

**TURNAROUND TIME\***: [ ] Routine (2 days) [ ] Rush - 24 hours\*

<b>Client Information*</b>	<b>Customer Name*</b>	_____	<b>Project Information*</b>	<b>Project Name*</b>	_____
	<b>Contact Name*</b>	_____		<b>PO#*</b>	_____
	<b>Street Address*</b>	_____		<b>Reporting email(s)*</b>	_____
	<b>City, State, Zip*</b>	_____		_____	_____
	<b>Phone*</b>	(     )     -     _____			

**Project Handling Information**

<b>Collected by Name*</b>	_____	<b>Collected by Signature*</b>	_____
<b>Relinquished By*</b>	_____	<b>Relinquished Date*</b>	_____

**Sampling information:**

**Collected Date\***: \_\_\_\_\_

**Time of Collection\***: \_\_\_\_\_ : \_\_\_\_\_ AM / PM      Ex: HH:MM

**Sampling Location\***: \_\_\_\_\_      Ex: Bathroom sink

**Was Water Chlorinated within the last 24 hours?\***      [ ] Yes    [ ] No

**PWSID#**

**Name of collector:** \_\_\_\_\_

**Address of sample:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Check the box of test(s) required:**

Potability     Chlorine

NOTE: Residents of Loudoun County must check off both Potability and Chlorine as required the County Health Dept.

\*required  
\*\* additional charge for rush turnaround time

**Lab Use Only**

<b>Sample Condition Upon Receipt</b>	[ ] Acceptable [ ] Not Acceptable (notes on COC)
<b>Received By:</b> _____	<b>Date/Time:</b> _____
<b>Samples were received refrigerated</b>	[ ] Yes [ ] No
<b>Samples were received on ice</b>	[ ] Yes [ ] No
<b>Free chlorine via DPD</b> _____	mg/L (ppm)

Legacy Environmental Laboratory, LLC's Terms and Conditions are incorporated into this Chain of Custody (COC). Submission of samples to LEL, LLC constitutes acceptance and acknowledgment of all terms and conditions by Customer.

*Samples are accepted Monday through Thursday, between 8:00 a.m. and 5:00 p.m. Please note that samples will not be accepted on the day prior to any major holiday during which the laboratory is scheduled to be closed.*