

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4324

Project/Client Name:

AOC5 MR Phase 1.1

Project Number:

210075.01.03

Contact Name:

Amara Vandervort

Sampled By:

Windward

Ship to:

ARL

Attn:

Sue Dunnihoo

Shipper:

Coun. of
AUICC

Shipping Date:

5/16/24

Airbill Number:

Form filled out by:

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	DIO	metals	TOC	TS	SVOCs	
5/15/24	1322	LOW24-SC1520B	4	Sediment	X	-	-	X	NA	X	
	1322	SC1520B-ED	4		X	-	-	X	NA	X	
5/15/24	1407	↓ - SC1521	4		X	-	-	X	NA	X	
5/16/24	0954	LOW24-IT1513A	3		X	X	X	X	NA	X	
	0954	-TT1513A-ED	3		X	X	X	X	-	X	
	1100	-SC1544B	4		X	X	X	X	-	X	
	1100	-SC1544C	4		X	X	-	X	NA	X	
	1100	-SC1544E	4		X	X	-	X	NA	X	
	1100	-SC1544G	4		X	X	-	X	NA	X	
	1100	-SC1544G-ED	4		X	X	-	X	NA	X	
	1100	↓ - SC1544T	4		X	X	-	X	NA	X	
5/16/24	1146	LOW24-SC1563B	4	Sediment	X	X	-	X	NA	X	
Total Number of Containers			46	Purchase Order / Statement of Work #							
1) Released by:				2) Released by:				2) Rec'd by:			
Print name: Amara Vandervort				Print name:				Print name:			
Signature: [Signature]				Signature:				Signature:			
Company: Windward				Company:				Company:			
Date/Time: 5/16/24 11:01				Date/Time: 5/16/24 11:02				Date/Time:			

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

Windward
environmental LLC

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:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: AOC Sme Phase II
 Project Number: 21007 S.OI.03
 Contact Name: Amara Vandervort
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunham
 Shipper: Courier
 Form filled out by: AV/CC
 Shipping Date: 5/16/24
 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	UL	15161	TOC	SVCS	Archive		
5/16/24	1146	LOW24-SC1563C	4	Sediment	X			X	NA	X		
	1146	-SC1563F	4		X			X	NA	X		*
	1146	-SC1563G	4		X			X	NA	X		*
5/16/24	1146	LOW24-SC1563I	4	Sediment	X			X	NA	X		*
	12				X			X	NA	X		*
Total Number of Containers <u>16</u>					Purchase Order / Statement of Work # <u>ART-050224-AOCS-ARI</u>							

1) Released by: Amara Vandervort
 Print name: Amara Vandervort
 Signature: [Signature]
 Company: Windward
 Date/Time: 5/16/24 1618

1) Rec'd by: Mike L
 Company: OIX
 Date/Time: 5/16/24 1618

2) Released by:
 Print name:
 Signature:
 Company:
 Date/Time:

2) Rec'd by:
 Company:
 Date/Time:

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

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