



Sullivan County Labs

Water sample submission form

New York State Chain-of-Custody

POTABLE WATER



NYSDOH ELAP # 12081
PA DEP# 68-05705

86 Queen Mountain Rd. Ferndale, NY 12734 / Phone 845-704-8151 / Fax: 845-414-0051

Bill-to Customer Information					Well/System Location Information				
Customer Name:					Name or PWS:				
Address:					Address:				
Town:		State		Zip		Town:		State	
Phone:					NYS PWS-ID				
Email					Contact Name				
Fax:					Phone:				
Please send my report to DOH.		Notes:				Ice			

10 CRR-NY 5-1.74 of the NY State code requires the owner of a public water system shall ensure the approved environmental laboratory performing the analyses sends laboratory results to the Dept. of Health in a manner prescribed by them. Initial here _____ if you want us to forward your results to the Dept. of Health.
Note: It is your responsibility to verify that they receive it.

Customer Sample Collection Data								
	Bottle Sample #	Sample Point	Date Sampled	Time Sampled	Initials Who Sampled	Residual Chlorine	Test Requested – ELAP/EPA Method	Comments/Sample Temp
1				A/P				
2				A/P				
3				A/P				
4				A/P				
5				A/P				
6				A/P				
7				A/P				
8				A/P				
9				A/P				
10				A/P				
11				A/P				
12				A/P				

Relinquished By:		Relinquished To:		Received Date		Recieved Time	
Relinquished By:		Relinquished To:		Received Date		Recieved Time	

* By signing, customer acknowledges that some samples may be sent to a sister (certified) LAB for analysis. Samples cannot be logged in and turnaround time clock will not start until any ambiguities are resolved. By executing this document, the client has read and agrees to be bound by Sullivan County Labs terms and conditions found on www.SullivanCountyLabs.com. Public water systems are required to report results to the local Dept. of Health office. When necessary, we reserve the right to subcontract testing to accredited laboratories that are certified by the state from which the sample was taken. Circumstances might require us to send your sample to an affiliated lab, either due to instrument backlog, hold time limitations, or non-accreditation in a particular test. Your are giving us permission to do so by signing this COC. The alternate lab will be shown on your certificate of results with its approved ELAP#.