GRAYS HARBOR COUNTY ENVIRONMENTAL HEALTH WATER LABORATORY

Sample Requested By:_____

CHAIN OF CUSTODY

Telephone: (360) 249-4222

SITE DESCRIPTION	DATE	TIME	TYPE OF SAMPLE (Grab or Composite)	Matrix Type*	ANALYSIS REQUESTED	RESULTS	LAB #

SAMPLE TRANSFER RECORD

AGENCY	DATE	TIME	CONDITION OF SAMPLE	SAMPLE TEMP	SIGNATURE / INITIALS

Comments:

*Ground Water, Sewage Effluent, Raw Water, Ambient Water, etc...