

CHAIN OF CUSTODY / WORK ORDER

Laboratory Hours: 7:00am - 4:30pm, Mon - Fri (no Friday samples accepted, see below)

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

Max Time Between Collection and Analysis Drinking Water: 30 hours Wastewater: 6 hours Surface Water: 8 hours	Sample Acceptance Times Coliform Bacteria: Mon - Thurs, 7:00am - 3:30pm BOD Samples: Wed before 12:00pm by appointment Nitrate Samples: First Tues of each month MTF coliform tests: Mondays by appointment
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Client Information	
Client / Water System Name:	First time clients or for changes
Emergency Contact Name:	Billing Name:
Emergency Contact Phone:	Billing Address:
Emergency Contact E-Mail:	Billing E-mail

Sample Information										
Sample Date	Sample Time	Sample Type						Sample Location / Description / PWS#	# of Containers	Cl ₂ Residual
		Source				Purpose				
		Drinking Water	Source Water (Raw Drinking)	Ambient Water	Wastewater	Routine (compliance)	Repeat			

Analysis Requested						
Coliform P / A	51	97				
Coliform MPN (max 200)						
Coliform MPN (max 2419)						
BOD						
Temperature						
pH						
Nitrate Nitrogen						

Lab Only		
Bottle Lot #	Receipt Temp	Receipt pH

Sample(s) Collected by
 Print Name: _____

Sample Submission			
Sample(s) Relinquished by			
Print Name	Signature	Date	Time

Client Notes: _____

Laboratory Only		
Laboratory Sample Number: _____		
Received by	Date	Time
Sample on ice: Yes <input type="checkbox"/> No <input type="checkbox"/>	Holding time met: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bottle expired: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bottle from MCWD: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Correct volume: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lab Notes: _____	