

**CHAIN OF CUSTODY / WORK ORDER**

Mammoth Community Water District Lab  
 1315 Meridian Blvd, PO Box 597  
 Mammoth Lakes, CA 93546 CA01013  
 760-934-2596 ext. 250 ELAP 1453

**Laboratory Hours: 7:00am - 4:30pm, Mon - Fri**

Max Time Between Collection and Drop-Off Drinking Water: <b>30 hours</b> Wastewater: <b>6 hours</b> Surface Water: <b>8 hours</b>	<b>Sample Acceptance Times</b> Coliform Bacteria test: Mon - Thurs, 7:00am - 3:30pm No sample acceptance on Fridays BOD test: Wed before 12:00pm (advanced notice required)
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<b>Client Information</b>	
Client / Water System Name:	Billing Name:
Client Contact Name:	Billing Phone:
Client Contact Phone:	Billing Address:
Client Contact E-Mail:	Billing E-mail:

In Case of Positive Bacterial Results (if different from above)			Sample Details									Analysis Requested							Laboratory Only			
Emergency Contact Name:			# of Containers	Cl <sub>2</sub> Residual (mg/L)	Water Type				Purpose			Total Coliform & E. coli P/A	Total Coliform & E. coli MPN 2000	Total Coliform & E. coli MPN 200	BOD	Color	Odor	Turbidity	Bottle Lot #	Temp (°C) Offset Adjusted Thermometer ID SE036	Receipt pH Meter ID SE012	
Emergency Contact Phone:					Drinking Water	Source Water	Wastewater	Ambient Water	Routine	Repeat	Special											
Emergency Contact E-Mail:																						
Date	Time	Sample Point Name (Street Address if drinking Water)																				

Sample(s) Collected by:

Sample Submission to Laboratory				
Print Name	Signature	Date	Time	
Methods: Alkalinity SM2320 B, Turbidity SM2130 B, Odor SM2150 B, Color SM2120 B, Total Coliform & E. coli P/A and MPN SM9223 B, DO (chlorinated sample) SM4500-O C, DO (unchlorinated sample) SM4500-O F, BOD & cBOD SM5210 B, TSS SM2540 D, pH SM4500-H+ B, TDS SM2540 C, COD HACH 8000, TS SM2540 B, MTF Fecal SM9221 C,E, MTF Total SM9221 B,C, MTF E. coli SM9221 C,F				

Laboratory Only				
Order ID#	Results Entered:	Reported:		
Received by	Date	Time	Temp met: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lab Notes:			Hold times met: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			MCWD bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Bottle current: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Correct volume: Yes <input type="checkbox"/> No <input type="checkbox"/>	