

NH PUBLIC HEALTH LABORATORIES-WATER ANALYSIS LAB LOGIN AND CUSTODY SHEET
 (Laboratory Policy: Samples not meeting method requirements will be analyzed at the discretion of the DPHS, PHL.)

Samples must be delivered in a cooler with ice or ice packs.

LAB ACCOUNT (Billing) _05-0022518_____ One Stop Project: __VRAP_____ NHDES Site Number_____

Description : _____ **Town:** _____ **Temp. ° C.** _____

Collected by: _____ **Contact & Phone #** _____

Sample Location/Station ID	Date Time Sampled	# of Containers	Matrix								Sampler Comments	Lab Login #

Relinquished By _____ Date and Time _____ Received By _____

Relinquished By _____ Date and Time _____ Received By _____

Matrix: A= Air S= Soil AQ= Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water) π Other: _____

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Data Reviewed By _____ Date _____