

APPENDIX G. CHAIN-OF-CUSTODY FORMS

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2319

Project/Client Name: 05-05-12-09
 Project Number: T-117 Upland Investigation
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, T. Do, D. Cooper

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						* As, Cr, Pb, Zn	Comments / Instructions (Jar tag number(s))
					TOC	TPHDX	PUB + PAH _{1, solid}	Grain size	metals [†]			
1/16/06	0910	T117-A9-SB-01	3	SOIL	X	X	X					
	0920	T117-A9-SB-02	2			X	X					
	0930	T117-A9-SB-03	3			X	X	X				
	0940	T117-A7-SB-01	3		X	X	X					
	0950	T117-A7-SB-02	2		X	X	X					
	1000	T117-A7-SB-03	2			X	X					
	0950	T117-A7-SB-201	2			X	X		X	9/27 1/16/06		
	1020	T117-A6-SB-01	3			X	X		X			
	1030	T117-A6-SB-02	4		X	X	X		X			
	1040	T117-A6-SB-03	3			X	X		X			
	1110	T117-A2-SB-01	2			X	X					low volume
1/16/06	1120	T117-A2-SB-02	3	SOIL	X	X	X					
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: <u>Joanna Florer</u>	1) Rec'd by: <u>Paul Conger</u>	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Joanna Florer</u>	Company: <u>ARI</u>	Print name: _____	Company: _____
Signature: <u>J. Florer</u>	Date/Time: <u>1/16/06 1608</u>	Signature: _____	Date/Time: _____
Company: <u>Windward</u>		Company: _____	

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



200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: (206) 378-1364
 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

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

2 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2320

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Flores / Manna Mitchell
 Sampled By: JMF, T. De, D. Cooper

Ship to: ART
 Attn: Sue Dunnington Shipping Date: _____
 Shipper: hand delivered Airbill Number: _____
 Form filled out by: JMF Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						* As, Cr, Pb, Zn Comments / Instructions [Jar tag number(s)]
					TOC	TPH0X	PCB/PAH So Solids	grain size	metals*		
1/16/06	1130	T117-A2-SB-03	2	SOIL		X	X				
	1150	T117-AB-SB-01	3		X	X	X				
	1200	T117-AB-SB-02	2			X	X				
	1200	T117-AB-SB-03	2			X	X				
	1210 1220	T117-A5-SB-01	2			X	X				
	1230	T117-A5-SB-02	3		X	X	X				
	1240	T117-A5-SB-03	2			X	X				
	1310	T117-A1-SB-01	2			X	X				
	1320	T117-A1-SB-02	3		X	X	X				
	1330	T117-A1-SB-03	2			X	X				
	1400	T117-A3-SB-01	2			X	X				
1/16/06	1410	T117-A3-SB-02	3	SOIL	X	X	X				
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Joanna Flores</u> Signature: <u>J. Flores</u> Company: <u>Windward</u> Date/Time: <u>1/16/06 1608</u>	1) Rec'd by: <u>Bob Conley</u> Company: <u>ART</u> Date/Time: <u>1/16/06 1608</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florez / Marina Mitchell
 Sampled By: JMF, T. De, D. Cooper

Ship to: ARI
 Attn: Sue Dunham
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)					* As, Cr, Pb, Zn	Comments / Instructions (Jar tag number(s))
					TOC	TPH dx	PUB PATH % solids	grain size	metals*		
1/16/06	1420	T117-A3-SB-03	4	SOIL	X	X	X				includes MS/MSD
	1500	T117-A4-SB-01	3			X	X		X		
	1510	T117-A4-SB-02	5		X	X	X	X	X		
	1520	T117-A4-SB-03	3			X	X		X		
	1520	T117-A4-SB-202	3	SOIL		X	X		X		
1/16/06	1530	T117-A4-SB-RB	5	H2O		X	X		X		
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Joanna Florez</u> Signature: <u>[Signature]</u> Company: <u>Dunham</u> Date/Time: <u>1/16/06 1600</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1/16/06 1608</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2323

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, D. Cooper, SR

Ship to: _____
 Attn: _____ Shipping Date: _____
 Shipper: _____ Airbill Number: _____
 Form filled out by: JMF Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						* As, Cr, Pb, Zn Comments / Instructions (Jar tag number(s))
					TDC	PAHs, PCBs % Solids	* Metals	Grain Size	TPH/dx		
1/17/06	0800	T117-B1-SB-01	3	SOIL		X	X		X		
	0810	T117-B1-SB-02	4		X	X	X		X		
	0820	T117-B1-SB-03	1/8oz			X	X		X		metals if possible
	0830	T117-B1-SB-04	3			X	X		X		
	0900	T117-B2-SB-01	3		X	X			X		
	0910	T117-B2-SB-02	2			X			X		
	0920	T117-B2-SB-03	2			X			X		
	0930	T117-B2-SB-04	1/16oz			X			X		
	0940	T117-B2-SB-05	2			X			X		
	0950	T117-B2-SB-06	2			X			X		
	1000	T117-B2-SB-07	2			X			X		
1/17/06	0900	T117-B2-SB-203	1/4oz	SOIL	X						
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Joanna Florer</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>1/17/06 1225</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1-17-06 1225</u>	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Floer / Manna Mitchell
 Sampled By: JMF, SR, D. Cooper

Ship to: ARI
 Attn: Sue Dunning
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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)]
					TOC	PAHs PCBS	%solids	TPH dx	Grain Size	
1/17/06	1000	T117-B2-SB-204	1/1602	SOIL	X	X		X		
	1010	T117-B3-SB-01	3		X	X	X	X		
	1020	T117-B3-SB-02	2			X	X	X		
	1030	T117-B3-SB-03	2			X	X	X		
	1100	T117-B6-SB-01	2			X	X	X		
	1110	T117-B6-SB-02	3		X	X	X	X		
	1120	T117-B6-SB-03	2			X	X	X		
	1110	T117-B6-SB-205	2			X	X	X		
	1150	T117-B4-SB-01	3		X	X	X	X		
	1200	T117-B4-SB-02	2			X	X	X		
	1210	T117-B4-SB-03	2			X	X	X		
1/17/06	1220	T117-B4-SB-04	5	SOIL		X	X	X	X	includes triplicate for grain size
Total Number of Containers				Purchase Order / Statement of Work #						

1) Released by: <u>Joanna Floer</u>	1) Rec'd by: <u>[Signature]</u>	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Joanna Floer</u>	Company: <u>ARI</u>	Print name: _____	Company: _____
Signature: <u>[Signature]</u>	Date/Time: <u>1.17.06 1225</u>	Signature: _____	Date/Time: _____
Company: <u>Windward</u>		Company: _____	
Date/Time: <u>1/17/06 1225</u>		Date/Time: _____	

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To be completed by Laboratory upon sample receipt:

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

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2324

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer
 Sampled By: JMF, SG, D. Cooper

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: Handdelivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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)]
					TOL	PUBS PAHS	TPH dx	OR Solids		
1/17/06	1300	T117-B5- 01 SB-01	3	SOIL	X	X	X	X		
	1310	T117-B5- 02 SB-02	24	I		X	X			includes MS/MSD
	1320	T117-B5- 03 SB-03	2	SOIL		X	X			
	1330	T117-B5-RB	4	H ₂ O		X	X			
	1340	T117-B5-A10-SB-01	3x	SOIL	X	X	X	X		
1/17/06	1340	T117-A10-SB-206	9 ⁹ 3	SOIL						included
Total Number of Containers				Purchase Order / Statement of Work #						

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>1/17/06 14:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1/17/06 1415</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature: <u>2.5</u>	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2394

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: S. Replinger, D. Cooper, J. Florer

Ship to: ARI
 Attn: Sue Dunnihoo
 Shipper: Ward delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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))
					TOC	Pb, Cd, PAH % solids	Metals*	TPHdx	HClO	TPH-G (hold for HCl)	Grain Size	
1/18/06	0800	T117-B7-SB-05-2.0	4	SOIL		X	X		X	X		low volume
	0805	T117-B7-SB-2-3.5	5		X	X	X		X	X		
	0810	T117-B7-SB-3.5-5	4		X	X	X		X	X		
	0815	T117-B7-SB-5-6.5	4		X	X	X		X	X		
	0820	T117-B7-SB-6.5-8	4		X	X	X		X	X		
	0825	T117-B7-SB-8-9.5	4		X	X	X		X	X		
	0830	T117-B7-SB-9.5-11	4		X	X	X		X	X		
	0835	T117-B7-SB-11-12.5	4		X	X	X		X	X		
	0840	T117-B7-SB-12.5-14	4		X	X	X		X	X		
	0845	T117-B7-SB-14-15.5	4		X	X	X		X	X		
	0940	T117-D4-SB-01	5			X	X	X	X	X		
1/18/06	0950	T117-D4-SB-02	5	SOIL	X	X	X	X	X	X		
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Joanna Florer</u> Signature: <u>[Signature]</u> Company: <u>Ward</u> Date/Time: <u>1/18/06 1200</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1.18.06 1200</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

2 of _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2393

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Flores / Marina Mitchell
 Sampled By: JMF, SR, D. Cooper

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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)]
					TOC	PUB, PAH % Solids	Metals*	TPHdx	HCl-Dx	TPH G	
1/18/06	1000	T117-D4-SB-03	4	SOIL		X	X		X	X	
	1030	T117-D8-SB-01	5		X	X	X		X	X	
	1040	T117-D8-SB-02	4			X	X		X	X	
	1050	T117-D8-SB-03	4	SOIL		X	X		X	X	
	1045	T117-D8-SB-RB	8	H ₂ O		X	X		X	X	
	1100	T117-D1-SB-01	3	SOIL	X	X		X			
	1110	T117-D1-SB-02	2			X		X			
	1120	T117-D1-SB-03	2			X		X			
	1100	T117-D1-SB-207	1	SOIL	X						
		T117-trip blank-1	3	H ₂ O						X	
1/18/06		T117									
		T117									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Joanna Flores</u> Signature: <u>[Signature]</u> Company: <u>J Windward</u> Date/Time: <u>1/18/06 1200</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1-18-06 1200</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Print name: Signature: Company: Date/Time:
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To be completed by Laboratory upon sample receipt:

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

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2392

Project/Client Name: T117-Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Floyer / Marine Mitchell
 Sampled By: JMF, SR, D. Cooper

Ship to: ARI
 Attn: Sue Dunning Shipping Date: 1/18/06
 Shipper: hand delivered Airbill Number: NA
 Form filled out by: JMF Turnaround requested: 5 days

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))
					TOC	PCBs, PAHs % Solids	Metals*	TPH dx	grain size	pesticides		
1/18/06	1130	T117-D2-SB-01	3	SOIL	X	X		X				
	1155	T117-D2-SB-02	1/16oz			X		X				low volume
	1210	T117-D2-SB-05	2			X		X				
	1215	T117-D2-SB-06	2 3			X		X	X			
	1220	T117-D2-SB-07	2 3			X		X				includes 1-16oz for MS/MSD
	1300	T117-D5-SB-01	3		X	X		X				
	1310	T117-D5-SB-02	4			X		X				includes 1-16oz MS/MSD
	1320	T117-D5-SB-03	2			X		X				
	0825	T117-B7-SB-208	2			X	X	X		X		
	1350	T117-D3-SB-15-3	3			X	X	X				
	1355	T117-D3-SB-34.5	4		X	X	X	X				
1/18/06	1400	T117-D3-SB-45.6	3	SOIL		X	X	X				
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Joanna Floyer</u> Signature: <u>J. Floyer</u> Company: <u>Windward</u> Date/Time: <u>1/18/06 1645</u>	1) Rec'd by: <u>RL Cmyk</u> Company: <u>ARI</u> Date/Time: <u>1/18/06 1645</u>	2) Released by:	2) Rec'd by:
		Print name:	Company:
		Signature:	Date/Time:
		Company:	

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To be completed by Laboratory upon sample receipt:

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

2 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2391

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-17-09
 Contact Name: Joanna Florer / Manna Mitchell
 Sampled By: JMF, SR, D. Cooper

Ship to: ARI
 Attn: Sue Dunning
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: 1/18/09
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							* As, Cr, Pb, Zn	Comments / Instructions [Jar tag number(s)]
					TOC	PCBs, PAHs % Solids	* Methods	TPH/X	Grain Size	Cu + Cd			
1/18/06	1405	T117-D3-SB-6-7.5	3	SOIL		X	X	X					
	1410	T117-D3-SB-7.5-9	3			X	X	X					
	1415	T117-D3-SB-9-10.5	3			X	X	X					
	1420	T117-D3-SB-10.5-12	3			X	X	X					
	1425	T117-D3-SB-12-13.5	3			X	X	X					
	1450	T117-D6-SB-0.5-2	3			X	X	X		X			
	1455	T117-D6-SB-2-3.5	3			X	X	X		X			
	1500	T117-D6-SB-3.5-5	4		X	X	X	X		X			
	1505	T117-D6-SB-5-6.5	3			X	X	X		X			
	1510	T117-D6-SB-6.5-8	3			X	X	X		X			
	1515	T117-D6-SB-8-9.5	3			X	X	X		X			
1/18/06	1520	T117-D6-SB-9.5-11	3	SOIL		X	X	X		X			
Total Number of Containers				Purchase Order / Statement of Work #									

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	<u>Joanna Florer</u>	Print name:	<u>Bob Coyle</u>	Print name:		Print name:	
Signature:	<u>J. Florer</u>	Signature:		Signature:		Signature:	
Company:	<u>Windward</u>	Company:	<u>ARI</u>	Company:		Company:	
Date/Time:	<u>1/18/06 1645</u>	Date/Time:	<u>1/18/06 1645</u>	Date/Time:		Date/Time:	

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To be completed by Laboratory upon sample receipt:

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

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2390

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: _____
 Sampled By: JMF, SR

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: 1/18/06
 Airbill Number: NA
 Turnaround requested: Same

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)]
					TOC	Pbss path % solids	* metals	TPHdx	Cu+Cd		
1/18/06	1525	T117-D6-SB-11-12.5	3	SOIL		X	X	X	X		
	1530	T117-D6-SB-12.5-14	3			X	X	X	X		
	1520	T117-D6-SB-209	1				X		X		
	1525	T117-D6-SB-210	1 (8oz)	SOIL		X					1-8oz. jar
1/18/06	1600	T117-D6-SB-RB	5	H ₂ O		X	X	X	X		
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>1/18/06 1645</u>	1) Rec'd by: <u>Bob Conley</u> Company: <u>ARI</u> Date/Time: <u>1/18/06 1645</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2389

Project/Client Name: T17-Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, SR, DC

Ship to: ARI
 Attn: Sue Dunning
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							* As, Cr, Pb, Zn Comments / Instructions (Jar tag number(s))
					TOC	PBB/PAT Solids	* Metals	Copper + Cadmium	TPHX	Phthalates		
1/19/06	0800	T17-D11-SB-01	3	SOIL		X	X	X	X	X		
	0805	T17-D11-SB-02	4		X	X	X	X	X			
	0810	T17-D11-SB-03	3			X	X	X	X			
	0815	T17-D11-SB-04	3 4			X	X	X	X			includes MS/MSD
	0820	T17-D11-SB-05	3			X	X	X	X			
	0825	T17-D11-SB-06	3			X	X	X	X			
	0830	T17-D11-SB-07	3			X	X	X	X			
	0825	T17-D11-SB-211	2			X	X	X	X			
	0930	T17-E1-SB-0.6-2	4		X	X	X	X	X	X		
	0935	T17-E1-SB-2-3.5	3			X	X	X	X	X		
	0940	T17-E1-SB-3.5-5	3			X	X	X	X	X		
1/19/06	0945	T17-E1-SB-5-6.5-A	3	SOIL		X	X	X	X	X		
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Joanna Florer</u> Signature: <u>J. Florer</u> Company: <u>Windward</u> Date/Time: <u>1/19/06 1200</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1.19.06 1200</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	---	--	--

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To be completed by Laboratory upon sample receipt:

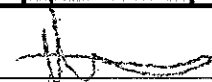
Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: T-117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Flores / Marina Mitchell
 Sampled By: JMF, SR, DC

Ship to: ARI
 Attn: Sue Dunnihoo
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							* As, Cr, Pb, Zn	Comments / Instructions [Jar tag number(s)]
					TOC	PCB, PAH, % Solids	Metals *	Copper + Cadmium	TPHX	Phthalates	Grain Size		
1/19/06	0950	T117-E1-SB-6.5-8	3	SOIL		X	X	X	X	X			
	0945	T117-E1-SB-5.6.5-B	3			X	X	X	X	X			
	0950	T117-E1-SB-212	2			X			X	X			
	0955	T117-E1-SB-8-9.5	3 ^{9.5m³} 4.5			X	X	X	X	X		includes MS/MSD	
	1000	T117-E1-SB-9.5-11	3			X	X	X	X	X			
	1005	T117-E1-SB-11-12.5	3			X	X	X	X	X			
	1010	T117-E1-SB-12.5-14	3			X	X	X	X	X			
	1120	T117-C7-SB-01	3			X	X		X				
	1125	T117-C7-SB-02	5		X	X	X		X		X		
	1130	T117-C7-SB-03	3			X	X		X				
	1135	T117-C7-SB-04	3			X	X		X				
1/19/06	1140	T117-C7-SB-05	3	SOIL		X	X		X				
Total Number of Containers				Purchase Order / Statement of Work #									

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Joanna Flores</u>				Print name:			
Signature: <u>J. Flores</u>		Company: <u>ARI</u>		Signature:		Company:	
Company: <u>Windward</u>				Company:			
Date/Time: <u>1/19/06 1200</u>		Date/Time: <u>1-19-06 1200</u>		Date/Time:		Date/Time:	

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To be completed by Laboratory upon sample receipt:

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

1 of 2

6.0, 2.0
CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2387

Project/Client Name: T117-Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Manna Mitchell
 Sampled By: JMF, SR, DC

Ship to: ARI
 Attn: Sue Dennihoo
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						*As, Cr, Pb, Zn Comments / Instructions (jar tag number(s))
					TOC	PCB, PAH, % Solids	Metals*	Copper + Cadmium	TPT+X	Phthalates	
1/19/06	1310	T117-E2-SB-01	4	SOIL	X	X	X		X		
	1320	T117-E2-SB-02	4			X	X		X		Includes ms/msd
	1330	T117-E2-SB-03	3			X	X		X		
	1340	T117-E2-SB-04-A	3			X	X		X		
	1340	T117-E2-SB-04-B	3			X	X		X		
	1350	T117-C8-SB-01	4		X	X	X	X	X		
	1355	T117-C8-SB-02	3			X	X	X	X		
	1400	T117-C8-SB-03	3			X	X	X	X		
	1425	T117-F3-SB-01	3			X	X	X	X		
	1430	T117-F3-SB-02	4		X	X	X	X	X		
	1435	T117-F3-SB-03	3			X	X	X	X		
1/19/06	1440	T117-F3-SB-04	4	SOIL		X	X	X	X		includes 1-16oz. for ms/msd
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>1/19/06 1635</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1/19/06 1635</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

6.0°, 2.0°
CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: T117 - Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer, Marina Mitchell
 Sampled By: JMF, SR, DC

Ship to: ARI
 Attn: Sue Donnhoo
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							* Cr, As, Pb, Zn Comments / Instructions [Jar tag number(s)]
					TOC	PCB, PAH % Solids	Metals*	Copper + Cadmium	TPHd X	Pesticides		
1/19/06	1350	T117-E2-SB-RB	5	H ₂ O		X	X		X			
	1530	T117-C3-SB-01	3	SOIL		X	X	X	X	X		
	1535	T117-C3-SB-02	5		X	X	X	X	X	X		includes MS/MSD (1-16oz)
	1540	T117-C3-SB-03	3			X	X	X	X	X		
	1540	T117-C3-SB-213	1 (16oz)	SOIL		X				X		1-16 oz.
	1610	T117-C3-SB-RB	4	H ₂ O		X			X	X		
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>1/19/06 1635</u>	1) Rec'd by: <u>Bob Conley</u> Company: <u>ARI</u> Date/Time: <u>1/19/06 1635</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2326

Project/Client Name: T17 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Manna Mitchell
 Sampled By: JMF, KH, D Cooper

Ship to: ARI
 Attn: Sue Dunning
 Shipper: Hand Delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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)]
					TOC	Pb, PAH of Solids	PCBs/dioxins	TPHX	* Metals	Cu + Cd	
1/20/06	1240	T17-C4-SB-35-50	4	SOIL	X	X		X	X	X	low volume
	1245	T17-C4-SB-50-65	3			X		X	X	X	
	1250	T17-C4-SB-65-80	3			X		X	X	X	
	1255	T17-C4-SB-80-95	5			X		X	X	X	includes MS/MSD
	1300	T17-C4-SB-95-110	3			X		X	X	X	
	1305	T17-C4-SB-110-125	3			X		X	X	X	
	1310	T17-C4-SB-125-140	3			X		X	X	X	
	1405	T17-C5-SB-50-65	4		X	X	X	X	X		
	1410	T17-C5-SB-65-80	4			X	X	X	X		includes MS/MSD
	1415	T17-C5-SB-80-95	3			X	X	X	X		
1420	T17-C5-SB-95-110	3			X	X	X	X			
1/20/06	1425	T17-C5-SB-110-125	3	SOIL		X	X	X	X		
Total Number of Containers				Purchase Order / Statement of Work #							

* As, Cr, Pb, Zn

1) Released by: Print name: <u>Joanna Florer</u> Signature: <u>J. Florer</u> Company: <u>Windward</u> Date/Time: <u>1/20/06 1600</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1/20/06 - 1600</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	---	--	--

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To be completed by Laboratory upon sample receipt:

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

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, KH, DC

Ship to: ARI
 Attn: Sue Dunning
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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))
					TOC	PAHs PCBs Pb Solids	TPH	* Metals			
1/20/06	1100	T117-C6-SB-25-5.0	3	SOIL		X	X	X			
	1105	T117-C6-SB-5.0-6.5	4		X	X	X	X			
	1110	T117-C6-SB-6.5-8.0	3			X	X	X			
	1115	T117-C6-SB-8.0-9.5	3			X	X	X			
	1120	T117-C6-SB-9.5-11.0	3			X	X	X			
	1125	T117-C6-SB-11.0-12.5	3			X	X	X			
1/20/06	1130	T117-C6-SB-25-14.0	3	SOIL		X	X	X			
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Joanna Florer</u>	<u>[Signature]</u>	Print name:	
Signature: <u>J. Florer</u>	Company: <u>ARI</u>	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>1/20/06 1200</u>	Date/Time: <u>1-20-06 1200</u>	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

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

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2385

Project/Client Name: T17 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, KH, DC

Ship to: ARI
 Attn: Sue Dunning
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: Stamp

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)]
					TOC	PHYS. PROPS. OF SOLIDS	*Metals	TPH dx	GRAIN SIZE		
1/20/06	0930	T17-C1-SB-01	2	SOIL		X		X			low volume
	0935	T17-C1-SB-02	2			X		X			low volume
	0940	T17-C1-SB-03	4		X	X		X			
	0945	T17-C1-SB-04	3			X		X	X		
	0950	T17-C1-SB-05	3			X		X	X		
	0955	T17-C1-SB-06	3			X		X	X		
	0810	T17-C2-SB-01	3		X	X		X			low volume
	0815	T17-C2-SB-02	2			X		X			low volume
	0820	T17-C2-SB-03	2			X		X			
	0825	T17-C2-SB-04	2			X		X			
1/20/06	0830	T17-C2-SB-05	2			X		X			
1/20/06	0835	T17-C2-SB-06	3	SOIL		X		X	X		
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Joanna Florer</u>	1) Rec'd by: <u>[Signature]</u>	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Joanna Florer</u>	Company: <u>ARI</u>	Print name: _____	Company: _____
Signature: <u>[Signature]</u>		Signature: _____	
Company: <u>Windward</u>		Company: _____	
Date/Time: <u>1/20/06 1200</u>	Date/Time: <u>1-20-06 1200</u>	Date/Time: _____	Date/Time: _____

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To be completed by Laboratory upon sample receipt:

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

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2076

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-01
 Contact Name: Joanna Flover / Marina Mitchell
 Sampled By: JF, KH, D Cooper

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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))
					TOC	TPHdx	TPH-G	HCLD	PUS, PAHS of Solids	Metals #	Curt Cd	
1/23/06	0830	T117-BB-SB-01	4	SOIL			X	X	X	X		* As, Cr, Pb, Zn low volume
	0835	T117-BB-SB-02	5		X		X	X	X	X		
	0840	T117-BB-SB-03	4				X	X	X	X		
	0835	T117-BB-SB-214	4				X	X	X	X		
	0910	T117-D9-SB-01	4		X	X			X	X		
	0920	T117-D9-SB-02	3			X			X	X		
	0930	T117-D9-SB-03	3			X			X	X		
	0940	T117-D10-SB-01	3			X			X	X	X	
	0950	T117-D10-SB-02	4			X			X	X	X	
	1000	T117-D10-SB-03	3		X	X			X	X	X	
	1020	T117-E3-SB-01	4		X	X			X	X		
1/23/06	1030	T117-E3-SB-02	3	SOIL		X			X	X		
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Joanna Flover</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>1/23/06 1632</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>1/23/06 1632</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

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

2 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2077

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, KH, D. Cooper

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)					* AS, Cr, Pb, Zn	Comments / Instructions [Jar tag number(s)]
					TOC	TPHdx	PBS, PAHs, Solids	Metals*			
1/23/06	1040	T117-E3-SB-03	3	SOIL		X	X	X	X		
	1130	T117-F6-SB-01	3		X	X	X				
	1140	T117-F6-SB-02	2			X	X				
	1150	T117-F6-SB-03	2			X	X				
	1200	T117-F6-SB-04	2	SOIL		X	X				
	1210	T117-F6-SB-RB	4	H ₂ O		X	X				
	1320	T117-F7-SB-01	2	SOIL		X	X				
	1330	T117-F7-SB-02	3		X	X	X				
	1340	T117-F7-SB-03	2			X	X				
	1400	T117-F9-SB-01	2			X	X				
	1410	T117-F9-SB-02	3		X	X	X				
1/23/06	1420	T117-F9-SB-03	2	SOIL		X	X				
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Joanna Florer</u> Signature: <u>J. Florer</u> Company: <u>Windward</u> Date/Time: <u>1/23/06 1632</u>	1) Rec'd by: <u>Bob Congleton</u> Company: <u>ARI</u> Date/Time: <u>1/23/06 1632</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	---	--	--

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 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

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

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, KH, D. Cooper

Ship to: ARI
 Attn: Sue Dunning Shipping Date: _____
 Shipper: hand delivered Airbill Number: _____
 Form filled out by: JMF Turnaround requested: 5 days

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))
					TOC	TPHdx	PCB, PAH	% Solids	
1/23/06	1440	T117-FB-SB-01	3	SOIL	X	X	X		
		T117-FB-SB-02	2	I		X	X		
		T117-FB-SB-03	2	SOIL		X	X		
1/23/06	1510	T117-FB-SB-RB	4	H2O		X	X		
Total Number of Containers				Purchase Order / Statement of Work #					
1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:			
Print name: <u>Joanna Florer</u>		Print name: <u>Bob Congleton</u>		Print name:		Print name:			
Signature: <u>J. Florer</u>		Company: <u>ARI</u>		Signature:		Signature:		Company:	
Company: <u>Windward</u>		Date/Time: <u>1/23/06 1632</u>		Company:		Date/Time:		Date/Time:	
Date/Time: <u>1/23/06 1632</u>				Date/Time:					

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



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 Suite 401
 Seattle, WA 98119
 Tel: (206) 378-1364
 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

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

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2328

Project/Client Name: TIA Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, KH, D. Cooper

Ship to: ARI
 Attn: Sue Dunnington
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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))
					TOC	PUB/PAH OR SOILS	TPH/PC	Metals*	grain size		
11/24/06	0800	TIA-F4-SB-01	3	SOIL	X	X	X			*As, Cr, Pb, Zn	
	0810	TIA-F4-SB-02	2		X	X	X				
	0820	TIA-F4-SB-03	2		X	X	X				
	0840	TIA-F2-SB-01	4		X	X	X	X			
	0845	TIA-F2-SB-02	3			X	X	X			
	0850	TIA-F2-SB-03	3			X	X	X			
	0855	TIA-F2-SB-04	2			X	X				
	0900	TIA-F2-SB-05	3			X	X	X			
	0930	TIA-F5-SB-01	2		X	X	X				
	0940	TIA-F5-SB-02	2			X	X				
11/24/06	1000	TIA-F5-SB-03	2			X	X				
11/24/06	1010	TIA-F5-SB-05	2	SOIL		X	X				
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Joanna Florer</u> Signature: <u>J. Florer</u> Company: <u>Windward</u> Date/Time: <u>11/24/06 1445</u>	1) Rec'd by: <u>B - 2 gl</u> Company: <u>SRIFA/KEGEC</u> Date/Time: <u>ARI 11/24/06 1445</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature: <u>2.8, 3.0, 4.8</u>	Received by:

ice - yes

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2382

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Joanna Florer / Marina Mitchell
 Sampled By: JMF, KH, D. Cooper

Ship to: ARI
 Attn: Sue Dunn, hoo
 Shipper: hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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)]	
					TOC	PCB, PAH, Solids	PHdx	Metals*			
1/24/06	1830	T117-F1-SB-01	3	SOIL	X	X	X			* AS, Cr, Pb, Zn	
	1640	T117-F1-SB-02	4			X	X				
	1050	T117-F1-SB-03	2			X	X			Includes MS/MSD	
	1100	T117-F1-SB-04	2			X	X				
	1130	T117-D7-SB-00-05	4		X	X	X				
	1135	T117-D7-SB-15-30				X	X	X			
	1140	T117-D7-SB-30-45	3			X	X	X		g/mf 1/24/06	
	1145	T117-D7-SB-45-60	3			X	X	X			
	1150	T117-D7-SB-60-75	3			X	X	X			
	1155	T117-D7-SB-75-90	3			X	X	X			
	1200	T117-D7-SB-90-105	3			X	X	X			
1/24/06	1205	T117-D7-SB-105-120	3	SOIL	X	X	X				
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Joanna Florer</u>		<u>[Signature]</u>		Print name:			
Signature: <u>[Signature]</u>		Company: <u>ARI</u>		Signature:		Company:	
Company: <u>Windward</u>		Date/Time: <u>1/24/06 1445</u>		Company:		Date/Time:	
Date/Time: <u>1/24/06 1445</u>				Date/Time:			

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: <u>2.8, 3.0, 4.8</u>	Received by: _____

3 of 3

1 Co - eyes

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2383

Project/Client Name: T117 Upland Investigation
 Project Number: 05-05-12-09
 Contact Name: Josanna Flores / Marina Mitchell
 Sampled By: JMF, KH, D. Cooper

Ship to: ART
 Attn: Sue Dunnington
 Shipper: Hand delivered
 Form filled out by: JMF
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: 5 days

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))
					TOC	PCBS 90 Solids	PAHS	TPHdx	Archive	*Metals*	
1/24/06	1210	T117-D7-SB-120-135	3	SOIL		X	X	X		X	*As, Cr, Pb, Zn
	1215	T117									JMF 1/24/06
1/24/06	1140	T117-D7-SB-215	3	SOIL				X			test for TPHdx only - to 250m 2 jars
	1240	T117-A11-SB-00-05	3		X	X			X		
	1250	T117-A11-SB-05-15	2						X		
	1245	T117-A12-SB-00-05	3		X	X			X		
	1255	T117-A12-SB-05-15	2	SOIL					X		
1/24/06	1150	T117-D7-SB-RB	5	H2O		X	X	X		X	
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Josanna Flores</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>1/24/06 1445</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>1/24/06 1445</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature: <u>2.8, 2.0, 4.8</u>	Received by: