



MASSDEP DRINKING WATER CHAIN OF CUSTODY

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of**

Date Rec'd in Lab:

ALPHA Job #

Project Information

Report Information

Data Deliverables

Billing Information

Westborough, MA Mansfield, MA
 TEL: 508-898-9220 TEL: 508-822-9300
 FAX: 508-898-9193 508-822-3288

Project Name:

FAX

EMAIL

Same as Client Info

PWS Name:

ADEX

Add'l Deliverables

PO #

Client Information

Project Location:

Please Indicate PWS Class Below

Client:

Project PWS ID#

COM

Address:

Project Manager:

NTNC

Phone:

ALPHA Quote #:

TNC

Fax:

Standard

Due Date:

SUBJECT TO MCL REPORTING

Email:

Rush (only if pre approved)

Time:

These samples have been previously analyzed by Alpha

ANALYSIS

Sample Filtration

Done
 Lab to do
Preservation
 Lab to do

(Please Check Below)

Source(1)		Type		Sample(2)	
Multiple	Single	Raw	Finished	Routine	Special

Total Bottles

Other Project Specific Requirements/ Comments/Detection Limits

ALPHA Lab ID (Lab Use Only)	DEP Location Code	DEP Location Name	Collection		Sample Matrix	Sampler's Initials
			Date	Time		

Container Code
 P = Plastic
 A = Amber Glass
 V = Vial
 G = Glass
 B = Bacteria Cup
 C = Cube
 O = Other
 E = Encore
 D = BOD Bottle

Preservative Code:
 A = None
 B = HCl
 C = HNO3
 D = H2SO4
 E = NaOH
 F = MeOH
 G = NaHSO4
 H = Na2S2O3
 I = Ascorbic Acid
 J = NH4Cl
 K = Zn Acetate
 O = Other

(1) List connected sources if Multiple
 (2) Explain if sample type is Special

Container Type																			
Preservative																			

Relinquished By:	Date/Time	Received By:	Date/Time

Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. BY EXECUTING THIS COC, THE CLIENT HAS READ AND AGREES TO BE BOUND BY ALPHA'S TERMS & CONDITIONS. (See reverse side.)