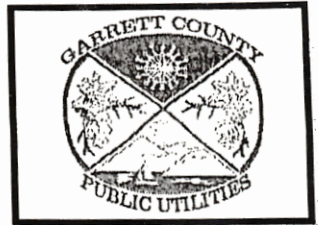


DEEP CREEK LAKE LABORATORY

762 Mayhew Inn Road

Oakland, MD. 21550

(301-387-6162)



CHAIN OF CUSTODY FORM

FACILITY ID: <u>Kitzmiller Water</u> ADDRESS: <u>902 State Street</u> <u>Kitzmiller MD 21536</u> PHONE: <u>240-321-3217</u>	Bill To / Requested By _____ _____ _____	LAB USE ONLY SAMPLE # <u>81317</u> DATE REC <u>3/25/04</u> TIME REC <u>10:15</u> REC BY <u>RB</u> Temp. Verification <u>8</u> pH Verification _____
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Collected By: <u>Dale Baker</u> Sampler Cert. #: <u>110203</u> <input checked="" type="checkbox"/> Grab Sample Date / Time of Collection: <u>3-25-24 / 08:53 AM</u> <input type="checkbox"/> Composite Sample Total Length of Composite _____ Composite Start Start Date _____ Start Time _____ Composite End End Date _____ End Time _____	Sample Preservation per Bottle # Iced Sample <input checked="" type="checkbox"/> <u>DL063 DL032</u> Sodium Thio <input type="checkbox"/> _____ <u>DL040</u> H2SO4 <input type="checkbox"/> _____ HNO3 <input type="checkbox"/> _____ HCL <input type="checkbox"/> _____ Other: _____
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SAMPLE TYPE Drinking Water: <input checked="" type="checkbox"/> Finished <input type="checkbox"/> Raw Wastewater: <input type="checkbox"/> Influent <input type="checkbox"/> Effluent <input type="checkbox"/> Mixed Liquor <input type="checkbox"/> Digester <input type="checkbox"/> Drying Bed <input type="checkbox"/> Other _____	DRINKING WATER SYSTEM TYPE <input type="checkbox"/> Community Water System <input type="checkbox"/> Routine <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Repeat <input type="checkbox"/> Transient <input type="checkbox"/> Special <input type="checkbox"/> Private Well/Tap <input type="checkbox"/> Other	FIELD DATA Residual Chlorine <u>0.6</u> pH <u>8.5</u> Temperature <u>9.2 C</u> Flow _____ Turbidity _____
* DRINKING WATER SAMPLE SITE TAP LOCATION * <u>Kitchen Sink - Cold Water</u> <u>Faucet</u>		

REQUESTED LABORATORY ANALYSIS

Requested Testing <input type="checkbox"/> Fecal Coliforms, <input type="checkbox"/> E. Coli <input type="checkbox"/> BOD 5 day <input type="checkbox"/> Solids, Total Suspended <input type="checkbox"/> Solids, Mixed Liquor <input type="checkbox"/> Solids, Volatile <input type="checkbox"/> Solids, Percent <input type="checkbox"/> Solids, Settable <input type="checkbox"/> Oil & Grease / TPH	Nutrients Phosphorous: <input type="checkbox"/> Total <input type="checkbox"/> Ortho Nitrogen: <input type="checkbox"/> TKN <input type="checkbox"/> Ammonia <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Nitrate + Nitrite <input type="checkbox"/> Organic N <input type="checkbox"/> Total N	Drinking Water Total Coliforms & E. Coli <input type="checkbox"/> Presense / Absent Testing <input type="checkbox"/> MPN Testing <input type="checkbox"/> Special Request
<input type="checkbox"/> pH <input type="checkbox"/> Flow <input type="checkbox"/> Temperature <input type="checkbox"/> Alkalinity <input type="checkbox"/> Iron <input type="checkbox"/> Turbidty <input checked="" type="checkbox"/> Other Testing <u>Complaint Testing</u>		

Relinquished By	Date/Military Time	Received By	Date/Military Time