



T.C.C.I. LABORATORIES, INC.

Environmental Lab Analysis & Consulting

120 West Broadway • P.O. Box 643

New Lexington, OH 43764

(740) 342-1110 • 1-800-686-3519 • Fax (740) 342-4750

E-Mail: info@tccilabs.com • Website: www.tccilabs.com

TCCI Lab # _____

Client Sample # _____

Date Received _____

Preservative _____

Bacterial Certification #896 EPA Certification #6050

Sample Type: _____ Potable _____ Wastewater _____ Sludge _____ Soil

Customer Name/Address _____

Sampler: _____

PWS # _____

Sample Location _____

PO # _____

County: _____

Date: _____

Grab _____ Composit _____

Military Time _____:

- | | | |
|---|---|---|
| <input type="checkbox"/> Acidity | <input type="checkbox"/> Hardness, Total | <input type="checkbox"/> Solids, Suspended |
| <input type="checkbox"/> Alkalinity Stability | <input type="checkbox"/> Iron | <input type="checkbox"/> Solids, Volatile |
| <input type="checkbox"/> Alkalinity, Total | <input type="checkbox"/> Lead | <input type="checkbox"/> Solids, Percent Volatile |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Solids, Total |
| <input type="checkbox"/> Antimony | <input type="checkbox"/> Manganese | <input type="checkbox"/> Sulfate (SO ₄) |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> MBAS | <input type="checkbox"/> Sulfur |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Mercury | <input type="checkbox"/> TCLP |
| <input type="checkbox"/> Barium | <input type="checkbox"/> Molybdenum | <input type="checkbox"/> Thallium |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> Nickel | <input type="checkbox"/> Tin |
| <input type="checkbox"/> BOD, 5 day | <input type="checkbox"/> Nitrogen, Nitrate (NO ₃ -N) | <input type="checkbox"/> TKN, Total Kjeldahl Nitrogen |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Nitrogen, Nitrite (NO ₂ -N) | <input type="checkbox"/> TOC |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Nitrogen, Ammonia (NH ₃ -N) | <input type="checkbox"/> VOC |
| <input type="checkbox"/> CBOD, 5 day | <input type="checkbox"/> Oil & Grease | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Chloride | <input type="checkbox"/> pH | |
| <input type="checkbox"/> Chlorine, Total | <input type="checkbox"/> Phenol | |
| <input type="checkbox"/> Chrome, Hex. | <input type="checkbox"/> Phosphate, Ortho | |
| <input type="checkbox"/> Chrome, Total | <input type="checkbox"/> Phosphate, Total (PO ₄) | |
| <input type="checkbox"/> COD | <input type="checkbox"/> Phosphorus, Total (P) | |
| <input type="checkbox"/> Conductivity | <input type="checkbox"/> Potassium | |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Rads, Gross Alpha/Beta | |
| <input type="checkbox"/> Cyanide, Free | <input type="checkbox"/> Selenium | |
| <input type="checkbox"/> Cyanide, Total | <input type="checkbox"/> Silver | |
| <input type="checkbox"/> Dissolved Oxygen | <input type="checkbox"/> SOC | |
| <input type="checkbox"/> E. Coli | <input type="checkbox"/> Sodium | |
| <input type="checkbox"/> Fecal Coliform | <input type="checkbox"/> Solids, Dissolved | |
| <input type="checkbox"/> Fluoride | <input type="checkbox"/> Solids, Percent | |

Special Instructions

Public Water System STU Name & Number

SEND RESULTS AND INVOICE TO:

Phone _____

CHAIN OF CUSTODY

RELINQUISHED BY	DATE	TIME	RECEIVED BY
RELINQUISHED BY	DATE	TIME	RECEIVED BY
RELINQUISHED BY	DATE	TIME	RECEIVED BY