



**WATER SYSTEMS**  
I N C .

# Chain of Custody

LAB RECEIVING: 3911 Edmund Hwy  
West Columbia, SC 29170  
803-755-0090  
sampling@sewaterlab.com

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Approval Date: 9/4/24

SC Lab ID #32576

Client Name: \_\_\_\_\_

Report To: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Project: \_\_\_\_\_

Email: \_\_\_\_\_

BT  
PC  
Requested Analysis

Bottle Type(BT): <b>Plastic / Glass</b>	Matrix Code(s):
Preservation Code(s)(PC):	WW = Wastewater
1 = Ice	5 = NaOH
2 = H2SO4	6 = Na2S2O3
3 = HNO3	7 = None
4 = HCl	8 = Other:
	DW = Drinking Water
	GW = Groundwater
	SW = Surface Water
	O = Other

\*write preservative lot in comments if applicable

**COMMENTS\* / WSI SAMPLE ID#**

Collection Date	Collection Time	Sample Description	Grab	Comp	Matrix Code	# Bottles												

TOTAL RESIDUAL CHLORINE							COMPOSITE INFORMATION		
Location	Time Collected	Time Analyzed	Results	DPD Lot #	Meter ID	WSI Sample ID#			
							Compositor ID: _____		
							Flow Meter ID: _____		
							Start Date/Time: _____		
							End Date/Time: _____		
							Harvest Temperature: _____		
							Flow Total: _____		
							Sampler print name: _____		

Sampler / Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by lab:	Date:	Time:

**LAB USE ONLY**

Field pick up temp: \_\_\_\_\_ Therm.#: \_\_\_\_\_

Lab receipt temp: \_\_\_\_\_ Therm.#: \_\_\_\_\_

Blank Temp (if applicable): \_\_\_\_\_

**Delivered to lab by:**

\_\_\_\_\_ WSI \_\_\_\_\_ Client \_\_\_\_\_ Courier

Received on ice: \_\_\_\_\_ Yes \_\_\_\_\_ No