

**NMED LAB #NM0301**

Water Supply System Name:	WSS Code No.	0635 _____
Water System Contact Name and Phone Number	Send Results Via: Mail	Fax Email

**Only one sample date per form. For each 'Routine' sample, fill out the information for that sample (all shaded boxes must be filled out completely). All samples are considered "For Compliance".**

Date Collected (MM/DD/YYYY):			Location	Time Collected	Chlorinated Yes / No		Accepted/Rejected	TC P / A	EC P / A	Volume Assayed
Lab Sample ID#	Temp	Sample Point ID#			Free Cl	Total Cl				
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml
		TCR ____								100 ml

**FIELD SAMPLE DATA & REMARKS**

Comments:					
Collected By (print):		Operator/Sampler ID#	Phone Number:		<b>SAMPLE RECEIPT CONDITION</b>
Relinquished by (signature):		NM _____	Date:	Time: (24 hr.)	Preservative: Ice Yes / No
Received by name:		Signature:	Date:	Time: (24 hr.)	Temp (°C):
Relinquished by name:		Signature:	Date:	Time: (24 hr.)	Custody Seals: Yes / No
Received by name:		Signature:	Date:	Time: (24 hr.)	Intact: Yes / No
Comments:					
Start Date:		Time (24 hr)		Finish Date:	
Analyst: _____		Date: _____		Analyst: _____	
				Date: _____	