N.C. Department of Health and Human Services State Laboratory of Public Health 4312 District Dr., PO Box 28047, Raleigh, NC 27611 Environmental Sciences, Environmental Inorganic Chemistry Laboratory

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Special Lead Analysis of Drinking Water Request and Chain of Custody Record

Facility				_Owner Name:						
Name: (if applicable) Testing Site				Owner Address:						
Address:					(Street)					
	(City)		(State) (Zip Code))	(City)			(State) (Zip Code)	_	
County:					(),			(, (i ,	_	
Report to:				EIN #:					_	
Address:				Phone #:	Phone #:					
	(Street)			Health Dept						
	(City)		(State) (Zip Code)						=	
Water Source: Well Community/Municipal				D NCAC 18A Sample		<u>Collection Date:</u>				
Laboratory Number		Field Sample #	Sampling Point/Description				Collection Time (24:00 format)	Collected By		
Comments:				FOR LAB USE ONLY						
-						Date and Sample I	I Time of Receipt:			
Chain of	Possessi	on:								
1										
(Signature)			(Title)			(Inclusive Dates)				
(Signature)			(Ti	(Title)			(Inclusive Dates)			
3(Signature)			(Title)			((Inclusive Dates)			
Results R	leported By	/:								
DHHS Form 4	122	(Signature)		(Ti	itle)		(nclusive Dates)		