



PRIVATE PARTY SAMPLE CUSTODY SHEET

Name and Mailing Address (Please Print):

Telephone #: _____

Email Address for Report: _____

Sample Collected From (Address):

What Date was the sample collected? _____

What Time was the sample collected? _____

Is this Sample: Well Water Town Water Soil Other

What tests are being requested?

- Total Coliform Bacteria/E. coli
- Basic Series
- Complete Series
- Rhode Island Series
- Comprehensive Series
- Enterococci

Other (Please list)

I certify that I have collected the submitted sample from the location listed above according to the instructions provided. I understand that New England Testing Laboratory is responsible only for conducting the tests I request on the sample I submitted and reporting those results to me.

X _____

FOR LAB USE ONLY:

Received by: _____ Date/Time _____ Temp _____ °C

PAYMENT: CASH CARD CHECK CHECK # _____ AMOUNT _____