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# Chain-of-Custody Record

For Lab Use Only

**Bold Fields Required. Please Circle Requested Analysis.**

| | | | | VOC | | | | SVOC | | | | | | TCLP | Metals | | Inorganics | | | | | | | | Micro | | Other | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sample I.D.** | **Sampling Date/Time** *If Composite, Indicate Both Start & Finish Date/Time | **Matrix (see below)** | **Grab/*Composite** | 524.2 MTBE<br>524.2 BTEX | VTICs<br>624<br>8260B<br>1, 4 DIOXANE | HALOS<br>BTEX<br>8021B | MAVPH<br>8015B GRO | DBCP<br>EDB<br>SVTICs<br>625<br>8270D<br>PAH<br>BN<br>A<br>ABN | L2<br>L1<br>TPH 8100 | MAEPH<br>8015B DRO | PCB 608<br>PCB 8082<br>PEST 608<br>PEST 8081A | TPH 1664<br>OIL & GREASE 1664 | METALS<br>ABN<br>HERB<br>TCLP 1311<br>PEST<br>VOC | DISSOLVED METALS (LIST BELOW) | TOTAL METALS (LIST BELOW) | TS<br>TSS<br>TDS<br>SPEC. CON. | $SO_4$<br>F<br>Cl<br>Br<br>$NO_3$, $NO_2/NO_3$<br>$NO_2$ | T. ALK.<br>CBOD<br>BOD | O. PHOS.<br>T. PHOS.<br>$NH_3$<br>TKN | T. RES. CHLORINE<br>pH | DOC<br>TOC<br>PHENOLS<br>COD | TOTAL SULFIDE<br>TOTAL CYANIDE | REACTIVE SULFIDE<br>REACTIVE CYANIDE<br>IGNITABILITY<br>FLASHPOINT | E. COLI<br>TOTAL COLIFORM<br>FECAL COLIFORM | ENTEROCOCCI<br>HETEROTROPHIC PLATE COUNT | | | | # of Containers | **Notes** MeOH Vial # |
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| Matrix: A-Air; S-Soil; GW-Ground Water; SW-Surface Water; DW-Drinking Water; WW-Waste water<br>Preservative: H-HCL; N-$HNO_3$; S-$H_2SO_4$; Na-NaOH; M-MEOH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Project Manager:** _____

**Company:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____

Fax: _____

E-Mail: _____

Site Name: _____

Project #: _____

State: NH MA ME VT Other: _____

**Regulatory Program:** NPDES: RGP POTW STORMWATER

GWP OIL FUND BROWNFIELD Other: _____

Quote #: _____ PO #: _____

**Date Needed:** _____

**QA/QC Reporting Level**

A B C

OR

PRESUMPTIVE CERTAINTY

**Reporting Options**

Prelims: YES or NO

If Yes: FAX or PDF

**Electronic Options**

NO FAX E-MAIL PDF EQUIS

Temp: _____ °C

ICE? Yes No

Sampler(s): _____

**Relinquished By:** Date: Time: Received By:

**Relinquished By:** Date: Time: Received By:

**Relinquished By:** Date: Time: Received By:

**Metals:** 8 RCRA 13 PP FE, MN PB, CU

Other Metals: _____

**Samples Field Filtered?** ☐ Yes ☐ No

Notes: (ie: Special Detection Limits, Billing Info, If Different)

Site History: _____

Suspected Contamination: _____

Field Readings: _____

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**(White: Original Green: Project Manager)**