

soiltest farm consultants, inc.

2925 DRIGGS DRIVE MOSES LAKE, WA 98837
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WATER TEST REQUEST AND CHAIN OF CUSTODY FORM

NAME _____	Date Rec. _____ Rpt. No. _____
ADDRESS _____	Sample Date _____
CITY _____	Preservative _____
STATE & ZIP _____	Sampled By _____

WEEKLY
SURFACE

MONTHLY
WELL

QUARTERLY
SPECIAL INSTRUCTIONS: _____

OTHER _____

SAMPLE I.D.					
LAB NO.					
pH					
EC					
Ca					
Mg					
Na					
K					
NO3-N					
NH3-N					
TKN					
ORTHO-P					
TOTAL-P					
SO4-S					
Cl					
ALKALINITY					
COD					
BOD					
TDS					
FDS					
TSS					
SET. SOLIDS					
OIL & GREASE					
	NP: P:	NP: P:	NP: P:	NP: P:	NP: P:
SAR					
CLASSIF.					

Relinquished by: _____	Date/Time	Received by: _____	Date/Time
Relinquished by: _____	Date/Time	Received by: _____	Date/Time
Relinquished by: _____	Date/Time	Received by: _____	Date/Time

We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests but, because of factors beyond our control in sampling procedures, and the inherent variability of water, our liability is limited to the price of the tests.