

Required Items to be Filled Out on Chain-of-Custodies by Sampler

- Water System Name (as it appears in SDWIS)
- WSS Code (as it appears in SDWIS) ex. NM3512345
- Sample Chlorinated: Yes or No (if Yes - type and level must be filled out; if No - leave blank) DO NOT PUT N/A!!!
- Date Sample Collected
- Time Sample Collected
- Type of Sample, circle only one: Routine or Repeat, or GW Triggered Source, or GW Repeat, or Special, or E-Coli Enumeration.
- Fill out required items on lines for Sample Type selected.
- Field Sample Data Remarks (if any)
- Collected By (printed)
- Relinquished by (signed)
- New Mexico Operator ID# (5 digits total, use leading zeros if less than 5) ex. 117 becomes 00117
- Samplers Phone Number
- Date Relinquished
- Time Relinquished