



Report To Information		
Client Name:		
Address:		
	County:	
City:	State:	Zip:
Phone:	Fax:	
Email:		
Contact Person:	Sampler:	

Public Water System Information Only:	
Public System ID:	System Name:
County:	
Source #:	Composition: ___ Grab ___ Composite
Composite Sampling: List Source #'s _____	
Sample Type: ___ Pre-Treatment (RAW) ___ Post-Treatment (Finished)	
Sample Purpose: ___ Routine Compliance ___ Investigative ___ Building Permit ___ Other	
Special Remarks:	

Billing Info (If different than Report To Info)		
Billing Name:		
Address:		
City:	State:	Zip:

Test Requested

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Please fill out as much information as possible.

No	Description/Location	Collection Date	Collection Time	ESS Lab#																Preservative
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Samples relinquished by:	Date:	Time:
Samples received by:	Date:	Time:

Keep Samples Refrigerated.
Check with lab for specific holding times.

Evidence of Cooling Yes No Samples received Intact: Yes No
 Temperature at receipt _____ °C Chain of custody and labels agree: Yes No