

CHAIN OF CUSTODY FORMS

Field Samples

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CHAIN OF CUSTODY

Company: ECL
Project Contact: J. KIKKA
Telephone:
Project Name: RAVENNA
Project #:
Location: CC 71
Sampled By: JS, CG, RW

CT LABORATORIES

1230 Lange Court, Baraboo, WI 53913
608-356-2760 Fax 608-356-2766
www.ctlaboratories.com

Report To:
EMAIL:
Company:
Address:
Invoice To:*
EMAIL:
Company:
Address:

Lab Use Only
Place Header Sticker Here:

Program:
QSM RCRA SDWA NPDES
Solid Waste Other
PO #

*Party listed is responsible for payment of invoice as per CT Laboratories' terms and conditions

Client Special Instructions

ANALYSES REQUESTED

Filtered? Y/N

VOI/MTAE
TPH GAO
TPH PRO
SVOC
LEAD
TAL METALS
EXPLOSIVES
PHENOLANTS
PCBS
PESTICIDES

Total # Containers

Designated MS/MSD

Turnaround Time

Normal RUSH*

Date Needed: _____

Rush analysis requires prior CT Laboratories' approval

Surcharges:

24 hr 200%

2-3 days 100%

4-9 days 50%

Matrix:
GW - groundwater SW - surface water WW - wastewater DW - drinking water
S - soil/sediment SL - sludge A - air M - misc/waste

Table with columns: Collection (Date, Time), Matrix, Grab/Comp, Sample #, Sample ID Description, Filtered? Y/N, and various analysis categories (VOI/MTAE, TPH GAO, etc.). Rows contain sample data from 8-13-12 to 8-13-12 0950.

Relinquished By:

Date/Time

Received By:

Date/Time

Lab Use Only

Ice Present Yes No

Received by:

Date/Time

Received for Laboratory by:

Date/Time

Temperature _____

Cooler # _____

CHAIN OF CUSTODY

Company: ECC
Project Contact: J. KIKER
Telephone:
Project Name: RAVENNA
Project #:
Location: CC 71
Sampled By: JS, CG, RW

CT LABORATORIES

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Report To: COL #
EMAIL: CT 0004
Company: ECC
Address:

Lab Use Only
Place Header Sticker Here:

Program:
QSM RCRA SDWA NPDES
Solid Waste Other _____
PO #

Invoice To:*
EMAIL: ECC
Company:
Address:

*Party listed is responsible for payment of invoice as per CT Laboratories' terms and conditions

Client Special Instructions

07158-0023-0001-50 IS A COMPOSITE - NOT ISM

ANALYSES REQUESTED

Filtered? Y/N	VOC/MTBE	TPH PAO	SVOCs	TPH DAO	LEAD	TOTAL METALS	EXPLOSIVES	PROPAGANDAS	PCBT	PESTICIDES									
---------------	----------	---------	-------	---------	------	--------------	------------	-------------	------	------------	--	--	--	--	--	--	--	--	--

Total # Containers
Designated MS/MSD

Turnaround Time
Normal RUSH*
Date Needed: _____
Rush analysis requires prior CT Laboratories' approval
Surcharges:
24 hr 200%
2-3 days 100%
4-9 days 50%

Matrix:
GW - groundwater SW - surface water WW - wastewater DW - drinking water
S - soil/sediment SL - sludge A - air M - misc/waste

Collection		Matrix	Grab/Comp	Sample #	Sample ID Description	Fill in Spaces with Bottles per Test											CT Lab ID #							
Date	Time			(1,2,3, etc)													Lab use only							
8-13-12	1340	S	6NB		07158-0021M-0001-50	X	X	X	X	X														
	1250				-0017M-11							X	X	X	X	X								
	1210				-0013M-11																			
	1040				-0018M-11																			
	1210				-0014M-11																			
	1040	Y	Y		-0019M-11																			
	1055	Y	Y		-0022M-11																			
	1220	Y	Y		-0023-11	X	X	X	X	X														
					-0009A																			
8-13-12	0950	S	6NB		-0003M-11	X	X	X	X	X														
					-0025-0001-TB	X	X																	
8-13-12	0900				-0026-0001-TP	X	X																	

Relinquished By: [Signature]
Received by:

Date/Time
8-13-12 1900
Date/Time

Received By: FROEX
Received for Laboratory by:

Date/Time
Date/Time

Lab Use Only
Ice Present Yes No
Temperature _____
Cooler # _____
8-13-12 0928
EMAIL
CT

TRAP BINS SEE

CHAIN OF CUSTODY FORMS

Quality Assurance Samples

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MICROBAC 5
COC #



Company Name: <i>FCC</i>		Project Contact: <i>J KIKKA</i>		Contact Phone #:		NUMBER OF CONTAINERS	Hold	TPH GRO	1106/MTBE	TPH DRO	SVOC	TOTAL # (LAB USE)	Program	
Turn Around Requirements:		Location: <i>RAVENNA</i>		<input type="checkbox"/> CWA	<input type="checkbox"/> RCRA									
Project ID: <i>RAVENNA</i>		Signature:		<input type="checkbox"/> DOD	<input type="checkbox"/> AFCEE									
Sampler (print): <i>CATHARINE GILLO JASON SCOTT AND ANN WILLIAMS</i>				<input type="checkbox"/> Other _____										
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*									
<i>0715A-0017M-000156</i>		X	<i>8-13-12</i>	<i>0955</i>	<i>SOIL</i>			X						
<i>-0008M-</i>				<i>1125</i>				X						
<i>-0015M-</i>				<i>1210</i>				X	X	X	X			<i>DICOR 1844/46</i>
<i>-0020M-</i>		X		<i>1040</i>				X	X	X				
<i>-0024-0001-TB</i>				<i>0800</i>	<i>DI</i>			X	X					<i>TRIP BLK</i>
Relinquished by: (Signature) <i>[Signature]</i>		Date	Time	Received by: (Signature) <i>FROEX</i>		Relinquished by: (Signature)		Date	Time	Received by: (Signature)				
Relinquished by: (Signature) <i>[Signature]</i>		Date	Time	Received for Laboratory by: (Signature)		Date	Time	Remarks:						

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

CHAIN OF CUSTODY FORMS
Programmatic Quality Control Samples

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Chain of Custody Record

TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

TestAmerica Laboratory location: _____

Regulatory program: DW NPDES RCRA Other _____

TestAmerica Laboratories, Inc.

Client Contact		Company Name: ECC		Client Project Manager: A. CASTRADA		Site Contact: J. DONOHUE		Lab Contact: M. LOEB		COC No: 050743						
Address: 33 BOSTON POST RD		Telephone:		Telephone:		Telephone:		Sulfide TOTAL CRANICHE		1 of 3 COCs						
City/State/Zip: MANLBOZO MA		Email:		Analysis Turnaround Time (in BUS/days)		TAT if different from below		Analyses		For lab use only						
Project Name:		Method of Shipment/Carrier: DEL. TO LAB		<input type="checkbox"/> 3 weeks		<input type="checkbox"/> 2 weeks		VOC/PTOC GAO DRG/TAL METALS PEST/PCB HERBICIDES EXPLOSIVES PROPELLANTS % SOLID SVOC/PAN FULL TCLP/PCB		Walk-in chert: <input type="checkbox"/>						
Project Number:		Shipping/Tracking No:		<input type="checkbox"/> 1 week		<input type="checkbox"/> 2 days				Lab pickup: <input type="checkbox"/>						
PO#				<input type="checkbox"/> 1 day						Lab sampling: <input type="checkbox"/>						
										Job/SDG No:						
Sample Identification		Sample Date	Sample Time	Matrix			Containers & Preservatives					Sample Specific Notes / Special Instructions:				
				Air	Aqueous	Sediment	Solid	Other	HNO3	HCl	NaOH		ZnAc/NaOH	Uapras	Other	
070-0055-0001-TB		0800		X					X						X	TRIP BLK
070-0057-0001-SOURCE WATER		1315		X					X	X	X	X	X	X	X	SOURCE WATER ECC
070-0058-0001-IDW		1330			X				X						X	IDW TCLP SOLID
070-0059-0001-IDW		1330		X					X	X					X	IDW TCLP LIQUID
070-0060-0001-TB		0800														TRIP BLK
Possible Hazard Identification				Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)												
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months												
Special Instructions/QC Requirements & Comments:																
ANY QUES ON TCLP ANALYSIS CALL JACKSON KIKER AT ECC																
Relinquished by: JAC A		Company: ECC		Date/Time: 12-12-12 1707		Received by:		Company:		Date/Time: 12-12-12						
Relinquished by:		Company:		Date/Time:		Received by:		Company:		Date/Time:						
Relinquished by:		Company:		Date/Time:		Received in Laboratory by: Ch Z		Company: TAL		Date/Time: 12/12/12 1702						

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Chain of Custody Record

TestAmerica Laboratory location: _____
 Regulatory program: DW NPDES RCRA Other _____

TestAmerica Laboratories, Inc.

Client Contact		Company Name: ECC		Client Project Manager: A. EASTADAY		Site Contact: J. DONOVAN		Lab Contact: MANK LOEB		COC No: 048788	
Address: 37 BOSTON POST RD WEST #420		Telephone:		Telephone: 508-509-1784		Telephone:		Telephone:		1 of 1 COCs	
City/State/Zip: MANK BORO MA 01952		Email:		Analysis Turnaround Time (in BUS days) TAT if different from below _____ <input type="checkbox"/> 3 weeks <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 week <input checked="" type="checkbox"/> 2 days 5 DAY <input type="checkbox"/> 1 day		Filtered Sample (X/N) Composite (C/Grab/G)		Analyses TAL METALS EXPLOSIVES PAH/LLANTS HERBICIDE PCB/PESTICIDES SVOC TPH/DRO TPH/GRO HEX CHLOR VOC		For lab use only	
Project Name: RAVENNA		Method of Shipment/Carrier: LAB PICK UP								Walk-in client <input type="checkbox"/>	
Project Number:		Shipping/Tracking No:		Sample Identification		Sample Date		Sample Time		Sample Specific Notes / Special Instructions:	
PO #				Matrix		Containers & Preservatives					
				Air		H2SO4		HNO3		HCl	
				Aqueous		NaOH		ZnAc/NaOH		Unpres	
				Sediment		Other:					
				Solid							
				Other:							
079-0007-0001 - SOURCE WATER		3/14/13		1200		X		X		X	
079-0008-0001 - TB TRIP BEAK		↓		0800		X		X		X	
079-0009-0001 - TB TRIP PLANK		↓		0800		X		X		X	



Possible Hazard Identification: Non-Hazard Flammable Skin Irritant Poison B Unknown

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month): Return to Client Disposal By Lab Archive For _____ Months

Special Instructions/QC Requirements & Comments:

Relinquished by: J.P. Nolan	Company: ECC	Date/Time: 3/14/13 1530	Received by: [Signature]	Company: TAL	Date/Time: 3/14/13 1530
Relinquished by: [Signature]	Company: TAL	Date/Time: 3/14/13 1620	Received in Laboratory by: [Signature]	Company: TA/Canton	Date/Time: 3/14/13 1620

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4/1/2013



Company: **ECC**
 Project Contact: **JACKSON KIMMIE**
 Telephone:
 Project Name:
 Project #:
 Location: **RAVANNA**
 Sampled By: **RW, CG**

CT LABORATORIES
 Folder #: **99335**
 Company: **ECC**
 Project: **RVAAP**
 Logged By: **JLS** PM: **ET**

1230 Lange Court, Baraboo, WI 53913
 608-356-2760 Fax 608-356-2766
 www.ctlaboratories.com

gram:
 RCRA SDWA NPDES
 Waste Other _____

Report To:
 EMAIL:
 Company:
 Address:
 Invoice To:*
 EMAIL:
 Company:
 Address:

CT ROC # 6

*Party listed is responsible for payment of invoice as per CT Laboratories' terms and conditions

Client Special Instructions

Matrix:
 GW - groundwater SW - surface water WW - wastewater DW - drinking water
 S - soil/sediment SL - sludge A - air M - misc/waste

Filtered? Y/N	ANALYSES REQUESTED												Total # Containers	Designated MS/MSD		
	VOC	SVOC	PAH	EXPLOSIVES	PROPAGANTS	PESTICIDES	PUB	TAL METALS	TCLP VOC	TCLP SVOC	TCLP PESTICIDES	TCLP HERBICIDES			TCLP METALS	
Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10	

Turnaround Time
 Normal RUSH*
 Date Needed: _____
 Rush analysis requires prior CT Laboratories' approval
 Surcharges:
 24 hr 200%
 2-3 days 100%
 4-9 days 50%

Collection		Matrix	Grab/Comp	Sample # (1,2,3, etc)	Sample ID Description	Fill in Spaces with Bottles per Test												Total # Containers	Designated MS/MSD	CT Lab ID # Lab use only
Date	Time					VOC	SVOC	PAH	EXPLOSIVES	PROPAGANTS	PESTICIDES	PUB	TAL METALS	TCLP VOC	TCLP SVOC	TCLP PESTICIDES	TCLP HERBICIDES			
8/16/13	0930	N	X		08358-0024-001-ER	N	X	X	X	X	X	X	X	X	X	X	10	339561		
8/16/13	0800	N	X		08358-0024-001-1A	N	X										339581	TRIP ONLY		

Relinquished By: [Signature]	Date/Time: 8-15-13 1400	Received By: [Signature]	Date/Time: _____	Ice Present: Yes No
Received by: _____	Date/Time: _____	Received for Laboratory by: [Signature]	Date/Time: 8/16/13 1132	Temperature: 2.5
				Cooler #: 5127, 5144

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