



**Green Analytical Laboratories**  
**75 Suttle Street, Durango, CO 81303**  
**970-247-4220**  
**CO Laboratory # CO01041**

Test Method: SM 9223B

Lab Sample ID# \_\_\_\_\_

Water Supply System Name:			
PWSID Code No. (7 digits)	CO _____	Chlorine Free: _____ mg/l	Total: _____ mg/l
Facility ID:	Date Collected:	Time Collected (24 hr):	

Please circle the "**Type**" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT ____	Location:	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# _____		
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name:	
	Original Lab Sample ID# _____	Sample Point ID# SP _____	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name:	
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____	
5. Special	Location:		

<b>Bill To:</b>			
<b>Email Report To:</b>			
Collected By (print):		Phone Number:	
Relinquished by (signature):		Date:	Time: (24 hr)
Received by (signature):		Date:	Time: (24 hr)
<b>SAMPLE RECEIPT CONDITION</b>	Therm ID:	Temp (°C):	Checked by:
*Samples MUST be received on ice. On Ice?    Yes    No	Comments:		

**Notes:** Sections in **blue** have to be filled out by the sampler. Once a sample "**Type**" has been circled, everything in **gray** of the corresponding number must be filled out by the sampler.