

WASTEWATER SAMPLE SUBMISSION



CHAIN OF CUSTODY

WDATCP CERTIFIED LAB #55-424, WDNR LAB #737109450

Customer _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone # _____

Send Reports to: _____ Cell # _____

MATRIX KEY

WW = waste water
SW = surface water
GW = groundwater
MW = monitoring well
SL = sludge
SOIL = soil
SED = sediment
PROD = product
OTHER

PLEASE USE ONE LINE PER SAMPLE

Customer Sample ID	Sample Collection (required)				Matrix see key	Grab or Composite	Sample for compliance reporting to WI-DNR																				
	Start Date	Start Time	End Date	End Time			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)	VSS (Volatile Suspended Solids)	VS (Volatile Solids)	Fecal Coliform	E. coli (Method: M Coli Blue)	TDS (Total Dissolved Solids)	Water Extractable Solids	Organic Nitrogen Phosphorus (WEP)	Total Nitrogen (calculation)	Orthophosphorus (calculation)	Chlorine	Potassium
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					
		☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.		☐ G ☐ C																					

* ☐ Check box if filtered within 15 minutes of sampling

Customer Representative Sign Off _____ 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 / ADDITIONAL TESTS

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LABORATORY COMMENTS

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