Hall Environmental
Analysis Laboratory

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NM Certification# 0901

Sample Request ID No.	HEAL No.

Total Coliform Chain-of-Custody Record

Client:	WSS Code:
Address:	WSS Name:
	Population < 1000: ☐ Yes ☐ No
	Facility/Location:
Phone #:	Facility ID:
Email or Fax #:	Sampling Point ID:
Water System Type: ☐ Community ☐ Non-Community ☐ Private ☐ Other	Project Manager: NMED Area Office:
Sample Information: ☐ NMED ☐ GW Source Assessment ☐ Compliance ☐ Grab sample ☐ Non-Compliance ☐ Other	**Repeat Samples** ☐ Original Location ☐ GW Source ☐ Down Stream ☐ Other Location ☐ Up Stream Original Sample # :
Reason for Sampling: ☐ Routine Sample ☐ Special Sample ☐ NMED Monitor ☐ GW Source Assessment	**Free Chlorine Residual** **mg/L** **Sample Temperature:** **°C**

Sample Collected By: (Signature)	Sampler (Print Name)	Sampler Certification #	Date Collected	Time Collected

Method/Analysis Request: ☐ SM9223B/Colilert ☐ Other

Date:	Time:	Relinquished By:	Received By:

Custody Seal ☐ Present & Intact ☐ Not Present ☐ Present & Damaged

Date:	Time:	Relinquished By:	Received By:

Custody Seal ☐ Present & Intact ☐ Not Present ☐ Present & Damaged

Remarks: