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GUADALUPE-BLANCO RIVER AUTHORITY LABORATORY CHAIN OF CUSTODY



Customer Information

Customer Acct.#:						RUSH Analysis : _____ by EOB (Additional Fees Apply)						
Name:						Billing Address:						
Address:						Fax #:						
Phone #:						Email 1:						
Thermometer #:						Email 2:						
Receipt Temp (°C) Observed / Corrected: /						Chlorine Strip GBRA Reagent #				Chlorine : Absent/ Present		
Ice: Yes / No (Circle One)						pH Paper GBRA Reagent #:						
# of Containers:			Condition of Containers (Intact): Yes / No (Circle One)			Residual Chlorine (Total/Free) Results:						
Date Collected	Time Collected	Matrix WW=Wastewater DW=Drinking Water SW=Surface Water S=Soil/Sludge	Sx Vol. P=Plastic G=Glass	Sample Name/Description	TCEQ ID Number	Grab / Comp.	Analysis Requested	GBRA Sample ID	Bottle I.D.#	pH	Type of Preservation	Rush sample (2x, 3x, 4x)
Sampler Name (Print):						Sampler Signature:						
Released by (Sampler):				Date/Time:		Transferred To:				Date/Time:		
Released From:				Date/Time:		Received By:				Date/Time:		
Released From:				Date/Time:		Received By:				Date/Time:		
Released From:				Date/Time:		Received By:				Date/Time:		
NOTES / COMMENTS / SHIP TO:												