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Scranton, PA 18508
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CHAIN OF CUSTODY RECORD

Number

Instructions on back

Lab Report Address

Client Name: *Town of Conklin*

Address:

City, State, Zip:

Contact:

Telephone No.:

Send Report via: ☐ Mail ☐ Fax ☐ e-mail (address)

Project:

Location:

Send Invoice via: ☐ Mail ☐ Fax ☐ e-mail (address)

PO No.:

Compliance Monitoring? ☐ Yes ☐ No
() Agency/Program

Sampled by (PRINT):

Sampler Signature:

Sampler Phone No.:

* Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)
** Preservative Types: (1) HNO₃, (2) H₂SO₄, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bisulfate, (8) Sodium Thiosulfate, (9) Hexane, (U) Unpreserved

REQUESTED ANALYSIS

Lab ID	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix	Grab / Comp	Preservative Types **	Additional Note
	MW-1	12-6-18	1440	4	Ac	G	537/4kyl/acid	
	MW-3		1450	4			8370 Master	
	MW-38D		1500	4				
	MW-41		1510	4				
	Dup		1440	2				
	Field Trip Blank		1400	2				
	Equipment Blank		1400	2				

Possible Hazard Identification

☐ Hazardous ☐ Non-Hazardous ☐ Radioactive

Sample Disposition ☐ Dispose as appropriate ☐ Return ☐ Archive

Comments

Relinquished By (signature)

Date/Time

Received By (signature)

Date/Time