



## 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: receipts to follow MJD  
 # OF SAMPLES: \_\_\_\_\_ RECEIPT #: Page 1 of 3

Project Location: Trinity - NE corner Hoover & 47th S. Contractor: Duling  
 Project Number: PPW 783027 2-101 Contractor phone #: 316 522 3448  
 OCA Number: \_\_\_\_\_ Contractor fax #: 316 522 0343  
 Sample Collector: Scott Duling Contractor email: dulcon@swb-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 <sub>2</sub>	Comment
1/18/18	10:30	Line 1 - Blow off 6735	BYO 0101	PASS	3.29	
1/18/18	10:50	Line 2 - Blow off 5703.12	BYO 0102	PASS	3.16	
1/18/18	10:40	Line 3 - Blow off 5703.12	BYO 0103	PASS	3.19	

- **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 1-18-18 10:50 am

CUSTODY RECORD	DATE	TIME	DATE	TIME
Relinquished by:			Received by: <u>[Signature]</u>	1/18/18 11:45
Print Name:			Print Name: <u>Matt Jones</u>	
Relinquished by:			Received by:	
Print Name:			Print Name:	

Results Submitted by: [Signature] Date: 1/23/18  
 (over)



CITY OF WICHITA

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

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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: [Signature] / 1-19-18
# OF SAMPLES: 1 RECEIPT #: 122903

Project Location: 47th & Flora Contractor: Duling Construction Co., Inc.
Project Number: 2101 PPW Contractor phone #: 316-522-3458
OCA Number: 183021 / 185009 Contractor fax #: 316-522-0343
Sample Collector: Contractor email: dulcon@swbell.net

Items in gray are for Lab Use only

Table with 7 columns: Date, Time, Description of Sample Location (line #, street, etc.), Lab Log Number, Result Pass/Fail, Residual Cl2, Comment. The table contains several rows, some of which are shaded gray.

- 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 \_\_\_\_\_

Table for CUSTODY RECORD with columns for DATE and TIME, and rows for Relinquished by and Received by with Print Name fields.

Results Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_
(over)



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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: DD / 1-23-2018  
 # OF SAMPLES: 2 RECEIPT #: 122904

Project Location: 47th & Flora Contractor: Duling Construction Co., Inc.  
 Project Number: 2101 PPW Contractor phone #: 316-522-3458  
 OCA Number: 185009 Contractor fax #: 316-522-0343  
 Sample Collector: \_\_\_\_\_ Contractor email: dulcon@swbell.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 <sub>2</sub>	Comment

- **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 \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_  
 (over)