

DEEP CREEK LAKE LABORATORY

762 Mayhew Inn Road
Oakland, MD. 21550
(301-387-6162)

email:



CHAIN OF CUSTODY FORM

FACILITY ID: <u>Kitzmillen Water</u> ADDRESS: <u>904 State Street</u> <u>Kitzmillen MD</u> PHONE: _____	Bill To / Requested By _____ _____ _____	LAB USE ONLY SAMPLE # <u>81314</u> DATE REC <u>3/25/24</u> TIME REC <u>10:15</u> REC BY <u>03</u> Temp. Verification <u>8</u> pH Verification _____
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Collected By: <u>Dale Baker</u> Sampler Cert. #: <u>1102-03</u> <input checked="" type="checkbox"/> Grab Sample Date / Time of Collection: <u>3-25-24</u> / <u>09:03am</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>986 DL 964</u> Sodium Thio [<input type="checkbox"/>] <u>DL DL 053</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>0.8</u> pH <u>8.4</u> Temperature <u>9.7 c</u> Flow _____ Turbidity _____
* DRINKING WATER SAMPLE SITE TAP LOCATION * <u>outside hose bib hose</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. Coll <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