

of

# CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4392

Project/Client Name: AOC Sme Phase II  
 Project Number: 210075.01.03  
 Contact Name: Amare Vandervoort  
 Sampled By: Windward

Ship to: ALS Kelso  
 Attn: Suey Wolf Shipping Date: 6/12/24  
 Shipper: CORPUS Airbill Number: ---  
 Form filled out by: ALMS 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)) |
|--------------------------------|------|-----------------------|------------------------------------|---|--|-------|------------|--------|---|
|                                |      |                       |                                    |   | SVCS                                       | PATTS | Phthalates | Phenol |   |
| 6/12/24                        | 0938 | LDW24-IT1498          | 1                                  | Sediment  | -  | X     | -          | -      |   |
| 6/12/24                        | 1410 | LDW24-SC1301A         | 1                                  | Sediment  | -  | X     | -          | -      |   |
| 6/12/24                        | 1434 | LDW24-SC1303          | 1                                  | Sediment  | -  | X     | -          | -      |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
|                                |      |                       |                                    |   |  |       |            |        |   |
| Total Number of Containers     |      |                       | 3                                  | Purchase Order / Statement of Work # APJ050224-AOC3-ALS |  |       |            |        |   |

|  |                                |                          |                       |
|--|--------------------------------|--------------------------|-----------------------|
| 1) Released by: <u>Amare Vandervoort</u> | 1) Rec'd by: <u>Mine L</u>     | 2) Released by: <u> </u> | 2) Rec'd by: <u> </u> |
| Print name: <u>Amare Vandervoort</u>     | Company: <u>bix</u>            | Print name: <u> </u>     | Company: <u> </u>     |
| Signature: <u>Amare Vandervoort</u>      | Date/Time: <u>6/12/24 1632</u> | Signature: <u> </u>      | Date/Time: <u> </u>   |
| Company: <u>Windward</u>                 |                                | Company: <u> </u>        |                       |

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



200 1st Ave W, Suite 500  
 Seattle, WA 98119  
 206.378.1364

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>       |