CITY OF WICHITA

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: _____

OF SAMPLES: _____ RECEIPT #: _____

Project Location: Newell St
Project Number: 448-2024-034045
OCA Number: _____
Sample Collector: Jason Unruh
Contractor: Wildcat Construction Co. Inc.
Contractor phone #: 316 945-9408
Contractor fax #: _____
Contractor email: jason.unruh@wildcat.net

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
3/11/2026	11:20A	24-in Waterline section from Meridian to Sheridan	EG01299	pass	3.69 D-3.68 MAS 11:48	

- **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: _____ Date & time 3/11/2026

CUSTODY RECORD	DATE	TIME		DATE	TIME
Relinquished by:	3/11/26	11:42A ~~11:45A~~	Received by:	3/11/26	11:42A ~~11:45A~~
Print Name: Jason Unruh			Print Name: MD Soad		
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: City of Wichita Date: 03/11/2026 Time: 11:20A

Signature: _____ (COW) Printed Name: Roger Skillings

Results Submitted by: McKinley Higgs **Date:** 3/12/26

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