

Sample Splitting Agreement

Between

IU: _____	And	Metropolitan Sewer District
Address: _____		Compliance Services Division
City: _____		1600 Gest St
State: _____		Cincinnati, OH 45204
Phone: _____		513-557-7045 (Mon - Fri)
IU Lab: _____		513-557-7037 (Weekends)

In consideration for receiving the split sample, the IU will perform as follows:

1. The Industrial User (IU) shall provide proper sample containers with appropriate preservatives added and labels containing the facility name, permit sampling location, preservatives, analysis requested, date and time.
2. The IU shall pick up the split sample(s) at the MSD Compliance Services Division laboratory, located at 1081 Woodrow Street. Sample pickup is available daily, between 2:30-3:30 pm, and weekends between 9:00 am-12:00 pm only.
3. The IU shall maintain the sample at $\leq 6^{\circ}\text{C}$ until it is analyzed. Analytical procedures and sample preservation must be those listed in 40 CFR Part 136.
4. The IU shall inform their contract lab about this split agreement and adhere to the specified pick up times.
5. The IU shall send the results of the analysis in a timely fashion to:

Metropolitan Sewer District
Compliance Services Division
1600 Gest St.
Cincinnati, OH 45204

MSD Responsibilities

1. MSD sampling personnel will agitate and split the sample in such a way to result in two samples which represent the IU's discharge during the monitoring period.
2. MSD personnel will use the sample containers provided by the IU, and place the IUs sample in an MSD refrigerator, for pickup by the IU personnel (or contract lab), at the times specified above. Split samples not picked up within seven (7) days will be discarded.

Chain of Custody

Relinquished by: _____	Organization: _____	Date: _____
		Time: _____
Received by: _____	Organization: _____	Date: _____
		Time: _____
Relinquished by: _____	Organization: _____	Date: _____
		Time: _____
Received by: _____	Organization: _____	Date: _____
		Time: _____
Relinquished by: _____	Organization: _____	Date: _____
		Time: _____
Received by: _____	Organization: _____	Date: _____
		Time: _____
Relinquished by: _____	Organization: _____	Date: _____
		Time: _____
Received by: _____	Organization: _____	Date: _____
		Time: _____

Sample Containers

IU Name: _____

Date: _____

<u>Sample Container Type</u>	<u>Size</u>	<u>Preservative Type</u>	<u>Amount</u>
Plastic / Glass	_____	Sodium Thiosulfate	_____
		HCl	_____
		NaOH	_____
		H ₂ SO ₄	_____
		HNO ₃	_____
		None (ice only)	_____
Plastic / Glass	_____	Sodium Thiosulfate	_____
		HCl	_____
		NaOH	_____
		H ₂ SO ₄	_____
		HNO ₃	_____
		None (ice only)	_____
Plastic / Glass	_____	Sodium Thiosulfate	_____
		HCl	_____
		NaOH	_____
		H ₂ SO ₄	_____
		HNO ₃	_____
		None (ice only)	_____
Plastic / Glass	_____	Sodium Thiosulfate	_____
		HCl	_____
		NaOH	_____
		H ₂ SO ₄	_____
		HNO ₃	_____
		None (ice only)	_____
Plastic / Glass	_____	Sodium Thiosulfate	_____
		HCl	_____
		NaOH	_____
		H ₂ SO ₄	_____
		HNO ₃	_____
		None (ice only)	_____