WASTEWATER SAMPLE SUBMISSION

AgSource

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 #_____

PLEASE USE ONE LINE PER SAMPLE

Lab ID	Field Sample ID	Sample Collection				Grab/Composites	Ammonia as N	BOD (5 day)	Chloride	COD (Chemical Oxygen Demand)	Fecal Coliform	Nitrate + Nitrate as N	Lab pH	Oil and Grease	Total Phosphorus as P	TKN (Total Kjeldahl Nitrogen)	TSS (Total Suspension Solids)								
		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.

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