

687 N. Laverne Ave., Fresno, CA 93727 (559) 497-2888 CA ELAP No. 1180

Turnaround Time Request							
	Standard - 10 business days						
	Rush (Surcharge may apply) Date needed:						

## **ANALYTICAL CHAIN OF CUSTODY**

*Required Fields		l emp				Thermor	neter ID:											
Company/Client Name*:	Report /	Report Attention*:			Invoice To*:			Phone*:	Phone*:					Fax:				
	Additiona	al cc's:		PO#:														
Addreso*.		C:4*.				lata*:	Zip*:	E-mail*:	:		1	—						
Address*:	,	City*:			51	tate*:	Zip":									i		
Project:	F	Project #:			Phase # Task #:											ì		
																ì		
Reporting Options:		Regulatory Carbon Copies			Regulatory Compliance											ì		
☐ Trace (J-Flag) ☐ Swamp ☐ EDD Type:		SWRCB (Drinking Water)			EDT to California SWRCB (Drinking Water)			ter)								ì		
Sampler Name (Printed/Signature)*:		Merced C	Fresno Co	resno Co System Number*:											i			
		Madera C	Co	Tulare Co												i		
		Other:				racker #:		-								ì		
Matrix Types: SW=Surface Water BW=Bottled Wa	ater GW=Ground	Water WW=W	aste Water STW:	Storm Water	r DW=Drink	ing Water	r SO=Solid									i		
# Sample Description*		Sampled* Date Time Mat		Matrix*	* Comments / Station Code / WTRAX													
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Relinquished by: (Signature and Printed Name)				Date	Time	Received b	by: (Signature and Printed Na	me)	1			(	Company					
Relinquished by: (Signature and Printed Name)		Company		Data	Time	Door in and L	by: (Signature and Printed Na	mo)				<del> </del> .	Compani					
neinquisned by. (Signature and Frinted Name)	(	Company		Date	Time	received D	oy. (Signature and Printed Na	ille)					Company					
Received for Lab by: (Signature and Printed Name)				Date	Time	Payment	Received at Delivery:						Chec	ck .	/	Cash		
						Date:			Amount		P	PIA#:			Init.			
Shipping Method: GLS UPS WALK-IN FED EX PMS								Custody										
Cooling Method: Wet Blue None								Chilling	Process	s Begun:	Y/N							