

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4267

Project/Client Name: AOC5MR Phase 11
 Project Number: 21007 S.01.03
 Contact Name: Amara Vandervort
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunning
 Shipper: Courier
 Form filled out by: AVLOS
 Shipping Date: 5/15/24
 Airbill Number: 51d
 Turnaround requested: 51d

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)]
					PCB	DIC	metals	Hydro	SuCs	Archive	
0906	0906	LOW24-TT1516A	3	Sediment	NA	NA	-	X	1	X	
051524	1105	SC1541C	4		X	-	-	X	NA	X	
		SC1541C-FD	4		X	-	-	X	NA	X	
		SC1541D	4		X	-	-	X	NA	X	
		SC1541F	4		X	-	-	X	NA	X	
		SC1541H	4		X	-	-	X	NA	X	
		SC1541J	4		X	-	-	X	NA	X	
5/15/24	1105	SC1541L	4		X	-	-	X	NA	X	
5/14/24	1516	SC1533	3		X	-	-	X	NA	X	
5/15/24	1001	SC1535B	4		X	-	-	X	NA	X	
		SC1535C	4		X	-	-	X	NA	X	
051524	1001	LOW24-SC1535E	4	Sediment	X	-	-	X	NA	X	
Total Number of Containers			41	Purchase Order / Statement of Work # <u>APT-050724-AOC5-ARL</u>							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandervort</u>	Print name: <u>M. He. 2</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>VIX</u>	Signature:	Company:
Company: <u>Windward</u>	Date/Time: <u>5/15/24 1620</u>	Company:	Date/Time:

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



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

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4271

Project/Client Name: AOC5 MR Phase II
 Project Number: 210075.01.03
 Contact Name: Amara Vandervoort
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunninghoo
 Shipper: Couder
 Form filled out by: AV/DS
 Shipping Date: 5/15/24
 Airbill Number: ---
 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)]
					PCB	DIF	metals / TOC / Total Solids	SVOCs	Active			
5/15/24	1001	LDW24-SC1535G	4	Sediment	X	1	1	X	NA	X		
	↓	SC1535J	4		X	1	1	X	NA	X		
	1001	SC1535K	4		X	1	1	X	NA	X		
	1148	SC1542B	4		X	X	1	X	NA	X		
	↓	SC1542C	4		X	X	1	X	NA	X		
	↓	SC1542E	4		X	X	1	X	NA	X		
	↓	SC1542G	4		X	X	1	X	NA	X		
	↓	SC1542J	4		X	X	1	X	NA	X		
5/15/24	1148	SC1542K	4	Sediment	X	X	1	X	NA	X		
AV 5/15/24												
Total Number of Containers			36	Purchase Order / Statement of Work # <u>APT-050224-AOC5-ARL</u>								

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandervoort</u>	<u>Mike L</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>DLX</u>	Signature:	Company:
Company: <u>Windward</u>	Date/Time: <u>5/15/24 1620</u>	Company:	Date/Time:
Date/Time: <u>5/15/24 1620</u>		Date/Time:	

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

To be completed by Laboratory upon sample receipt:



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

206.378.1364

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by: