# 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 # 316-858-7780

APPROVED BY: Cornelius L. Blaylock C.L.B

# OF SAMPLES: 1 RECEIPT #: 201531

Brewer Community Center

Project Location: 1329 E. 16th St
Project Number: 2023 ~~0206 21~~ 026216 PPW
OCA Number: 185407
Sample Collector: Gzbner

Contractor: McCullough Exc
Contractor phone #: 316-634-2199
Contractor fax #:
Contractor email: Mike@mccullughexcavation.com
Rob@mccullughexcavation.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 |
|---|---|---|---|---|---|---|
| 1/29/25 | 11:25 | F.L 10+00 – 16+82.88 | EF00483 | pass | 3.74 @12:14 JJC | |

For Private Project use only
one sample per sheet

- **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 1/29/25 12:02

| CUSTODY RECORD | DATE | TIME | | DATE | TIME |
|---|---|---|---|---|---|
| Relinquished by: [signature] | 1/29/25 | 11:25 | Received by: [signature] | 1/29/25 | 12:06 |
| Print Name: Gzbner | | | Print Name: Jose Covarrubias | | |
| Relinquished by: | | | Received by: | | |
| Print Name: | | | Print Name: | | |

**I, the Witness, have personally seen this sample collected at the date and time recorded above.**
To be filled out by the witness only:

Inspection company: Baughman Company Date: 29JAN25 Time: 11:25

Signature: [signature] Printed Name: James Ralston

**Results Submitted by:** [signature] **Date:** 1/30/25

# SAMPLING PROCEDURE

- Both a **Bacti** (MAINS) and **Chlorine** (CS) sample must be collected for each line.
- Keep bottle closed until it is to be filled.
- Run water at a steady rate (so it doesn't splash out of bottle) for 3 to 5 minutes before sampling. Do not adjust flow.
- When collecting sample, **fill bottle to neck leaving one inch of air space** in the bottle to facilitate mixing by shaking before examination.
- Remove cap. Do not contaminate inner surface of cap or neck of bottle.
- **Without rinsing**, fill container to neck leaving one inch of air space and replace cap immediately.

Complete the information on the Fax Sheet & Bottle Label. Include Location of Project, Project & OCA Numbers, Collection Time & Date, Sample Collector, and a brief description of location or line number. Dry the outside of the container and place the partially opened label on it.

Transport container back to lab **immediately**.
**Samples must be returned by 2:00 P.M to the laboratory at 1800 Museum Blvd.**
Results will be sent to the appropriate distribution list the following day after 3:00 p.m.

## Pass criteria

Absence of total coliform bacteria
Chlorine residual between 1.00 and 4.00 mg/L (ppm)
Absence of dirt, excess sediment, or debris

## Fail criteria

Presence of total coliform bacteria
Chlorine residual less than 1.00 or greater than 4.00 mg/L (ppm)
Presence of dirt, excess sediment, or debris