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Chain of Custody Record

TestAmerica
 THE LEADER IN ENVIRONMENTAL TESTING

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| Client Information Client Contact: <u>Atlas Miller Jennifer Reese</u> Company: <u>Groundwater Sciences Corporation</u> Address: <u>2601 Market Place Street, Suite 310</u> City: <u>Harrisburg</u> State, Zip: <u>PA, 17110-9307</u> Phone: <u>717-901-8181</u> Email: <u>jreese@groundwatersciences.com</u> Project Name: <u>SPBA Groundwater Sampling</u> Site: <u>Hatchey-Davidson, York PA</u> | | Sampler: <u>R. Ulrich</u> Lab PM: <u>Gamber, Carrie L</u> E-Mail: <u>carrie.gamber@testamericainc.com</u> | | Carrier Tracking No(s): COC No: <u>TAP2015049001</u> Page: <u>Page 2 of 2</u> Job #: <u>10012.26</u> | | | | | |
| Due Date Requested: TAT Requested (days): <u>5 days</u> PO #: <u>Purchase Order not required</u> IWO #: <u></u> Project #: <u>18010144</u> SSON#: <u></u> | | Analysis Requested 180-42938 Chain of Custody  Preservation Codes: x=none ne=NaO2 2=OAS 12=SO3 12=SSO3 SO4 estone V - MCAA W - ph 4-5 Z - other (specify) | | | | | | | |
| Sample Identification Sample ID: <u>HD-MW-164-011-0</u> <u>HD-MW-163-011-0</u> <u>HD-QC1-011-3</u> <u>HD-QC1-011-4</u> <u>HD-MW-161-011-0</u> <u>HD-QC1-011-2</u> | | Sample Date <u>4/8/15</u> <u>4/8/15</u> <u>4/9/15</u> <u>4/9/15</u> <u>4/9/15</u> <u>4/9/15</u> | Sample Time <u>1310</u> <u>1617</u> <u>1150</u> <u>1150</u> <u>1412</u> <u>1200</u> | Sample Type (C=comp, G=grab) <u>G</u> <u>G</u> <u>G</u> <u>G</u> <u>G</u> <u>G</u> | Matrix (W=water, S=solid, O=other) <u>W</u> <u>W</u> <u>W</u> <u>W</u> <u>W</u> <u>W</u> | Field Filtered Sample (Yes or No) <u>N</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u> | Perform MS/MSD (Yes or No) <u>N</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u> | Total Number of Containers <u>3</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u> <u>2</u> | Special Instructions/Note: <u>VOCs (8260C)</u> <u>Trip Blank</u> |
| Possible Hazard Identification <input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant Deliverable Requested: I, II, III, IV, Other (specify) | | <input type="checkbox"/> Polson B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological | | Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months | | | | | |
| Empty Kit Relinquished by: _____ Date: _____ | | Special Instructions/QC Requirements: <u>CLP Like Deliverables</u> | | Method of Shipment: _____ | | | | | |
| Relinquished by: <u>[Signature]</u> Date/Time: <u>4/9/15 15:40</u> Company: <u>GSC</u> | | Received by: <u>[Signature]</u> Date/Time: <u>4/9/15 15:40</u> Company: <u>T.A.</u> | | Relinquished by: <u>[Signature]</u> Date/Time: <u>4/9/15 14:00</u> Company: _____ | | | | | |
| Relinquished by: <u>[Signature]</u> Date/Time: _____ Company: _____ | | Received by: <u>[Signature]</u> Date/Time: _____ Company: _____ | | Relinquished by: _____ Date/Time: _____ Company: _____ | | | | | |
| Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Custody Seal No.: _____ | | Cooler Temperature(s) °C and Other Remarks: _____ | | | | | |