

OCC No.
OSDH No.

Sample Type

- Water
 Soil

Chain of Custody Record/Analysis Request

Sample No.		Date Collected		Time Collected	
Operator Name			Legal Description		
Pit No.	Soil Farming Plot	Monitor Well No.		Other	
Sample Collector			Witness(es)		

Please analyze the following parameters:

- | | | | | |
|---|------------------------------------|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Total Dissolved Solids | <input type="checkbox"/> pH | <input type="checkbox"/> Barium | <input type="checkbox"/> Sodium | <input type="checkbox"/> Sodium Adsorp. Ratio (SAR) |
| <input type="checkbox"/> Specific Conductance | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Calcium | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oil and Grease | <input type="checkbox"/> Arsenic | <input type="checkbox"/> Chromium | <input type="checkbox"/> Magnesium | _____ |

Remarks

I hereby certify that I received this sample and disposed of it as noted below:

Received From	Date Received	Time Received
Disposition of Sample	Signature	

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