

SAMPLE TRANSMITTAL FORM
Document Reference # 05.1.0

Laboratory: Wetlands Research Laboratory

Sampler's initials :

Page 1 of 1

Date/Time: 7/21/21 1125T

Date/Time: 7/21/21 11257

CST

[illegible]

Surface water, no chlorine expected

Contact name

Phone: 80 945 0126

Sampler's name: _____

¹Matrix 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