

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1 of 1

3447

Project/Client Name: AOES MR Phase 1 Ship to: ARL
 Project Number: 210075.01.02 Attn: See Attached Shipping Date: 1/23/23
 Contact Name: Amara Vanderport Shipper: COUNCIL Airbill Number:
 Sampled By: Windward Form filled out by: K. McPeck Turnaround requested: Std.

| Sample Collection Date (m/d/y) | Time | Sample Identification | Volume of Sample / # of Containers | Matrix | Test(s) Requested (check test(s) required) | | | | | | Comments / Instructions (jar tag number(s)) | |
|--------------------------------|------|-----------------------|------------------------------------|----------|---|-----|----------|------------|--------------------|-----|---|---------|
| | | | | | PCBS | SMS | SMS SVCS | SMS Metals | TOC / total solids | D/F | | Archive |
| 1/23/23 | 0826 | LOW23-SS1010 | 4 | Sediment | X | X | X | X | X | X | | |
| | 0839 | - SS1005 | 4 | | X | X | X | X | X | X | | |
| | 0850 | - SS1006 | 4 | | X | X | X | X | X | X | | |
| | 0903 | - SS1003 | 4 | | X | X | X | X | X | X | | |
| | 0942 | - SS1004 | 4 | | X | X | X | X | X | X | | |
| | 1111 | - SS1204 | 4 | | X | X | X | X | X | X | | |
| | 1135 | - SS1238 | 4 | | X | X | X | X | X | X | | |
| | 1207 | - SS1013 | 4 | | X | X | X | X | X | X | | |
| | 1226 | - SS1014 | 4 | | X | X | X | X | X | X | | |
| | | | | | Total Number of Containers | | | | | | | |
| | | | | | 36 | | | | | | | |
| | | | | | Purchase Order / Statement of Work # <u>APT-110222-AOES-ARL</u> | | | | | | | |

| | |
|------------------------------------|---------------------------------|
| 1) Released by: <u>Kate McPeck</u> | 2) Released by: <u>Philip</u> |
| Print name: <u>Windward</u> | Print name: <u>Philip</u> |
| Signature: <u>Amara</u> | Signature: <u>AR</u> |
| Company: <u>Windward</u> | Company: <u>AR</u> |
| Date/Time: <u>1/23/23 1330</u> | Date/Time: <u>1/23/23 13:30</u> |

* Distribution: White copies accompany shipment; yellow retained by consignor.

To be completed by Laboratory upon sample receipt:

| | |
|---|--------------------------------------|
| Date of receipt: <u> </u> | Laboratory W.O. #: <u> </u> |
| Condition upon receipt: <u> </u> | Time of receipt: <u> </u> |
| Cooler temperature: <u> </u> | Received by: <u> </u> |

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