

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 4276

Project/Client Name: AOC5 MR Phase 11
 Project Number: 210075.01.03
 Contact Name: Amara Vandenberg
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunnington
 Shipper: Windward
 Form filled out by: ARL/CLDS
 Shipping Date: 5/17/24
 Airbill Number:
 Turnaround requested: 5d

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	Oil	metals/Hg	TOC/TSS	Arche	Alsonc	SVOCs	
5/16/24	1322	LOW24-IT1545A	3	Sediment	X	X		X	X	X		
5/16/24	1355	-TT1367	3		X			X	X	X		
5/17/24	0940	-TT1550A	3		X	X	X	X	X	X		
	0940	-TT1550B	3		X	X	X	X	X	X		
	0940	-TT1550C	3		X	X	X	X	X	X		
	0940	-TT1550E	3		X	X	X	X	X	X		
	0940	-TT1550G	3		X	X	X	X	X	X		
	1112	-SC1536B	4		X			X	X		NA	
	1112	-SC1536C	4		X			X	X		NA	
	1112	-SC1536E	4		X			X	X		NA	
	1112	-SC1536F	4		X			X	X		NA	
5/17/24	1112	LOW24-SC1536F	4	Sediment	X			X	X		NA	
Total Number of Containers			41	Purchase Order / Statement of Work # <u>APT-050224-AOC5ARL</u>								

1) Released by: <u>Amara Vandenberg</u>	1) Rec'd by: <u>Mixc.1</u>	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandenberg</u>	Company: <u>Windward</u>	Print name:	Company:
Signature: <u>[Signature]</u>	Date/Time: <u>5/17/24 1617</u>	Signature:	Date/Time:
Company: <u>Windward</u>		Company:	

* 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:

2 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4279

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

Ship to: ARL
 Attn: Sup Durrillo
 Shipper: Cover
 Form filled out by: AVIDS
 Shipping Date: 5/17/24
 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)]
					QCB	DIC	metals +10	Toxics	SVOCs	Archeve	Arsenic	
5/17/24	1214	LOW24-IT1543A	3	Sediment	X	—	—	X	—	X	X	
	1255	IT1562B	3		X	X	—	X	—	X	X	
	1255	IT1562C	3		X	X	—	X	—	X	X	
	1255	IT1562E	3		X	X	—	X	—	X	X	
5/17/24	1426	LOW24-SC1505A	4	Sediment	X	—	—	X	NA	X	X	
5/17/24	1112	LOW24-SC1536B	4	Sediment	X	—	—	X	—	X	—	
5/17/24												
Total Number of Containers <u>AV 6</u>					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 Vandervort</u>	Print name: <u>Mike LL</u>	Print name:	Print name:
Signature: <u>[Signature]</u>	Signature:	Signature:	Signature:
Company: <u>Windward</u>	Company: <u>AV</u>	Company:	Company:
Date/Time: <u>5/17/24 1617</u>	Date/Time: <u>5/17/24 1817</u>	Date/Time:	Date/Time:

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