

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2
No 5033

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

Ship to: ARL
Attn: Sue Dammhoo
Shipper: Courier
Form filled out by: _____
Shipping Date: 7/18/24
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)]	
					PCSS	H	Metals / Hg	TOC	Total Solids	VS / VOLS	Archive		
7/16/24	1840	LDW24-IT1607A	4	sediment								X	*
7/16/24	1940	LDW24-IT1607D	4									X	*
7/16/24	1840	LDW24-IT1607F	4									X	*
7/17/24	1356	LDW24-IT1603A	4									X	* P117 reading 10.0
7/17/24	1712	LDW24-IT1606A	4									X	*
7/17/24	1712	LDW24-IT1606D	4									X	*
7/17/24	1814	LDW24-IT1605A	4									X	
7/17/24	1814	LDW24-IT1605D	4									X	
7/17/24	1814	LDW24-IT1605F	4									X	
7/17/24	1814	LDW24-IT1605H	4									X	
Total Number of Containers			40	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>Kate M. Cook</u>		Print name: <u>Mike S</u>			Print name:		Print name:						
Signature: <u>[Signature]</u>		Company: <u>DIX</u>			Signature:		Company:						
Company: <u>Windward</u>		Date/Time: <u>7/18/24 1637</u>			Company:		Date/Time:						

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



200 First Avenue West
Suite 500
Seattle, WA 98119
Tel: (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: