

1 of 2

## CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4382

Project/Client Name: AOC5 MR Phase 11  
 Project Number: 210075.0103  
 Contact Name: Amara Vandenberg  
 Sampled By: Windward

Ship to: ARL  
 Attn: Sue Quinn  
 Shipper: Quinn  
 Shipping Date: 6/17/24  
 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	DIF	metals	TOCP	total solid	SOC	
6/6/24	1304	LDW24-IT1363A	4	Sediment	X	1	1	X	NA	X	
6/6/24	1422	LDW24-TT1360A	4		X	1	1	X	NA	X	
6/6/24	1433	LDW24-SC1466B	4		X	1	1	X	NA	X	
6/7/24	1000	LDW24-IT1358A	4		X	1	1	X	NA	X	
	1019	LDW24-SC1441B	4		X	-	-	X	NA	X	
	1019	-SC1441C	4		X	-	-	X	NA	X	
	1019	-SC1441E	4		X	-	-	X	NA	X	
	1019	-SC1441G	4		X	-	-	X	NA	X	
	1019	LDW24-SC1441I	4		X	-	-	X	NA	X	
	1019	LDW24-SC1441E-ED	4		X	-	-	X	NA	X	
	1126	LDW24-IT1370A	4		X	-	-	X	NA	X	
6/7/24	1627	LDW24-IT1369A	4		X	-	-	X	NA	X	
Total Number of Containers			49	Purchase Order / Statement of Work # <u>APT050224 AOC5 ARL</u>							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Claire Christensen</u>	<u>Mike L</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>WV</u>	Signature:	
Company: <u>Windward</u>		Company:	
Date/Time: <u>6/7/24 1636</u>	Date/Time: <u>6/7/24 1636</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:

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