# WASTEWATER SAMPLE SUBMISSION

**CHAIN OF CUSTODY** **WDTACP CERTIFIED LAB #55-424, WDNR LAB #737109450**

Submitted by _____ Date Collected_____Time _____ a.m. _____p.m.

Address _____

City _____State_____ ZIP _____

Email _____ Phone # _____

Attn _____Fax # _____

**PLEASE USE ONE LINE PER SAMPLE**

| Lab ID | Field Sample ID | Sample Collection | | | | Grab/Composites | Ammonia as N | BOD (5 day) | Chloride | COD (Chemical Oxygen Demand) | Fecal Coliform | Nitrate + Nitrate as N | Lab pH | Oil and Grease | Total Phosphorus as P | TKN (Total Kjeldahl Nitrogen) | TSS (Total Suspension Solids) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start Date | Start Time | End Date | End Time | | | | | | | | | | | | | | | | | | | | |
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Comments/Special Instructions

Sample Collected By _____Date _____ Time ____a.m. ____p.m.

Relinquished by _____Date _____ Time ____a.m. ____p.m.

Received by _____Date _____ Time ____a.m. ____p.m.

Relinquished by _____Date _____ Time ____a.m. ____p.m.

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