

Return Samples Yes _____ No _____

CLIENT:				ADDRESS:													ZIP:		ADDRESS CHANGE <input type="checkbox"/>																					
PROJECT:				NUMBER OF CONTAINERS	HYDROCARBONS					ORGANICS				METALS			OTHER																							
CONTACT:					<small>NWTPH-HCID</small>	<small>BTEX</small>	<small>BTEX/NWTPH-G</small>	<small>NWTPH-G</small>	<small>NWTPH-Dx</small>	<small>1664 SGT-HEM (TPH)</small>	<small>1664 HEM (FOG)</small>	<small>8260/624 VOA</small>	<small>8260 CHLOR SOLVENTS</small>	<small>8270/625 SEMI VOA</small>	<small>8270 PAH/PNA</small>	<small>8082/608 PCB</small>	<small>TOTAL METALS RCRA 8</small>	<small>TOTAL METALS (SPECIFY)</small>	<small>TCLP METALS RCRA 8</small>	<small>TCLP METALS (SPECIFY)</small>	<small>PH 9040/9045</small>	<small>TX/TOX 9076</small>	<small>TURBIDITY</small>	<small>FLASH POINT</small>	<small>BOD</small>	<small>SOLIDS (SPECIFY)</small>	<small>Fecal Coliform - MPN or MF</small>													
SAMPLED BY:																																								
PHONE:																																								
e-MAIL:																																								
PURCHASE ORDER #:																																								
SAMPLE ID	DATE SAMPLED	TIME SAMPLED	MATRIX		NUMBER OF CONTAINERS	NWTPH-HCID	BTEX	BTEX/NWTPH-G	NWTPH-G	NWTPH-Dx	1664 SGT-HEM (TPH)	1664 HEM (FOG)	8260/624 VOA	8260 CHLOR SOLVENTS	8270/625 SEMI VOA	8270 PAH/PNA	8082/608 PCB	TOTAL METALS RCRA 8	TOTAL METALS (SPECIFY)	TCLP METALS RCRA 8	TCLP METALS (SPECIFY)	PH 9040/9045	TX/TOX 9076	TURBIDITY	FLASH POINT	BOD	SOLIDS (SPECIFY)	Fecal Coliform - MPN or MF												
1																																								
2																																								
3																																								
4																																								
5																																								
6																																								
7																																								
8																																								
9																																								
0																																								
SPECIAL INSTRUCTIONS/COMMENTS:																																								
Sample Receipt (lab use only)				SIGNATURE													PRINTED NAME													COMPANY		DATE		TIME						
Total # of containers _____				RELINQUISHED BY																																				
COC seals present? _____ Intact? _____				RECEIVED BY																																				
Temp at receipt _____ deg. C.				RELINQUISHED BY																																				
Received within hold time? _____				RECEIVED BY																																				
Proper sample containers? _____				RELINQUISHED BY																																				
Received via _____ Cooler? _____				RECEIVED BY																																				
Payment Terms: Net 30 days. Past due accounts subject to 1 1/2 % per month interest. Customer agrees to pay all costs of collection including reasonable attorney's fees and all other costs of collection regardless of whether suit is filed in Pierce Co., WA venue.																																								