Upper Guadalupe River Authority Chain of Custody

UGRA Customer Information (please fill out completely) **Reports will be emailed unless otherwise specified.**

Company Name	**Email Address 1**
Primary Contact	**Email Address 2**
Alternate Contact	**Phone Number**
Mailing Address	**FAX Number**
City **State** **Zip**	**Send hard copy of report?** **No** **FAX** **Mail**

Project/System Name

Permit/System Number

No Permit (Private)

Samples Collected By: **Sampler Phone #:**

pH and Dissolved Oxygen measurements should be taken in the field. Measurements taken in a laboratory should be taken within 15 minutes of collection. Since this holding time is nearly impossible to adhere to, please be aware that all pH and DO measurements taken after 15 minutes from collection will be qualified in the reports. Qualified results may not be acceptable for regulatory compliance purposes.

Laboratory Use Only

***Subcontracted To:** **Sample Intact? Y N** **Ice Present? Y N**

U1	U2	U2	U2	U4																		Container
ST	NA	NA	NA	ST																		Preservative: ST = Na2S2O3, S=H2SO4, N=HNO3, H=HCl, O=other _____
	NA	NA	NA																			Preservation: ☑ = acceptable
NA	NA	NA	NA	NA																		Preservative Added: type
																						Preservative Added: date/time
																						Fraction

Temperature: °C

Comments

Reporting to a third party? circle one: HGCD TCEQ Lender Other_____

Please mark tests to be run with an X

Sample Location	**Date**	**Time**	**Res. Cl2**	**Drinking Water**	**Waste Water**	**Surface Water**	**Other ____**	**Grab**	**Composite start date/time**	**other ____**	**Total Coliform/E. Coli P/A**	**Standard**	**BOD or CBOD (circle one)**	**TSS**	**Total Coliform/E. Coli Counts**	**UGRA Work Order Number**
		AM	Free	Raw	Raw											
		PM	Total	Treated	Effluent											
		AM	Free	Raw	Raw											
		PM	Total	Treated	Effluent											
		AM	Free	Raw	Raw											
		PM	Total	Treated	Effluent											
		AM	Free	Raw	Raw											
		PM	Total	Treated	Effluent											

Relinquished By	Date	Time	Received By	Date	Time
Relinquished By	Date	Time	Received By	Date	Time

UGRA may subcontract testing to other labs. Subcontracted work will be identified in the report.

UGRA supplied containers: U1 = 120ml Sterile U2 = 2L HPDE no preservative U3 = 250ml HPDE preservative as noted U4 = 250ml Sterile S = bottle from subcontract lab

$_____ ☐ Paid

Cash CC Check Ref_____

125 Lehmann Drive, Suite 100 Kerrville, TX 78028 Phone (830) 896-5445 Fax (830) 257-2621