



Green Analytical Laboratories
 421 Turner Dr, 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: DS001	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: RTOR	Location:	
2. Repeat	Sample Point ID: RP _____	Location:	
	Original Lab Sample ID# _____	Choices: RPUP, RPDN, RPOR, RPOT	
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:		

Bill To:			
Email Report To:			
Collected By (print):		Phone Number:	
Relinquished by (signature):		Date:	Time: (24 hr)
Received by (signature):		Date:	Time: (24 hr)
SAMPLE RECEIPT CONDITION	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.