

Environmental Resource Technologies

131 Arlington Ada, Oklahoma 74820

Project Name : _____

Phone (580) 332-8808 Fax (580) 421-9110

Well Name : _____

CHAIN OF CUSTODY

Section : _____ - _____

County : _____

Client Name: _____

	Date Sample Taken	Time Sample Taken	Matrix Water (W) Soil (S) Sludge (SI) Other	G R A B	C O M P	Client I.D. Sample Location		No. of Container	Analysis Requested	Sample Presv.

Comments:

Sampled By:	Date/Time:	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished to Lab By:	Date/Time:	Received at Lab By:	Date/Time:

Report To:	Send Invoice To:
Address:	Address:
Phone/Fax Number:	Phone/Fax Number: