

Idaho/Montana Chain of Custody - Lead Copper Analysis



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WATER SYSTEM NAME		WATER SYSTEM #	
SEND REPORT TO		PHONE NUMBER	
ADDRESS		FAX NUMBER	
CITY STATE ZIP		COUNTY	

Compliance (Report to State?) **YES / NO** If yes - Jurisdiction: **Region** ___ **DEQ / DOH / Other** _____

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount \$ _____ Received by _____

Payment Options

Cash

Bill

Check # _____

PO # _____

Other _____

Shipper/Deliverer Signature _____

Shipping/Delivery Date _____

Received By _____

Date Received _____