



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 | | | Do you need a RUSH (doubles price)? | | |
| City | State | Zip | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | |
|----------------------------|---|
| Laboratory Use Only | |
| *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 |

| | | | | | | | | | | | | | | | | | | | |
|------------------------------|-------------------------|---|--|--|--------------------|--|----|----|----|----|----|--|--|--|--|--|--|--|--|
| Project/System Name | | <p style="font-size: small;">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.</p> | | | | | U1 | U2 | U2 | U2 | U4 | | | | | | | | |
| Permit/System Number | | | | | | | ST | NA | NA | NA | ST | | | | | | | | |
| No Permit (Private) | | | | | | | | | | | | | | | | | | | |
| Samples Collected By: | Sampler Phone #: | Sample Source | | | Sample Type | | | | | | | | | | | | | | |

| Comments: | | | | 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 | Please mark tests to be run with an X | | | | | | | | UGRA Work Order Number | | | | | | | | | | | | | | | | |
|--|------|------|----------|----------------|-------------|---------------|-------------|------|---------------------------|-------------|----------------------------|----------|--------------------------|-----|-------------------------------|---------------------------------------|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Reporting to a third party? circle one: HGCD TCEQ Lender Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Location | Date | Time | Res. Cl2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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. \$ _____ Paid
 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 Cash CC Check Ref _____