



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

Wichita Public Works & Utilities
 Production and Pumping Division, 1800 Museum Blvd.
 Wichita Municipal Water & Wastewater Laboratory E-60603
 Phone # 316-269-4770/4771
 Fax # 316-269-4772

APPROVED BY: <u>JC</u>
OF SAMPLES: <u>1</u> RECEIPT #: <u>122895</u>

Project Location: 5339 W 21st N Contractor: Wilks Underground
 Project Number: 2060 PPW Contractor phone #: 316 640 4326
 OCA Number: 185009 Contractor fax #: _____
 Sample Collector: Chad Davis Contractor email: Chad@Wilksunderground.com

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
10/5	1:00pm	line 1 hyd	BXO 3905	PASS	0.87	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: Chad Davis Date & time 10/5 1:00pm

CUSTODY RECORD	DATE	TIME		DATE	TIME
Relinquished by:			Received by:		
Print Name:			Print Name:		
Relinquished by:			Received by:		
Print Name:			Print Name:		

Results Submitted by: Matt [Signature] Date: 10/6/17
 (over)