

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

<b>Facility Name:</b> _____ (if applicable)	<b>Owner Name:</b> _____
<b>Testing Site Address:</b> _____ (Street) _____ (City) (State) (Zip Code)	<b>Owner Address:</b> _____ (Street) _____ (City) (State) (Zip Code)
<b>County:</b> _____	

<b>Report to:</b> _____	<b>EIN #:</b> _____
<b>Address:</b> _____ (Street) _____ (City) (State) (Zip Code)	<b>Phone #:</b> _____  <b>Health Dept Agency/Org:</b> _____

<b>Water Source:</b> (check one) <input type="checkbox"/> Well <input type="checkbox"/> Community/Municipal	<input type="checkbox"/> <b>NCAC 18A .2816 Sample</b>	<b>Collection Date:</b> _____
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Laboratory Number	Field Sample #	Sampling Point/Description	Collection Time (24:00 format)	Collected By

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**FOR LAB USE ONLY**

**Date and Time of Sample Receipt:** \_\_\_\_\_

**Chain of Possession:**

1. \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Inclusive Dates)
2. \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Inclusive Dates)
3. \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Inclusive Dates)

**Results Reported By:**

\_\_\_\_\_ (Signature)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Inclusive Dates)