

Client Information:	Billing Information:
Contact Name:	
PWSID #:	
Company Name:	
Address:	
City, State Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	

- Bottles/Preservative:**
- (1) 125mL Amber glass/H₃PO₄
 - (2) 60mL Clear Glass/Phosphate Buffer
 - (3) 125mL Amber Glass/NH₄Cl
 - (4) 120mL Sterile Plastic/Na₂S₂O₃
 - (5) 500mL Plastic/4°C
 - (6) 500mL Plastic/H₂SO₄
 - (7) 500mL Plastic/HNO₃
 - (8) 1000mL Plastic/4°C

PLEASE USE BALLPOINT PEN TO FILL OUT BOTTLE LABELS/COC

PLEASE CIRCLE BELOW WHICH CHLORINE RESIDUAL YOU ANALYZE

LAB ONLY! Received on Received Temp °C	Name of Collector(s)	DEQ Location Code	Collection Information		Matrix	Field Results				Requested Tests		
			Date	Time		pH (su)	Alkalinity (mg/L)	Total/Free Cl ₂ (mg/L)	TOC ⁽¹⁾	THM ⁽²⁾	HAA ⁽³⁾	BacT ⁽⁴⁾
					DW							
					DW							
					DW							
					DW							
					DW							
					DW							
					DW							
					DW							
					DW							

Reinquished by	Date/Time	Received by	Date/Time
1			
2			
3			
4			
5			

LAB ONLY!
Samples Acceptable?

All samples submitted to OMNI Water Laboratories for analysis are accepted on a custodial basis only. Ownership of the material remains with the client submitting the samples.
OMNI Water Laboratories reserves the right to return unused sample portions.