

of

2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4315

Project/Client Name: ADCS MR Phase II
 Project Number: 210075.01.03
 Contact Name: Amara Vandenoort
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunnehan
 Shipper: Coover
 Form filled out by: CC/AV
 Shipping Date: 5/31/24
 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))
					PCBs	D/F	Metals / Hg	TOC / Total Solids	SVOCs	Aroclor	Asmic	
5/31/24	0822	LOW24-SC1416C	4	Sediment	X	1	1	X	NA	X	1	
	0822	-SC1416CFD	4		X	1	1	X	NA	X	1	
	0822	-SC1416D	4		X	1	1	X	NA	X	1	
	0822	-SC1416E	4		X	1	1	X	NA	X	1	
	0822	-SC1416H	4		X	1	1	X	NA	X	1	
	0822	-SC1416J	4		X	1	1	X	NA	X	1	
	0915	-TT1546A	3		X	X	X	X	1	X	X	
	0915	-TT1546B	3		X	X	X	X	1	X	1	
	0915	-TT1546BFD	3		X	X	X	X	1	X	1	
	0915	-TT1546C	3		X	X	X	X	1	X	1	
	0915	-TT1546E	3		X	X	X	X	1	X	1	
5/31/24	0915	LOW24-TT1546E	3	Sediment	X	X	X	X	1	X	1	
Total Number of Containers			42	Purchase Order / Statement of Work # ADJ-050224-ADCS ARL								

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandenoort</u>	<u>Mike L</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>Dix</u>	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>5/31/24 1619</u>	Date/Time: <u>7/31/24 1619</u>	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:

No 4372

Project/Client Name: AACS MR Phase II
Project Number: 21007 S.01.03
Contact Name: Amara Vanderjagt
Sampled By: Windward

Ship to: ARL

Attn: Sue Dinnihoo

Shipper: CONCRETE

Shipped out by: _____

Shipping Date: 5/31/24

Airbill Number: _____

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 / +19	TOC total solids	SUACS	Archive	Arsenic	
5/31/24	0950	LDW24-JT1547A	3	Sediment	X	-	-	X	-	X	X	
10/19		LDW24-SC1353A	4		X	-	-	X	NA	X	-	
5/31/24	1128	LDW24-SC1353	4	Sediment	X	-	-	X	NA	X	-	
Total Number of Containers			11	Purchase Order / Statement of Work # APJ-050224-AOCS AEL								

1) Released by: A	1) Rec'd by: Mike	2) Released by:	2) Rec'd by:
Print name: Angela Vandersa		Print name:	
Signature: [Signature]		Signature:	
Company: [Company]	Company: DIX	Company:	
Date/Time: 5/31/24 1619	Date/Time: 5/31/24 1619	Date/Time:	

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Seattle, WA 98119**

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To be completed by Laboratory upon sample receipt:

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