

**CHAIN OF CUSTODY
DRINKING WATER**

Company Name:		GTA Project #:	
Customer Name:			
Address:			
City:	State:	Zip:	
E-mail (1) _____		E-mail (2) _____	
Phone #: _____		Fax #: _____	

Sample I.D.	Date Sampled	Time Sampled	Number of Containers	Analysis Required
(1)				
(2)				
(3)				
(4)				
(5)				

Name of Sampler: _____

WSSN #: _____

Tax ID #: _____

Well Permit #: _____

Sample Site: _____

Sample(s) Chlorinated: Yes _____ No _____

Samples Acceptable: Yes _____ No _____ (If NO, please explain in comments)

Comments:

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