°C):							Data Flag(s):												
<u></u>														Temp. Dev	ice I	ID:														
Special Instructions/Comments:											Corpus Christi Water																			
Other*:																						V		V	SM					
																		Sc	nin	or th	000	nast	-3/ F	Rene	~					

WHITE (ORIGINAL) – Lab Copy YELLOW – Submitter Copy Revision 1.1, June 2022