



# Chain of Custody

Client Name:		<b>Sample / Well Information:</b>		<b>PLEASE NOTE:</b> Samples are accepted at drop-off locations on behalf of Converse Laboratories and must be dropped off no later than <u>9:30 am</u> . Payment by cash or check, in the exact amount, must be made upon submission. <i>Thank you!</i>	
Client Address:		<input type="checkbox"/> Drilled <input type="checkbox"/> Dug		<input type="checkbox"/> Spring <input type="checkbox"/> UV	
Phone #:		<input type="checkbox"/> Driven Point <input type="checkbox"/> R/O		<input type="checkbox"/> Other _____	
Cell #:	Chl _____ ppm				

E-Mail address:			<b>NOTES TO LABORATORY</b>		
Contact/Report to:			Normal Turn Around Time for written report is 7-10 business days		
Sampler:			Normal TAT <input type="checkbox"/>		
			Rush TAT <input type="checkbox"/> Date needed: _____ am / pm		

Date Collected	Time Collected	SAMPLE LOCATION	1-UT/2-THIO	# of containers	Subcontracted - N / Y	ANALYSIS REQUESTED (Indicate)	SAMPLE ID# (lab use only)

<b>Notes to Laboratory:</b>						<b>ON ICE: Y / N</b>		<b>PRICING</b>	
Relinquished by:	Date	Time	Received by:	Date	Time	Rec'd Temp °C	Total Coliform/E. Coli as Pos/Neg <b>\$37.00</b>		
							Total Coliform/E. Coli as Count <b>\$47.00</b>		
							Complete Analysis (Must Use Kit) <b>\$220.00</b>		
							Nitrate <b>\$28.00</b>		
<b>Authorized Recipients &amp; Contact Info :</b>							Lead <b>\$27.00</b>		
							SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS (Y/N) *If no, see attached sheet		

Doc. # 311g  
 Eff. 3/10/2025      Amt. Due: \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Rev. #1  
 1 of 1      Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_

Initial Review: \_\_\_\_\_  
 Trans. Review: \_\_\_\_\_  
 Final Review: \_\_\_\_\_