

# HOME LAND

L A B S

PH (443) 505-8375 FX (443) 267-0098  
9106 Philadelphia Road  
Suite 108B  
Rosedale, MD 21237  
lab@mdwellandseptic.com  
homelandhealthyhomes.com

## Chain Of Custody Form

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Site Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Field Collection Information:

Collector's Name: \_\_\_\_\_ Sampler ID #: \_\_\_\_\_

Collected Date and Time: \_\_\_\_\_

Well Tag Number: \_\_\_\_\_ Sand: \_\_\_\_\_

Field PH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Clear when Water Drawn: \_\_\_\_\_ Was Well Chlorinated? Yes No

### Requested Testing:

IMPURITY	SOURCE
↳ Bacteria _____	_____
↳ Nitrates _____	_____
↳ Nitrites _____	_____
↳ Lead _____	_____
↳ Iron _____	_____
↳ Turbidity _____	_____
↳ Other _____	_____

Water Conditioning: \_\_\_\_\_

### Well Casing/Cap Condition:

Height above grade: \_\_\_\_\_

Cap Type: \_\_\_\_\_

Casing: \_\_\_\_\_

Conduit: \_\_\_\_\_

Plumbing Notes: \_\_\_\_\_

### Release Signatures:

Released By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Released By: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Received in Lab By: \_\_\_\_\_

Date/Time: \_\_\_\_\_