

Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR Division of Environmental Quality ENVIRONMENTAL SURVEILLANCE LABORATORY P.O. Box 501304 C.K., Saipan, MP 96950-1304 Tels.: (670) 664-8500/01 Fax: (670) 664-8540



Chain of Custody and Analysis Request Record

			PLE	ASE PRINT - Pro	vide a	s much	informat	ion as	possible.				NC	: DEC	$\mathbf{Q} - 0906$
Company Name				Project Name, PWS, Well Permit No. (WOP), Etc.								Phone No.		Fax No	
Sampler (Please Print)				Sampler (Signature)								Receipt Temp.:		On Ice: Yes No	
MATRIX KEY □ DW = Drinking Water □ SW = Surface Water □ GW = Groundwater □ WW = Wastewater □ OT = Other				Number of Containers	ANALYSIS RE				EQUESTED						Custody Seal Yes No
										die Geral	Grab	Preservative	Comments		Intact Yes No Signature Match Yes No
	ENTIFICATION tion, Interval,etc.)	Collection Date	Collection Time	MATRIX											Lab ID NO.
1 8															44
2															
3			70												
4															
5															
6												> -	_		
7															
8	N 31 0	'i x										-			
9				F .											
10	1, 17	* * X													
Custody Record MUST be Signed	Relinquished by (print) Date/Time:			Signature:				Received by (print):				Date/Time: Signature:			
	Relinquished by (print) Date/Time:			Signature:				Received by (print):				ı	Date/Time: Signatu		
	Sample Disposal: Return to Client			Lab Disposal:				Received by Laboratory:				Date/Time:			ignature: