



SDC Laboratory

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Chain of Custody for CDPH&E Compliance

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

System Name: _____ Contact Person: _____
 Sample Location: _____ Phone Number: _____
 Date Collected: _____ Email: _____
 Time Collected: _____ Collected By: _____
 Residual Chlorine (if applicable): _____ mg/L

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

Sample #1	ANALYSIS _____ PWSID _____
	FACILITY ID _____ SAMPLE POINT ID _____
	<input type="checkbox"/> SPECIAL PURPOSE Only check if the Drinking Water Compliance Assurance Section dictated it should be checked. Incorrectly indicating something is special purpose may result in legal action.

Sample #2	ANALYSIS _____ PWSID _____
	FACILITY ID _____ SAMPLE POINT ID _____
	<input type="checkbox"/> SPECIAL PURPOSE Only check if the Drinking Water Compliance Assurance Section dictated it should be checked. Incorrectly indicating something is special purpose may result in legal action.

CAUTION: This is a legal document! Failure to complete this form, in it's 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.

Comments: _____

Price List

Relinquished by: _____

Date/Time: _____

- Bacteria \$30
- Nitrate \$30 (accepted Monday through Thursday only)
- Nitrite \$30 (accepted Monday through Thursday only)
- Nitrate + Nitrite \$60 (accepted Monday through Thursday only)
- Fluoride \$30 (accepted Monday through Thursday only)
- IOC \$285
- LT2 *E. coli* MPN \$45
- Lead and copper \$45 per site

FOR LAB USE ONLY

Received by: _____

Date/Time: _____

Lab Sample Number: _____

Lab Sample Number: _____

*For all other parameters, please call lab for current prices.
719-589-1024 All prices are subject to change.*

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