

Soil Control Lab

42 Hangar Way : Watsonville, CA 95076
Phone: (831) 724-5422

Water (NON-REGULATORY) Intake Form (Chain of Custody) Page ___ of ___

***All BOLDED sections
MUST be Completed ***

Soil Control Lab Use Only

Account # _____ Laboratory #: **5080246**

Client/Company Name: **TIM TYLER**
 Attn: **PAUL ZEHA**
 Address: _____
 City, State & Zipcode: _____
 Billing E-mail Address: **831/6-417-6888 - TIM**
 Phone numbers(s): **831-247-3007 PAUL**
 E-mail (1): **TBYLER@SBCGLOBAL.NET**
 E-mail (2): **PAUL.ZEHA@CBREALTY.COM**

Project #: **SAN MIGUEL CANYON 170 & 138**
 Project Name: _____

Sampler's Name (Print): **PAUL ZEHA**
 Sampler's Company: **COLDWELL BANKER REALTY**
 Sampler's Signature: _____

Submission of Sample(s) Indicates Acknowledgment & Adherence of the Following Information:
 As the client and customer of the laboratory, I understand that the samples indicated on this form (chain of custody) will be analyzed by a laboratory that is not accredited by any government agency, and that the results of the analysis cannot be used for any type of compliance, cannot be used as the basis of any complaint, and cannot be used to satisfy any legal requirements. Initial Here ->

SCL Staff Notes:

Total Coliform & E.coli or MPN	Analyses Requested - [Tests Needed] :		
	GM	AS	
P/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample Location or Sample Identification	Date and Time Sample Collected	Matrix Code	Field pH or Cl2 Residual (if applicable)
170 SAN MIGUEL CANYON RD Pajaro CA	8/18/25 5:15 PM		
138 SAN MIGUEL CANYON RD Pajaro CA	8/18/25 5:15 PM		

Use additional sheets if submitting more than 5 samples. Matrix code examples: DW= Domestic Water, AQ= Aqueous S= Solid L= Leaf Tissue

Relinquished (delivered to lab) by (Signature and Print Name): _____ Date: _____
 For lab use only: - Received By: **Susan Usler / Mike Galloway / Stefani Skrovan** Date/Time: **8/18/25 9:00**

For Lab Use Only: Receiving Temp: **17.9** °C Thermometer: #1 #2 Sampler Cooling Method: Wet Blue None Other: _____

Sample Notes: Chilling Process Begun by client? **Y**
 Container(s) Received: Bacteria (100mL) 8oz Poly 16oz Poly 1LPoly 16oz AG
 8oz/16oz Poly w/ HNO₃ 8oz Poly w/ H₂SO₄ 8oz/16oz Poly w/ H₂SO₄ Other _____

Bottle(s) Marked / Chain of Custody Filled Out Properly By Client? Yes No