



CHAIN OF CUSTODY

BARNSTABLE COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT
 WATER QUALITY LABORATORY

3195 Main Street/PO Box 427, Barnstable, MA 02630

Phone: 508-375-6605; Fax: 508-362-7103

PAGE ____ OF ____

REPORT GOES TO

BILLING INFORMATION

INFORMATION FOR MA DEP

ATTENTION:		ATTENTION:	PWS ID:
COMPANY NAME:		COMPANY NAME:	PWS NAME:
ADDRESS:		ADDRESS:	PWS CLASS:
E-MAIL:		E-MAIL:	TURN-AROUND TIME Standard: Ten Business days
PHONE:		PHONE:	Rush: One ___ Two ___ Three ___ Four ___ Five ___
FAX:		FAX:	REPORT DELIVERY Fax ___ E-mail ___ Hardcopy ___

LAB ID	SAMPLE LOCATION / IDENTIFICATION (Street Address + City + State)	COLLECTION		SAMPLER	MA DEP LOCATION ID or MAP +PARCEL	SAMPLE TYPE							# OF BOTTLES	ANALYSIS			COMMENT		
		DATE	TIME			Routine (RS)	Special (SS)	RO, UR, DR, AR, RW, PT	Multiple (M)	Single (S)	Raw (R)	Finish (F)		Routine ¹	Routine+VOC ²				
		Date/Time	Received By:											Container Type ³	P	P, GV		See reverse side for Routine sampling instruction.	
														HCl		V			
														Preservative	V	V			
														Others ⁴	S	S			

¹ Routine includes pH, Nitrate, Total Coliform, Sodium, Copper, Iron, Conductance.
² Routine+VOC (Real Estate Kit), VOC=Volatile Organic Compounds
³ Container Type: P = Plastics; CG = Clear Glass; AG = Amber Glass; GV = Glass Vial
⁴ H = H₂SO₄; T = Na₂S₂O₃ (THIO); S = Sterile; N = NaOH