

1 of 4

# CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2 ARL  
No 4249

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

Ship to: ARL  
Attn: Sue Dunham  
Shipper: Conner  
Form filled out by: AV/CC  
Shipping Date: 5/14/24  
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))
					Archive						
5/13/24	1501	LDW24-SC1390A	4	sediment	X						
		LDW24-SC1390D	4		X						
		LDW24-SC1390F	4		X						
		LDW24-SC1390H	4		X						
5/13/24	1501	LDW24-SC1390J	4	sediment	X						
5/14/24	0808	LDW24-IT1524A	4		X						
		LDW24-IT1524B	4		X						
		D	4		X						
		E	4		X						
		F	4		X						
		G	4		X						
5/14/24	0808	LDW24-IT1524H	4	Sediment	X						
Total Number of Containers			48	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>M. L.</u>		Print name:			Print name:			
Signature: <u>[Signature]</u>			Company: <u>Windward</u>		Signature:			Company:			
Company: <u>Windward</u>			Date/Time: <u>5/14/24 1624</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:

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# CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2  
No 4251

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

Ship to: ARL  
 Attn: Sue Dunnihan  
 Shipping Date: 5/14/24  
 Shipper: Gov of  
 Airbill Number:   
 Form filled out by: AVICC  
 Turnaround requested: SLD

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
5/14/24	0808	LOW24-IT1524J	4	Sediment	X							
	0808	LOW24-TT1524J	4	Sediment	X							
	0952	LOW24-SC1529A	4		X							
		SC1529B	4		X							
		SC1529C	4		X							
		SC1529D	4		X							*
		SC1529E	4		X							*
		SC1529F	4		X							
		SC1529G	4		X							
		SC1529H	4		X							
		SC1529I	4		X							
05/14/24	0952	SC1529J	4	Sediment	X							
Total Number of Containers			48	Purchase Order / Statement of Work #								

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandenberg</u>	<u>Nick L</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>DIX</u>	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>5/14/24 1624</u>	Date/Time: <u>5/14/24 1634</u>	Date/Time:	

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



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# CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2  
No 4247

Project/Client Name: AOCs ME Phase II  
Project Number: 210075.01.03  
Contact Name: Amaro Vandervolt  
Sampled By: Windward

Ship to: ARL  
Attn: Sue Quinn-Hoo  
Shipper: Courier  
Form filled out by: AV/CC  
Shipping Date: 5/14/24  
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))
					Archive						
5/14/24	0952	LDW24-SC1529K	4	Sediment	X						
	1117	SC1534A	4		X						
		SC1534B	4		X						
		SC1534E	4		X						
		SC1534G	4		X						
		SC1534J	4		X						
		SC1534K	4		X						
	1117	SC1534M	4		X						
	1316	SC1510A	4		X						
		SC1510B	4		X						
		SC1510C	4		X						
5/14/24	1316	LDW24-SC1510F	4	Sediment	X						
Total Number of Containers			48	Purchase Order / Statement of Work # <u>ART-050224-AOCs ARL</u>							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amaro Vandervolt</u>	<u>111111</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>DPX</u>	Signature:	Company:
Company: <u>Windward</u>	Date/Time: <u>5/14/24 1624</u>	Company:	Date/Time:

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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: