

Wastewater Sample Submission

CHAIN OF CUSTODY

WDTACP CERTIFIED LAB #55-424, WDNR LAB #737109450

Submitted by _____ Date Collected _____ Time ___ a.m. ___ p.m.

Address _____

City _____ State _____ ZIP _____

Email _____ Phone # _____

Attn _____ Fax # _____

Ammonia as N	BOD (5 day)	Chloride	COD (Chemical Oxygen Demand)	Fecal Coliform	Nitrate + Nitrite as N	Lab pH	Oil and Grease	Total Phosphorus as P	TKN (Total Kjeldahl Nitrogen)	TSS (Total Suspension Solids)									

PLEASE USE ONE LINE PER SAMPLE.

AgSource Lab ID	Field Sample ID	Sample Collection				Grab/Composites
		Start Date	Start Time	End Date	End Time	

Comments/Special Instructions

Sample Collected By _____ Date _____ Time ___ a.m. ___ p.m.
 Relinquished by _____ Date _____ Time ___ a.m. ___ p.m.
 Received by _____ Date _____ Time ___ a.m. ___ p.m.
 Relinquished by _____ Date _____ Time ___ a.m. ___ p.m.