APL

AQUA PRO-TECH LABORATORIES

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CHAIN OF CUSTODY

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Client:		Send Report To:	
Address:		Address:	
Phone:		Phone:	
E-Mail:		Send Invoice To:	
Project Name:		Address:	
Project Manager:		Sampling Location:	
Project or PO #:		Sampled By:	

Turn-Around Time

- ☐ APL Standard 2 Weeks
- ☐ Rush (Choose One Below)
- ☐ 1 Day ☐ 2 Days ☐ 3 Days
- ☐ 1 Week ☐ Other (Specify Below)

Date and Time Required: _____

**May Need Lab Approval

Report / Electronic Format

- ☐ **Results Only** / NY ASP-A
- ☐ **Reduced:** NJ DEP
- ☐ **Full:** NJ DEP / NY ASP-B
- ☐ State Forms/E2 Reporting
- ☐ Excel Summary
- ☐ EqUIS
- ☐ EnviroData
- ☐ Hazsite EDD

PWSID # _____ **SRP#** _____

Contamination Level

- ☐ Low
- ☐ Medium
- ☐ High

Comments/Special Instructions:

Cooler Temp:

ANALYSIS REQUESTED

APL Order # (APL Will Provide)

Matrix Abbreviations:

DW - Drinking Water	L - Lake	S - Soil	W - Wipes
GW - Groundwater		SD - Solid	O - Oil
WW - Wastewater	Pool	SL - Sludge	PC - Paint Chips
SW - Surface Water	SPA	C - Concrete	

Sample #	Sample Source: Field ID	Collect Date	Collect Time	Matrix	Sample Type: Grab	Sample Type: Comp	No. of Bottles	Preservative											

RELINQUISHED BY:	*Print:*	**RECEIVED BY:**	*Print:*	***Date:***	
	Sign:		*Sign:*	***Time:***	
RELINQUISHED BY:	*Print:*	**RECEIVED BY:**	*Print:*	***Date:***	
	Sign		*Sign:*	***Time:***	
RELINQUISHED BY:	*Print:*	**RECEIVED BY:**	*Print:*	***Date:***	
	Sign:		*Sign:*	***Time:***	

CERTIFICATIONS: NELAP (National Environmental Accreditation Program) NJDEP #07010 PADEP #68-02903 NYDOH #11634

By signing this Chain of Custody Agreement, customer expressly agrees to pay APL for all charges, reasonably incurred in connection with analysis and reporting for these samples.