

## CHAIN OF CUSTODY

**LEAP Testing Service** 

		LTS/WO# _			
Contact (Rep	port will be sent to)				
Name:			Email:		
Compa	any:				
Addres	ss:				
City: _		State:	Zip:		
Additio	onal emails to receive re	port:			
Reports will be	sent electronically (e.g., E		☐ Hard Copy Report (\$	5 Charge)	
Sample Date:		Sample Time:	nformation AM /PM	Sampled By:	
Sample Date.		Sample Time.	AWI / FIVI	Sampled By.	
Sample Locati	on (Site Name/Address):				
Sampling Poin	tt (e.g., Kitchen Sink, Lot	#):		Free Chlorin	e:
Is this sample drinking water? y / n					mg/L
		Analyses Reques	sted (Please Check)		
***HPC	Nitra	te / Nitrite	or Most Probable Numb pH	Total Hardness	
<ul> <li>***HPC</li> <li>Metals (please</li> <li>Other (please</li> <li>D01 Basic (</li> <li>**Bacteria samapply.</li> <li>***HPC sample</li> </ul>	Nitra e list): indicate): FHA/VA) D0 **Bacteria for Test Pacl pples are accepted Monda	te / Nitrite <u>Test 1</u> 2 Homeowner's kages- Choose one: Pre ay-Thursday. If Frida	рН Раскадея	Total Hardness omprehensive Probable Number h the lab, a weekend o	
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