ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626 (360) 577-7222 FAX (360) 636-1068

SR# K1709636

PAGE _____ OF _____

Project Name: LDW ENR/AC Pilot Study **Project Number:** TBD

Project Manager: Cliff Whitmus - see below for POC **Company:** AMEC Foster Wheeler

Company/Address: 3500 188th St. SW, Suite 601 **Phone:** 425-921-4023

City, State, Zip: Lynnwood, WA 98037 **E-mail:** cliff.whitmus@amecfw.com

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	TOC - EPA 9060 (duplicate analysis)	#50 sieve and TOC	MS/Dup			REMARKS
						Analysis Requested					
LDW-Y0-SC-ENR-CA-CORE	4/13/2017			sediment		X					
LDW-Y0-SC-ENR-CB-CORE	4/13/2017			sediment		X		X			
LDW-Y0-SC-ENR-CC-CORE	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-CA-CORE	4/13/2017			sediment		X	X				see attached
LDW-Y0-SC-ENR+AC-CB-CORE	4/13/2017			sediment		X	X	X			see attached
LDW-Y0-SC-ENR+AC-CC-CORE	4/13/2017			sediment		X	X				see attached
LDW-Y0-SC-ENR+AC-1-A-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-1-B-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-1-C-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-2-A-COR	4/13/2017			sediment		X					

TURNAROUND REQUIREMENTS

_____ 24 hr _____ 48 hr _____ 5 day

_X_ Standard (21 days)

_____ Provide FAX Preliminary Results

Requested Report Date: _____

Invoice Information

P.O. # _____

Bill to: Diane Shannon and Jessica Youngblood at AMEC Foster Wheeler

REPORT REQUIREMENTS

_____ I. Routine Report: Results, Method Blank, Surrogate, as required

_____ II. Report Dup., MS, MSD as required

_____ III. Data Validation Report (includes raw data)

_____ IV. CLP Deliverable Report

_____ V. EDD

Comments/Special Instructions:

ALS Quote # 42097

POC: Gretchen Heavner - gretchen.heavner@floydsnider.com #206-292-2078

Invoices: email to diane.shannon@amecfw.com and jessica.youngblood@amecfw.com

Prior to taking a sample aliquot, please mix the sample thoroughly. Then take as large an aliquot as possible (preferrably ~20g) to air dry and grind.

RELINQUISHED BY:	RECEIVED BY:	RELINQUISHED BY:	RECEIVED BY:
Signature: Bethany Bedard	Signature: [illegible]	Signature:	Signature:
Printed Name: Bethany Bedard	Printed Name: Brickman	Printed Name:	Printed Name:
Firm: Alpha Analytical	Firm: ALS	Firm:	Firm:
Date/Time: 9/11/17	Date/Time: 9/12/17 0940	Date/Time:	Date/Time:

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Phone: 425-921-4023
City, State, Zip: Lynnwood, WA 98037
E-mail: cliff.whitmus@amecfw.com
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LDW-Y0-SC-ENR+AC-2-C-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-3-A-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-3-B-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-3-C-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-4-A-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-4-B-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-4-C-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-5-A-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-5-B-COR	4/13/2017			sediment		X					

TURNAROUND REQUIREMENTS
____ 24 hr ____ 48 hr ____ 5 day
__X__ Standard (21 days)
____ Provide FAX Preliminary Results
Requested Report Date: _____

Invoice Information
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Bill to: Diane Shannon and Jessica Youngblood at AMEC Foster Wheeler

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Comments/Special Instructions:
ALS Quote # 42097
POC: Gretchen Heavner - gretchen.heavner@floydsnider.com #206-292-2078
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Signature: Bethany Bedard	Signature: [illegible]	Signature:	Signature:
Printed Name: Bethany Bedard	Printed Name: Brickman	Printed Name:	Printed Name:
Firm: Alpha Analytical	Firm: ALY	Firm:	Firm:
Date/Time: 9/11/17	Date/Time: 9/12/17 0940	Date/Time:	Date/Time:

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LDW-Y0-SC-ENR+AC-6-B-COR	4/13/2017			sediment		X					
LDW-Y0-SC-ENR+AC-6-C-COR	4/13/2017			sediment		X					

Analysis Requested

TURNAROUND REQUIREMENTS

____ 24 hr ____ 48 hr ____ 5 day

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Signature: Bethany Bedard	Signature: BR	Signature:	Signature:
Printed Name: Bethany Bedard	Printed Name: BRickman	Printed Name:	Printed Name:
Firm: Alpha Analytical	Firm: ALS	Firm:	Firm:
Date/Time: 9/11/17	Date/Time: 9/12/17 0940	Date/Time:	Date/Time: