



Transmittal Form Chain of Custody New Main/Construction Water Quality Report

Wichita Public Works & Utilities
 Production and Pumping Division
 Wichita Municipal Water & Wastewater Laboratory E-60603
 Phone # 316-269-4770/4771
 Fax # 316-269-4772

APPROVED BY: TM 9-2-2016
 # OF SAMPLES: 1 RECEIPT #: 122817

Project Location: Silver Springs 2nd. 6500 W. CENTRAL AVE Contractor: Mie's const.
 Project Number: PPW 2004 Contractor phone #: 945 7227
 OCA Number: 607853 Contractor fax #: _____
 Sample Collector: GARY KASEL Contractor email: _____

Items in gray are for Lab Use only

Date	Time	Description of Sample Location (line #, street, etc.)	Lab Log Number	Result Pass/Fail	Residual Cl ₂	Comment
6/7/16	12:00	Line #1 6500 W. CENTRAL AVE	AWD 3748	PASS	2.68	

- **PLEASE RETURN EMPTY BOTTLES TO LABORATORY**
- **SEE SAMPLING INSTRUCTIONS ON THE BACK OF THIS FORM**

I, the sample collector, have followed the sampling protocol as written on the back of this form.

Sample collector signature: *Gary Kasel* Date & time 6-7-16 2:00 PM

CUSTODY RECORD	DATE	TIME	DATE	TIME
Relinquished by: <u>GARY KASEL</u>	6/7/16	2:00 PM	Received by: <u><i>Matt Jones</i></u>	6/7/16
Print Name: <u>GARY KASEL</u>			Print Name: <u>Matt Jones</u>	
Relinquished by: _____			Received by: _____	
Print Name: _____			Print Name: _____	

Results Submitted by: GARY KASEL Date: 6-7-16
 (over) Beth A Justice 9/8/16