



# Upper Guadalupe River Authority Chain of Custody



UGRA Customer Information (please fill out completely)

Reports will be emailed unless otherwise specified.

<b>Company Name</b>				<b>Email Address 1</b>																														
<b>Primary Contact</b>				<b>Email Address 2</b>																														
<b>Alternate Contact</b>				<b>Phone Number</b>																														
<b>Mailing Address</b>				<b>FAX Number</b>																														
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>Send hard copy of report?</b>																														
				No						FAX			Mail			<b>Laboratory Use Only</b> *Subcontracted To: _____ Sample Intact? Y N Ice Present? Y N Temperature: _____ °C Container _____ Preservative: ST = Na2S2O3, S=H2SO4, N=HNO3, H=HCl, O=other _____ Preservation: <input checked="" type="checkbox"/> = acceptable Preservative Added: type _____ Preservative Added: date/time _____ Fraction _____																		
<b>Project/System Name</b>				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.						U1	U4	U2	U2	U2																				
<b>Permit/System Number</b>										ST	ST	NA	NA	NA																				
No Permit (Private)				NA	NA	NA	NA	NA																										
<b>Samples Collected By:</b>		<b>Sampler Phone #:</b>		<b>Sample Source</b>				<b>Sample Type</b>																										
<b>Comments</b>				Drinking Water	Waste Water	Surface Water	Other _____	Grab	Composite start date/time _____	other _____	Total Coliform/E. Coli P/A	Total Coliform/E. Coli Counts	Please mark tests to be run with an X												UGRA Work Order Number									
Reporting to a third party? circle one: HGCD TCEQ Lender Other _____													Standard	BOD or CBOD (circle one)	TSS																			
<b>Sample Location</b>	<b>Date</b>	<b>Time</b>	<b>Res. Cl2</b>																															
		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																													
<b>Relinquished By</b>			<b>Date</b>	<b>Time</b>	<b>Received By</b>						<b>Date</b>	<b>Time</b>																						
<b>Relinquished By</b>			<b>Date</b>	<b>Time</b>	<b>Received By</b>						<b>Date</b>	<b>Time</b>																						

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 \_\_\_\_\_