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## Chain of Custody for CDPH&E Compliance for Single System

**PAYMENT IS DUE AT TIME OF SAMPLE DROP-OFF. NO EXCEPTIONS.**

System Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 PWSID: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Collected By: \_\_\_\_\_ Email: \_\_\_\_\_

**THE BELOW INFORMATION IS REQUIRED FOR DRINKING WATER COMPLIANCE AND CAN BE FOUND ON THE MONITORING SCHEDULE.**

SAMPLE #1	SAMPLE #2
Analysis Requested: _____	Analysis Requested: _____
Sample Address: _____	Sample Address: _____
Collection Point: _____	Collection Point: _____
Date Collected: _____	Date Collected: _____
Time Collected: _____	Time Collected: _____
Residual Chlorine: _____ mg/L	Residual Chlorine: _____ mg/L
FACILITY ID: _____	FACILITY ID: _____
SAMPLE POINT ID: _____	SAMPLE POINT ID: _____
* Special Purpose Yes / No	* Special Purpose Yes / No

\* Only circle yes if the Drinking Water Compliance Assurance Section dictated it should be. Incorrectly indicating a sample as Special Purpose may result in legal action.

**CAUTION: This is a legal document! Failure to complete this form, in its entirety with accurate, complete and legible information may result in sample rejection or the inability to report the data to the Water Quality Control Division leading to a regulatory violation. The PWSID, Facility ID, and Sample Point ID must EXACTLY match the CDPHE Monitoring Schedule. DO NOT alter this form. Corrections must be made on a new form. Writing over, crossing out, or using white-out on any information INVALIDATES the document AND the sample. Once this form is submitted, changes are not allowed.**

Relinquished by: _____	<b>PRICE LIST</b>
Received by: _____	
Date and Time: _____	
Relinquished by: _____	
Received by: _____	<ul style="list-style-type: none"> <li>• Bacteria \$30</li> <li>• Nitrate \$30 (accepted Monday - Thursday)</li> <li>• Nitrite \$30 (accepted Monday - Thursday)</li> <li>• Fluoride \$30 (accepted Monday - Thursday)</li> <li>• IOC \$285</li> <li>• Lead and copper \$45/site</li> <li>• LT2 <i>E. coli</i> MPN \$45/site</li> </ul>
Date and Time: _____	
<b>LAB USE ONLY</b>	
SAMPLE #1 COC _____	
SAMPLE #2 COC _____	

*For other parameters, call lab for current price. Prices subject to change.*

**Thank you! We appreciate you and are always here to help!**