

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4381

Project/Client Name: AOC SMP Phase II
Project Number: 210075.01.03
Contact Name: Amara Vandenberg
Sampled By: Windward

Ship to: NO SUE DUNN HAD ARL
Attn: Sue Dunn had
Shipper: Courier
Form filled out by: AVI SK
Shipping Date: 6/6/24
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)]				
					OCG	D/H	metals	toxics	SVOCs	Ascnr					
6/5/24	1010	LDW24-TT1367A 4	4	Sediment	X			X	NA	X	4				
6/5/24	1437	LDW24-SC1382B 4	4	Sediment	X		Hg	X	NA	X					
	1437	-SC1382C 4	4		X		Hg	X	NA	X					
	1437	-SC1382E 4	4		X		Hg	X	NA	X					
6/5/24	1437	LDW24-SC1387A 4	4		X		X	X	NA	X					
6/6/24	0915	LDW24-TT1355A 4	4		X		X	X	NA	X					
	0940	-TT1352A 4	4		X	X		X	NA	X					
	1030	-SC1573 4	4		X			X	NA	X					
	1059	-TT1351A 4	4		X			X	NA	X					
	1143	-SC1586B 4	4		X			X	NA	X					
	1143	-SC1586C 4	4		X			X	NA	X					
6/6/24	1143	LDW24-SC1586E 4	4	Sediment	X			X	NA	X					
Total Number of Containers			44	Purchase Order / Statement of Work # APJ 050224, AR+ADIS ARL											
1) Released by: <u>Amara Vandenberg</u>				1) Rec'd by: <u>AVI SK</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>6/6/24 1631</u>				Signature:				Date/Time:			
Company: <u>Windward</u>								Company:							
Date/Time: <u>6/6/24 1631</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:

2 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4393

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

Ship to: ARL
 Attn: Sue Quinn
 Shipping Date: 6/6/24
 Shipper: Owner
 Airbill Number: _____
 Form filled out by: AVISK
 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	OHF	metals	THP	TOC	Total Solids	SOC	
6/6/24	1143	LDW24-SC1586G	4	Sediment	X	-	-	X	NA	X		
	1155	-IT1361B	4		X	X	-	X	NA	X		
6/6/24	1206	LDW24-TT1359A	4	Sediment	X	-	-	X	NA	X		
Total Number of Containers			12	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>	<u>AVISK</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>WIX</u>	Signature:	Company:
Company: <u>Windward</u>	Date/Time: <u>6/6/24 1031</u>	Company:	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:

3 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

3488

Project/Client Name: AOC5 MR Phase 1
 Project Number: 210.075.01.03
 Contact Name: Amara Vandervert
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dinnihoo
 Shipping Date: 6.6.2024
 Shipper: courier
 Airbill Number:
 Form filled out by: SR
 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	DIFS	metals/trace	TOC/TS	SVOCs	Archive		
6.6.2024	1013	LOW2A-SS1351	4	sediment	X	-	-	X	NA	X		
	1044	-SS1364	4		X	X	-	X	NA	X		
	1051	-SS1368	4		X	-	-	X	NA	X		
	1133	-SS1373	3		X	X	-	X	-	X		
	1143	-SS1376	3		X	X	-	X	-	X		
	1255	-SS1411	4		X	-	-	X	NA	X		
6/6/24	1255	-SS1411-FD	4		X	-	-	X	NA	X		
Total Number of Containers			26	Purchase Order / Statement of Work # APJ-050224-AOC5-ARL								
1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:						
Print name: <u>Amara Vandervert</u>		<u>ARL</u>		Print name:								
Signature: <u>[Signature]</u>		Company: <u>DIX</u>		Signature:				Company:				
Company: <u>Windward</u>				Company:								
Date/Time: <u>6/6/24 1631</u>		Date/Time: <u>6/6/24 1631</u>		Date/Time:				Date/Time:				

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

To be completed by Laboratory upon sample receipt:

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



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

206.378.1364