N.C. Department of Health and Human Services • State Laboratory of Public Health Page _____ of _ 4312 District Dr., PO Box 28047, Raleigh, NC 27611

Environmental Sciences, Environmental Inorganic Chemistry Laboratory

Special Lead Analysis of Drinking Water Request and Chain of Custody Record

Facility	(if applicable) e (Street)			Owner Name: Owner Address: (Street)			
Name: Testing Sit							
Address:							
	(City)		(State) (Zip Code)	(City	/)		(State) (Zip Code)
County:							
Report to:				EIN #:			
Address:	(Street)			Phone #:			
	, ,			Health Dept			
	(City)		(State) (Zip Code)	Agency/Org:			
Water Source:		E ☐ Lead Inve	stigation (NC Gen Stat §130A		1 L sample	Collection Date:	
☐ Onsite supply/Well☐ Community/Municipal		The sampling in Proposed Child Care Centers (15A NCAC 18A .2816) 250 mL Post-mitigation* 3Ts sampling in Child Care Centers (15A NCAC 18A .2816) 250 mL Post-mitigation*					
L Commun	ity/iviuriicipai	The sampling in Child Care Centers (15A NCAC 16A .2816) 250 mL Post-mitigation* 250 mL Post-mitigation*					
Disinfection: *Example field sample number for							
Raw		post-mitigation	n sample W12345PFD:		T. T. DED	t militar East dans	
☐ Treated			Program: W=WIIN S=ARPA 5 or 6-digit	screening lab ID # (if provided)	ample Type: PFD=pos P30=pos	t-mitigation first draw -mitigation 30-second fl	ush
Laboratory Number		Field Sample #	Sampling Point/Description		Collection	Collected By	
(completed b	y laboratory)	, , , , , , , , , , , , , , , , , , ,	F	9		Time	,
Comments:							
Chain of	Possessi	on:					
1.							
	(Signature)			(Title)			nclusive Dates)
2				/Titlo\			naluaiva Datas)
(Signature)			(Title)			nclusive Dates)	
3. (Signature)			(Title)			nclusive Dates)	
Results R	eported By	r:		, ,			·
_		(Signature)		(Title)		<u> </u>	nclusive Dates)
OHHS Form 412	2 Laboratory	Review 01/24	FOR LAB U	SE ONLY Date and Time	of receipt if differe		