## CHAIN-OF-CUSTODY RECORD

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BOLD FIELDS REQUIRED PLEASE CIRCLE REQUESTED ANALYSIS

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				V	C			S\	<b>/O</b>	C		TCLP	MET	TALS			NO	RG	AN					_	От	HER			
Sample I.D.	SAMPLING DATE/TIME  *IF COMPOSITE, INDICATE BOTH START & FINISH DATE/TIME	MATRIX (SEE BELOW)	GRAB/*COMPOSITE	524.2 524.2 BTEX 524.2 MTBE ONLY 8260B 624 VTICS	8021B BTEX HALOS	8015B GRO MAVPH	8270D 625 SYTICs EDB DBCP ABN A BN PAH	TPH8100 L1 L2	8015B DRO MAEPH	PEST 608 PCB 608 PEST 8081A PCB 8082	OIL & GREASE 1664 TPH 1664	TCLP 1311 ABN METALS VOC PEST HERB	DISSOLVED METALS (LIST BELOW)	TOTAL METALS (LIST BELOW)	TS TSS TDS SPEC. CON.	BR CI F SO <sub>4</sub> NO <sub>2</sub> NO <sub>3</sub> NO <sub>3</sub> NO <sub>2</sub>	BOD CBOD T. ALK.	TKN NH <sub>3</sub> T. PHOS. O. PHOS.	pH T. RES. CHLORINE	COD PHENOLS TOC DOC	TOTAL CYANIDE TOTAL SULFIDE	REACTIVE CYANIDE REACTIVE SULFIDE FLASHPOINT IGNITABILITY	TOTAL COLIFORM E. COLI FECAL COLIFORM	ENTEROCOCCI HETEROTROPHIC PLATE COUNT			# OF CONTAINERS	<b>N</b> ot MeOH V	
Matrix: A-Air; S-Soil; GW-Ground Water WW-Waste water	s; SW-Surface Water; DW-Drin	KING V	VATER;																										
Preservative: H-HCL; N-HNO <sub>3</sub> ; S-H <sub>2</sub> SO <sub>4</sub> ; N	Na-NaOH; M-MEOH																												
Project Manager:					l D	ATE	Nes	DEL	٠.												<b>-</b> -1	MF	τ <b>Δ</b> Ι ς.	8	RCRA	13 PF	F	E, Mn	Pr (11
COMPANY:					1—						Т					_		EMP			C								,
ADDRESS:						QA/QC REPORTING OPTIONS PRELIMS: YES OR NO								No		OTHER METALS:													
CITY: STATE: ZIP:					,	A B C IF YES: FAX OR PDF										SAMPLES FIELD FILTERED? YES NO													
PHONE:		Ext.:_					C	)R				ELEC	TRON	ııc O	PTIO	NS						Note	S: (IE: S	PECIAL	DETECTIO	n Limits	, BILLIN	INFO, IF DI	FFERENT)
FAX:					Do	ESUM	DTI\/I	- C-	DTAII	NITV	- 1		x E				Equi	S											
E-MAIL:						ESUM	FIIVI	E CE	KIAII	INII	I																		
TE NAME:						SAMPLER(S):																							
FROJECT #: STATE: NH MA ME	VT OTHER:				_						D.			B				D.:											
REGULATORY PROGRAM: NPDES					RE	LINQ	UISHI	ED <b>B</b> Y	<b>Y</b> :		DATE:		T	TIME:		RE	CEIVED	RA:											
GWP, OIL FUND, BROWNFIELD OR OTHER:			RELINQUISHED BY: DATE: TIME: RECEIVED BY:										-	SITE HISTORY:															
QUOTE #:	P0 #:													Suspected Contamination:															
					RE	LINQ	UISHI	ED BY	<b>Y</b> :		DATE:	_	T	TIME:		RE	CEIVED	By:				FIELD	READI	NGS: _					

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(WHITE: ORIGINAL

GREEN: PROJECT MANAGER)