

CITY OF TULSA CHAIN OF CUSTODY

Facility Name:							Preservative 1 - HNO ₃ 2 - Cool, ≤6° C 3 - HCl 4 - H ₂ SO ₄ 5 - NaOH + Asc. 6 - _____			Requested Analysis								
Facility Address:																		
Sampling Location:																		
Sampling Equipment:																		
Collected By:							BOD/TSS	COD	As, Cd, Cr, Cu, Pb, Hg, Mo, Ni, Ag, Se, Zn	Cyanide	SGT-HEM O/G	PH/Temperature						
Type: G = Grab, C = Composite				Container: P = Plastic, G = Glass														
Sample ID	Sample Volume	Field pH Results			Type G/C	Cont. P/G	Start Date/Time	Finish Date/Time	Pres #									
		pH	Time	Analyst														
Comp.	500mL				C	P			2	X								
Comp.	250mL				C	P			4/2		X							
Comp.	250mL				C	P			1/2			X						
Grab	250mL				G	P			5/2			X						
Grab	1000ml				G	G			4/2				X					
Relinquished by: (Signature)							Date/Time:		Relinquished by: (Signature)							Date/Time:		
Received by: (Signature)							Date/Time:		Received by Laboratory: (Signature)							Date/Time:		
CERTIFICATION: To be completed by <u>company official</u>. I hereby certify that the above sampling occurred during a period such that the sample(s) is/are representative of a typical operating day discharge for the above named facility Signature: _____ Title: _____									Laboratory Comments:									