

WASTEWATER SAMPLE SUBMISSION – SWIMS RECORDS



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

Customer _____
 Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone # _____
 Attn _____ Fax # _____
 Waterbody ID (WBIC) _____
 SWIMS Fieldwork Seq. No _____
 Project Number _____

Station ID _____
 Location Description _____
 County Code/County Name _____

Sample filtered within 15 minutes of collection for orthophosphate

PLEASE USE ONE LINE PER SAMPLE

Customer Sample ID	Field ID	Sample Collection (required)				Check Applicable:		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																		

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