



124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

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REGULATORY: YES NO FILTRATION

TURNAROUND TIME: ____ P1

ADDRESS:

PHONE:

FAX:

SAMPLE ANALYSIS REQUESTED

TYPE: Grab / Composite

TOTAL # OF CONTAINERS

Container Type

PROGRAM AREA

C = NAOH E = Na₂S₂O₃ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER
G = GROUNDWATER S = SOLID SL = SLUDGE
W = WASTEWATER O=OTHER

Container Type: P=Plastic/G=Glass

SHADED AREAS FOR LAB USE ONLY

NOTES

LAB ID

Fill in the Number of Containers for EACH Test

SAMPLER SIGNATURE

FLOW INFO

ICE: YES NO ICE PACK

RECEIPT TEMP: ____ °C

Relinquished by: _____ Date: _____ Time: _____ Relinquished by: _____ Date: _____ Time: _____ Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ Time: _____

Comments: