

Document Reference # 05.1.0

Laboratory: UWF Wetlands Research Laboratory

Sampler's initials : AB/UM

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Date/Time: 03/06/23 1114

Instructions: Fill in all fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport. If a field log or other chain of custody is attached, that information may be referenced on this form and the log or COC attached.

[illegible]

PO # C01214

Surface water, no chlorine expected

RQ -2023-~~03~~-06-50

Contact name **Stopher Slade**

Phone: 850-595-8300

Sampler's name: _____

Matrix examples: SW = surface water, PW = pore water, GW = ground water, FW = Freshwater, MW = Marine Water, BW = Brackish Water, S = soil/sediment, Other X = _____

³ Recorded using IRT-2