



soiltest
farm consultants, inc.

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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 checked="" type="checkbox"/> M	ANNUAL <input checked="" type="checkbox"/> A	SEPT	
		SURFACE <input type="checkbox"/>	WELL <input type="checkbox"/>	SPECIAL INSTRUCTIONS:	

LAB USE ONLY					
LAB NO.	21060				

Sample containers submitted	<input type="checkbox"/> 1L Metals 500 ml	<input type="checkbox"/> 1L Metals 500 ml	<input type="checkbox"/> 1L Metals 500 ml	<input type="checkbox"/> 1L Metals 500 ml	<input type="checkbox"/> 1L Metals 500 ml
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Metals requested?	Y/N				
		If yes do turbidity and record below.			

Initials					
Metals Preserved?	pH				
	Initials				

Turbidity					
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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.