

**ENVIRONMENTAL ANALYSIS REQUEST FORM**  
 MONTEREY COUNTY CONSOLIDATED CHEMISTRY LABORATORY  
 1270 NATIVIDAD ROAD, SALINAS, CALIFORNIA 93906 Phone (831) 755-4516

Shaded areas for laboratory use only

Chain of Custody:

Collected by (Print & sign):	Received by:	Date & Time:
Relinquished by:	Received for Laboratory:	Date & Time:

Client Name:		Report Attention:			<b>ANALYSES REQUESTED</b>									
Address:		Copy to:			No. of Containers	Coliform	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>
City, State, Zip:		Phone:	Fax:											
Laboratory Number	Sample ID or System #	Sample Site or Description	Collection Date & Time	Matrix <sup>(1)</sup>	No. of Containers	Coliform	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>	MMO..... <input type="checkbox"/>

<sup>(1)</sup> **D**=Drinking Water (Specify as routine, repeat or replacement)      **W**=Wastewater (Specify as grab or composite)      **I**=Irrigation (Specify as municipal, well, reservoir, reclaimed, blue valve, canal, other).

<input type="checkbox"/> Payment received with delivery Check: _____ Receipt #: _____	Amount: _____ Initials: _____ Date: _____	Sample comments (irregularities/preservation, billing information if different than reporting):
[ ] Payment received with delivery		