



# 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: Northwest Water Treatment Facility Contractor: Wichita Water Partners  
 Project Number: 448-2019-003363 Contractor phone #: 720-227-8241  
 OCA Number: 54253019 Contractor fax #: \_\_\_\_\_  
 Sample Collector: JENNIFER SALVO Contractor email: MLPindak@burnsmcd.com / DGZimmerman@GarverUSA.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 <sub>2</sub>	Comment
		21 <sup>st</sup> ST TAP 8 <sup>th</sup> FIRE LANE FOR TEMP WAREHOUSE	ECC 0230	Pass	3.63	

- **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: _____	1-12-22		10:07	Received by: _____	1/12/22
Print Name: <u>Jennifer Salvo</u>				Print Name: <u>Larissa Fussell</u>	
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: Garver Date: 1-12-2022 Time: 9:45 AM

Signature: Mark T. Dolechek Printed Name: Mark T. Dolechek

Results Submitted by: Fussell Date: 1.13.22