



**soiltest**  
farm consultants, inc.

2925 Driggs Dr., Moses Lake, Wn 98837 - www.soiltestlab.com  
Office: (509)765-1622 - Fax:(509)765-0314 - (800)764-1622

**WATER TEST REQUEST AND CHAIN OF CUSTODY FORM**

NAME _____ SGL	Date Rec. _____ SEP 27 2024
ADDRESS _____	Sample Date _____
CITY _____	
STATE & ZIP _____	Sampled By _____

SAMPLE I.D.	Outfall 001 @ Manhole		
	BI-MONTHLY <input type="checkbox"/> M ANNUAL <input checked="" type="checkbox"/> A SEPT	SPECIAL INSTRUCTIONS:	
	SURFACE <input type="checkbox"/>	WELL <input type="checkbox"/>	

LAB USE ONLY				
LAB NO.	2100			

Sample containers submitted

<input type="checkbox"/> 1L Metals 500 ml				
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Metals requested? Y/N

	<input type="checkbox"/>				
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If yes do turbidity and record below.

Metals Preserved? pH

	<input type="checkbox"/>				
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Initials

	<input type="checkbox"/>				
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Initials

	<input type="checkbox"/>				
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Turbidity

	<input type="checkbox"/>				
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Ca	M				
Mg	M				
Na	M				
K	M				
NO3-N	M				
NH3-N	M				
TKN	M				
TOTAL-P	M				
SO4-S	M				
Cl	M				
ALKALINITY	M				
BOD	M				
TDS	M				
SAR	M				
TN-TKN+NO3	M				
Other:					
Metals (Al, As, Be, B, Cd, Cr, Co, Fe, Pb, Li, Mn, Ni, Se, V, Zn, Ag, Ba)	A				
Fluoride	A				
Mercury/Cyanide (Edge)	A				
Oil & Grease	A				

Relinquished by: <u>[Signature]</u> Date/Time 9/27/24	Received by: <u>[Signature]</u> Date/Time 9-27-24 11:00
Relinquished by: _____ Date/Time _____	Received by: _____ Date/Time _____

We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests but, because of factors beyond our control in sampling procedures, and the inherent variability of water, our liability is limited to the price of the tests.