## CHAIN-OF-CUSTODY RECORD

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Page	of	

BOLD FIELDS REQUIRED. PLEASE CIRCLE REQUESTED ANALYSIS.

For	Lab	Use	Only	

				<b>V</b>		•		31				TCLP			OF	KGA	/NI	CS		МІ	CRO	ME	TALS		ЛΠ	HEI	K					
Sample I.D.	SAMPLING DATE / TIME  *IF COMPOSITE, INDICATE BOTH START & FINISH DATE / TIME	MATRIX (SEE BELOW)	GRAB/*COMPOSITE	524.2 524.2 MTBE ONLY 8260 624 VTICS	1, 4 DIOXANE 8021	8015 GRO MAVPH	8270 625 ABN PAH EDB DBCP	TPH8100 LI L2	8015 DRO MAEPH	PEST 608 PCB 608 PEST 8081 PCB 8082	OIL & GREASE 1664 TPH 1664	TCLP 1311 ABN METALS VOC PEST HERB	BOD CBOD TS TSS TDS	B <sub>R</sub> CI F SO <sub>4</sub> NO <sub>2</sub> NO <sub>3</sub> NO <sub>3</sub> NO <sub>2</sub>	TKN NH <sub>3</sub> TN T. PHOS. 0. PHOS.	pH T. RES. CHLORINE SPEC. CON. T. ALK.	COD PHENOLS TOC DOC	TOTAL CYANIDE TOTAL SULFIDE	REACTIVE CYANIDE REACTIVE SULFIDE FLASHPOINT IGNITABILITY	Total Coliform E. Coli Fecal Coliform	ENTEROCOCCI HETEROTROPHIC PLATE COUNT	DISSOLVED METALS (LIST BELOW)	TOTAL METALS (LIST BELOW)					# OF CONTAINERS	<b>N</b> otes MeOH Vial #			
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MATRIX: A-AIR; S-SOIL; GW-GROUND WATER WW-WASTE WATER PRESERVATIVE: H-HCL; N-HNO3; S-H2SO4; N		KING V	VATER;																													
PROJECT MANAGER.					ı	QA/	QC R	EPOR'	TING	1	RE	PORT	ING (	Орті	ONS		Turi	n Ar	OUND	Tim	IE	ME	TAI C.	Q	RCRA	17	DD.	E	c Mu Po Cii			
Project Manager:						- A B C					PRELIMS: YES OR NO						24hr* 48hr*					METALS: 8 RCRA 13 PP FE, MN PB,										
ADDRESS:																	3-4 Days*						OTHER METALS:									
CITY: STATE: ZIP:							MA MCP					ELECTRONIC OPTIONS					5 Day 7 Day					SAMPLES FIELD FILTERED? YES NO										
PHONE: Ext.:							_						PDF Excel Equis						10 Day						Notes: (IE: Special Detection Limits, Billing Info, If Different)							
E-Mail:							- ICE? YES NO						OTHER						*Pre-approval Required													
SITE NAME:					-   <sup>L</sup>					ı						'																
PROJECT #: State: NH MA ME	VT OTHER:				-   SA	MPLER	(S):																									
STATE: NH MA ME VT OTHER:  REGULATORY PROGRAM: NPDES: RGP POTW STORMWATER OR  GWP, OIL FUND, BROWNFIELD OR OTHER:					_	RELINQUISHED BY:						Date: Time:					RECEIVED BY:															
Quoте #:					_   <del>R</del>	ELINC	UISHE	D BY	<b>':</b>		DATE:		Ī	IME:		RE	CEIVED	Вү:														
					$\frac{1}{R}$	ELINC	UISHE	D BY	<b>':</b>		DATE:		T	IME:		RE	CEIVED	Вү:				FIELD	READ	INGS: _								