

Special Lead Analysis of Drinking Water Request and Chain of Custody Record

Facility Name: _____ (if applicable) **Owner Name:** _____

Testing Site Address: _____ (Street) **Owner Address:** _____ (Street)

 (City) (State) (Zip Code) (City) (State) (Zip Code)

County: _____

Report to: _____ **EIN #:** _____

Address: _____ (Street) **Phone #:** _____

 (City) (State) (Zip Code) **Health Dept Agency/Org:** _____

Water Source:

Onsite supply/Well

Community/Municipal

Disinfection:

Raw

Treated

Program

Lead Investigation (NC Gen Stat §130A-131.9A) 1 L sample

3Ts sampling in **Proposed Child Care Centers** (15A NCAC 18A .2816) 250 mL Post-mitigation*

3Ts sampling in **Child Care Centers** (15A NCAC 18A .2816) 250 mL Post-mitigation*

3Ts sampling in **NC Public Schools** (10A NCAC 41C .1005) 250 mL Post-mitigation*

*Example field sample number for post-mitigation sample W12345PFD: **W 12345 PFD**

Program: W=WIIN S=ARPA

5 or 6-digit screening lab ID # (if provided)

Sample Type: PFD=post-mitigation first draw P30=post-mitigation 30-second flush

Collection Date:

Laboratory Number <small>(completed by laboratory)</small>	Field Sample #	Sampling Point/Description	Collection Time	Collected By

Comments: _____

Chain of Possession:

1. _____ (Signature) _____ (Title) _____ (Inclusive Dates)
2. _____ (Signature) _____ (Title) _____ (Inclusive Dates)
3. _____ (Signature) _____ (Title) _____ (Inclusive Dates)

Results Reported By:

 (Signature) _____ (Title) _____ (Inclusive Dates)