City of Yuba City
Water / Wastewater Laboratory
302 Burns Drive
Yuba City, California 95991
Phone: 530-822-7694
Fax: 530-822-4773

CHAIN OF CUSTODY

Project Name:
Sampler's Name (please print):
Sampler's Signature:
Note: Sampler must relinquish samples below.

e-ma		3331321											Note: Sampler must relinquish samples below.																					
Billing Info: <u>(Name, Add</u>	ress Phone	& Fmail)														L																		
Sample Location: (If Different From Above)						oe of	Co	ntain	er Type Preservative				ive U:	sed	1	Tes							ting Request								Purpose of Samples			
						Grab	Plastic	Amber	VOA		HNO3	HCI	H2SO4	NaOH	Temp, ice															Required by NPDES	Required by DHS		1.Routine 2.Repeat 3.Special 4.Replace 5. Raw	Sample Temperature upon Lab Receint (C)
	Date		Login Batch:							Other						Other														Rec	ě	Other	1.Routir	Sample
Sample Location	Sampled	Time Sampled	Sample Matrix*	Sample ID	+					_					_	Ŭ	-	8	က	4	ις	ىل ي	_	<u></u> σ	9	은 :	3 3	7 5	4	-	Ш	Ľ		
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Relinquished by Received by Date					Time Fed-Ex UP								of Shi USF	i pme PS	nt Ti	racki	king Number Other								S	pecia	I Note	s and	Prec	ecautions: Yes				lo
																								Health Department (DHS) Forms required?										
																						EDT results to State?												
																								Return ice chest? # shipped										
																			Return blue ice? # shippe															
																					Other:													
lotes and comments:							*DW-Drinking Water Samples on Ice?: Yes or No Samples delivered within 2 hours of collection time?: Yes or No SW-Source Water SI - Sludge sample																											