

Check Box That Applies To Your Location

☐ **Flowers Chemical Laboratories, Inc.**

481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**

West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8089

☐ **Flowers Chemical Labs-North**

812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

☐ **Flowers Chemical Labs-Keys**

3980 Overseas Highway, Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598



DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY www.flowerslabs.com

Client 1199 S Rock Rd, Fort Pierce #1 34985	Project Name SMP - St Johns	P.O. # RQ-2018-10-2218
Address 772-448-8883	Client Contact	FAX
Phone Matthew Senel	FCL Project Manager	E-MAIL
Sampled By (PRINT): Matthew Senel	Requested Due Date 10 Day Standard OR ☐ MM ☐ DD ☐ YY	Rush Charges May Apply

Sampler Signature	Date Sampled	Pick-Up Fee \$	Vehicle Surcharge \$	Sampling Fee \$
-------------------	--------------	----------------	----------------------	-----------------

Sampler Signature						Date Sampled		PRESERVATIVES						ANALYSES REQUEST	COMMENTS										Total # Containers																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
GW - ground water DW - drinking water WW - wastewater SW - surface water SO - soil/solid SL - sludge HW - waste						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₃																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																

Relinquished By / Affiliation MD/Adel	Date 10/25	Time 1500	Accepted By / Affiliation 	Date 10/25	Time 3:40p	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
---	----------------------	---------------------	-------------------------------	----------------------	----------------------	-------------------------------	------	------	---------------------------	------	------

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned

• YELLOW - Client Copy