



# 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: BS 9-29-16  
 # OF SAMPLES: 1 RECEIPT #: 122826

Project Location: 6500 W. Central Contractor: Mies Construction  
 Project Number: 2004 Contractor phone #: 316-945-7227  
 OCA Number: 607853 Contractor fax #: 316-945-~~7000~~ 7799  
 Sample Collector: \_\_\_\_\_ 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 <sub>2</sub>	Comment
9-29-2016	11:30	Fire Line	BW 4095	Fail	<MCL	Low Chlorine

- **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: *[Signature]* Date & time 9-29-16 11:30

CUSTODY RECORD		DATE	TIME	DATE	TIME
Relinquished by:	<u><i>[Signature]</i></u>	9/29/16	12:10	Received by:	<u><i>[Signature]</i></u>
Print Name:				Print Name:	9/29/16 12:10
Relinquished by:				Received by:	
Print Name:				Print Name:	

Results Submitted by: *[Signature]* Date: 9/29/16  
 (over)