

## □ RUSH SAMPLES

AUTHORIZED BY

## Utah Public Health

Ctail I dolle Health				LAB USE SECTION
Chemical and Environmental Labora	tory			Date and Time Stamp
4431 S 2700 W Taylorsville, UT 84129-8600				
Main 801 965 2400 SR 801 965 2405	Contact SR if assistance is needed Place samples on ice but do not let freeze.	O Send Results to Division o	f Drinking Water / FPA	Cost / Project Code
https://uphl.utah.gov	Fill out this form using block letters and with a black or blue pen.	O Send Results to Customer	Drinking Water / Er / 1	Cost/ Project Code
Public Water System Name / Agency or Business Name / Leave Blank if	Do not attach this form to the sample.  NA First Name BILLING CONTACT			Sample Receipt Conditions
		REC	QUESTED TESTS	Documentation complete
Public Water System Customer Number	Last Name			O Yes O No Proper containers and in-date
U T A H OR Submitted By	Address			O Yes O No Containers intact
Submitted By	Address			O Yes O No
First Name REPORTING CONTACT	City State	<del>                                     </del>		Within holding time O Yes O No
				Coolant O Yes O No
Last Name	Zip Phone	<del></del>		Temperature within-range O Yes O No O N/A
				Acceptable pH O Yes O No O N/A
Email	☐ New Information Update Account			
				O Hand Delivered O Shipped Samples
Facility ID / Sampling Point ID	ON POINT DESCRIPTION Collectors Initials Collection Date Collection			
Mandatory for PWS Customers	(mm/dd/yy) (24 h	r) COMMENTS		LAB NUMBER
LAB USE SECTION Site #1 Site #2	Site #3 Site #4 Site #5			
Bottle Temperature pH Temperature	pH Temperature pH Temperature pH Temper			
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