

7539 Pioneer Way, Suite B Bozeman, MT 59718

CHAIN OF CUSTODY RECORD#

Project Name

(406) 582-0822 Fax (406) 582-0967

Client/	Dammany Nama Dam	out Moil Adduses	_			Dar		·	-4 NJ-		Dha	F	<u>_</u>	1 1 1 - 1							
Client/C	Company Name-Rep	uit iviaii Address				кер	ort C	onta	Ct INS	arrie,	Phor	ie, F	ax, E	-iviali							
								Invoice Contact & Phone PWSID#								:				Operator No.	
Invoice Address																					
						\$28.00		ALY	YSI	S	REO	QUE	E ST	T E D	D	p	RUSH TURNAROUND (TAT)	Rus	Contact BAL prior to Rush Request for charges & scheduling		
Sampler Name (Please print)							+ N \$28.00	\$11.00								Attached	JRNARG	Comments			
Sample Type	SAMPLE II	DENTIFICATION tion, Site)	Collection Date	Collection Time	Chlorine RES P.P.M.	3cT	2 + Z	EC \$11)]							See At	RUSH TL				
																				LABORATORY USE ONLY	
																				JSE (
						-														RY L	
																				ATO	
																				BOR	
						_														Γ	
																				<u> </u>	
Relinquished by(print) date/time			Signature			Received by(print)						date/time					Signature				
Relinquished by(print)		date/time	date/time Signature			Received by(print)								(date/time Signature						
Sample Type is identified as followed:RT- Routine RP- Repeat or check sample																		# of Containers			
_	acement sample(sam ial sample(taken fron			-		-				eren	ce)										