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Whole Effluent Toxicity Chain-of-Custody Form

Facility: _____	NPDES #: _____	Pipe #: _____	County: _____
_____	Purchase order: _____		
Species: _____	Effluent dilution: _____		
Test type: _____	Parameter code: _____		

Sample information: (to be completed by sample collector)

<p>Composite sample:</p> <p>Start date: _____ Time: _____</p> <p>End date: _____ Time: _____</p> <p>Number of samples per hour: _____</p> <p>Chilled during collection? _____</p> <p>If chilled, specify temperature: _____</p>	<p>Sample location: _____</p> <p>Volume collected for testing: _____</p> <p>Number of containers filled for testing: _____</p> <p>Method of transport to laboratory: _____</p> <p>Comments: _____</p>
<p>Triple rinse sample container with sample before filling. Completely fill the sample container with no air space.</p> <p>Pack the sample container completely in ice. The sample must be < 6.0°C upon receipt at the laboratory.</p>	

Sample custody: (to be completed by sample collector and facility personnel)

Sample collected by:

Print	Signature	Date and time

Relinquished by:

Print	Signature	Date and time

Relinquished by:

Print	Signature	Date and time

Received by:

Print	Signature	Date and time

Received by:

Print	Signature	Date and time

Sample receipt information: (to be completed by ETS personnel)

Relinquished to ETS by:

Print	Signature	Date and time

Received at ETS by:

Print	Signature	Date and time

Custody seals intact?: Yes No Not used

Samples received in good condition?: Yes No

Tracking number: _____

Sample temperature upon receipt at ETS (°C):

Total residual chlorine upon receipt at ETS: Present Absent
(DPD Presence/Absence Indicator, MDL = 0.10 mg/L)

Project number: _____ Sample number: _____

Comments: _____
