

WASTEWATER SAMPLE SUBMISSION



CHAIN OF CUSTODY WDTACP CERTIFIED LAB #55-424, WDNR LAB #737109450

Customer _____
 Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone # _____
 Attn _____ Fax # _____

Sample filtered within 15 minutes of collection for orthophosphate

PLEASE USE ONE LINE PER SAMPLE

Customer Sample ID	Sample Collection (required)				Check Applicable: Grab or Composite		Sample for compliance reporting to WI-DNR	Sample preserved with Sodium Thiosulfate	BOD	COD (Chemical Oxygen Demand)	pH	Chloride	N + N (Nitrate + Nitrite)	Ammonia as N (NH3)	TKN (Total Kjeldahl Nitrogen)	Total Phosphorus	TSS (Total Suspended Solids)	TS (Total Solids)	VS (Volatile Solids)	Fecal Coliform	E. coli	Oil and Grease (HEM)	TDS (Total Dissolved Solids)	Water Extractable Phosphorus (WEP)														
	Start Date	Start Time	End Date	End Time	Grab	Composite																																
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Sample Collected By _____ Date _____ Time _____ a.m. p.m.

Relinquished by	Date	Time	Received by	Date	Time
		a.m. p.m.			a.m. p.m.
		a.m. p.m.			a.m. p.m.
		a.m. p.m.			a.m. p.m.
		a.m. p.m.			a.m. p.m.
		a.m. p.m.			a.m. p.m.

COMMENTS/SPECIAL INSTRUCTIONS

LABORATORY COMMENTS