

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4379

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

Ship to: ARL
 Attn: Sue Dunnington
 Shipping Date: 5/29/24
 Shipper: Carrier
 Airbill Number: ---
 Form filled out by: AVI CC
 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))
					ACB	O/E	metals +log	TOC +total Solids	SVOCs	Archive		
5/28/24	1448	LDW24-SC1582A	4	Sediment	X	-	-	X	NA	X		
	1448	-SC1582C	4		X	-	-	X	NA	X		
	1448	-SC1582C-FD	4		X	-	-	X	NA	X		
	1448	-SC1582E	4		X	-	-	X	NA	X		
5/28/24	1448	-SC1582G	4		X	-	-	X	NA	X		
5/29/24	1131	LDW24-SC1356A	4		X	-	-	X	NA	X		
5/28/24 1448 LDW24-SC1582A 4 Sediment												
5/28/24 1448 LDW24-SC1582C 4												
5/28/24 1448 LDW24-SC1582C-FD 4												
5/28/24 1448 LDW24-SC1582E 4												
5/28/24 1448 LDW24-SC1582G 4												
Total Number of Containers					24							
Purchase Order / Statement of Work #					APT-050224-AOC5ARL							

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Claire Christensen</u>		Print name: <u>Miko L</u>		Print name:		Print name:	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature:		Signature:	
Company: <u>Windward</u>		Company: <u>DIX</u>		Company:		Company:	
Date/Time: <u>5/29/24 1618</u>		Date/Time: <u>5/29/24 1618</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: _____