ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626 (360) 577-7222 FAX (360) 636-1068

SR# K1906344

PAGE 1 OF 2

Project Name: LDW ENR/AC Pilot Study **Project Number:** LY15160310

Project Manager: Cliff Whitmus - see below for POC **Company:** Wood E&I Solutions.

Company/Address: 3500 188th St. SW, Suite 601 **Phone:** 425-921-4023

City, State, Zip: Lynnwood, WA 98037 **E-mail:** cliff.whitmus@woodplc.com

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	TOC - EPA 9060 (duplicate analysis)	MS/Dup				REMARKS
						Analysis Requested					
LDW-Y2-IN-ENR-CA-CORE	6/26/2019	11:15		Sed	1	X					
LDW-Y2-IN-ENR-CB-CORE	6/26/2019	11:25		Sed	1	X					
LDW-Y2-IN-ENR-CE-CORE	6/26/2019	11:55		Sed	1	X	X				
LDW-Y2-IN-ENR+AC-CA-CORE	6/26/2019	12:00		Sed	1	X					
LDW-Y2-IN-ENR+AC-CB-CORE	7/2/2019	10:50		Sed	1	X					
LDW-Y2-IN-ENR+AC-CC-CORE	6/26/2019	12:10		Sed	1	X					
LDW-Y2-SC-ENR-CC-CORE	7/2/2019	11:30		Sed	1	X					
LDW-Y2-SC-ENR-CD-CORE	7/2/2019	11:40		Sed	1	X					
LDW-Y2-SC-ENR-CE-CORE	7/2/2019	11:45		Sed	1	X					
LDW-Y2-SC-ENR+AC-CAD-CORE	7/2/2019	11:50		Sed		X					

TURNAROUND REQUIREMENTS

____ 24 hr ____ 48 hr ____ 5 day

_X_ Standard (21 days)

____ Provide FAX Preliminary Results

Requested Report Date:_____

REPORT REQUIREMENTS

____ I. Routine Report: Results, Method Blank, Surrogate, as required

_x_ II. Report Dup., MS, MSD as required

____ III. Data Validation Report (includes raw data)

____ IV. CLP Deliverable Report

_x_ V. EDD

Comments/Special Instructions:

ALS Quote # 42097

POC: Gretchen Heavner - gretchen.heavner@floydsnider.com #206-292-2078

Invoices: email to diane.shannon@woodplc.com and crystal.thimsen@woodplc.com

Prior to taking a sample aliquot, please mix the sample thoroughly. Then take as large an aliquot as possible (preferrably ~20g) to air dry and grind.

Invoice Information

P.O. # _____

Bill to: Diane Shannon and Crystal Thimsen at ~~AMEC Foster Wheeler~~ wood

RELINQUISHED BY:	RECEIVED BY:	RELINQUISHED BY:	RECEIVED BY:
Signature: Crystal Thimsen	Signature: [illegible]	Signature:	Signature:
Printed Name: Crystal Thimsen	Printed Name: K Morrow	Printed Name:	Printed Name:
Firm: wood	Firm: ALS	Firm:	Firm:
Date/Time: 7/2/19	Date/Time: 7/2/19 0955	Date/Time:	Date/Time:

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City, State, Zip: Lynnwood, WA 98037 **E-mail:** cliff.whitmus@woodplc.com

Sampler's Signature: Crystal Thimsen

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	TOC - EPA 9060 (duplicate analysis)	MS/Dup				REMARKS
LDW-Y2-SC-ENR+AC-CB-CORE	7/2/2019	11:55		Sed	1	X					
LDW-Y2-SC-ENR+AC-CC-CORE	7/2/2019	12:00		Sed	1	X					
LDW-Y2-SC-ENR-SS	6/22/2019	17:43		Sed	1	X					
LDW-Y2-SC-ENR+AC-SS	6/26/2019	12:19		Sed	1	X					

Cat 7/9/19

TURNAROUND REQUIREMENTS

____ 24 hr ____ 48 hr ____ 5 day

_X_ Standard (21 days)

____ Provide FAX Preliminary Results

Requested Report Date:_____

Invoice Information

P.O. # _____

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RELINQUISHED BY:	RECEIVED BY:	RELINQUISHED BY:	RECEIVED BY:
Signature: Crystal Thimsen	Signature:	Signature:	Signature:
Printed Name: Crystal Thimsen	Printed Name: K Morrow	Printed Name:	Printed Name:
Firm: Wood	Firm: ALS	Firm:	Firm:
Date/Time: 7/9/19	Date/Time: 7-10-19 0945	Date/Time:	Date/Time: