Week

BH16003

CHAIN OF CUSTODY

38755

DATE 8-16-18 PAGE 1 OF 1

WESTON SOLUTIONS

☒ 5817 Dryden Place, Ste 101 • Carlsbad, CA 92008 • (760) 795-6900, FAX 931-1580
☐ 1340 Treat Blvd, Ste 210 • Walnut Creek, CA 94597 • (925) 948-2600, FAX 948-2601

PROJECT NAME / SURVEY / PROJECT NUMBER: COSD SDR-MST Study Dry Weather
PROJECT MANAGER / CONTACT: M. Mattson
CLIENT: Weston Solutions
ADDRESS: See above
PHONE / FAX / EMAIL: " "

SITE ID (Location)	SAMPLE ID	DATE	TIME	MATRIX	CONTAINER TYPE / VOLUME	TOTAL NUMBER OF CONTAINER	ANALYSIS/TEST REQUESTED: Enterococcus IDEXX	E.coli - IDEXX	Fecal Coliform - MTF	PRESERVED HOW	SAMPLE TEMP. (°C) UPON RECEIPT	FOR WESTON USE ONLY: WESTON LAB ID
MST-SDR-098		8-16-18	0430	FW	1 100 ml P	3	X	X	X	Ice	4.8°C	

Sample Matrix Codes: (FW)=fresh water GW=ground water SLT=salt water SW=storm water WW=waste water SED=sediment A=air BIO=biologic SS=soil T=tissue O=other (specify) _____

Container Code: G=glass (P)=plastic B=bags ☐ O=other _____

Shipped By: ☐ Courier ☐ UPS ☐ FedEx ☐ USPS ☒ Client drop off ☐ Other _____

Turnaround Time: ☐ 2-day ☐ 5-day ☐ 7-day ☐ 10-day ☐ 14-day ☒ Standard ☐ Other _____

Reporting Requirements: ☒ PDF ☒ EDD ☐ Hard Copy ☒ Email ☐ Other _____

SAMPLED BY: PRINT: Tim Pesce SIGNATURE: [signature]

COMMENTS / SPECIAL INSTRUCTIONS: Please use IDEXX for E.coli and Entero. range 1-240,000 (dilution 1/10/100), fecal coliform MTF range 2-160,000

RELINQUISHED BY

	Print Name	Signature	Firm	Date/Time
1.	Tim Pesce	[signature]	Weston	8-16-18/0750
2.				
3.				
4.				
5.				
6.				

RECEIVED BY

Print Name	Signature	Firm	Date/Time
KIM TU	[signature]	WECK LABS	8/16/18 7:50

WHITE – return to originator • YELLOW – lab • PINK – retained by originator