ALS Environmental

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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SR#

CAS Contract

Project Name: Hurricane Response	Project Number: RQ2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremy.M.Parrish@dep.state.fl.us
Company/Address: FDEP	
8800 Baymeadows Way W STE 100	
Jacksonville FL 32256	
Phone #: 904-256-1700	FAX #:
Sampler's Signature: [signature]	Sampler's Printed Name: Amy Kalmbacher

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
PRESERVATIVE						8	
Pottsburg Crk Impact		11/1/16	1200	W	1		
Pottsburg Crk South		11/1/16	1210	W	1		

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

2.9C

SAMPLE RECEIPT: CONDITION/COOLER TEMP:

CUSTODY SEALS: Y N

TURNAROUND REQUIREMENTS
____ RUSH (SURCHARGES APPLY)
____ STANDARD
REQUESTED FAX DATE
REQUESTED REPORT DATE

REPORT REQUIREMENTS
____ I. Results Only
____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
____ III. Results + QC and Calibration Summaries
____ IV. Data Validation Report with Raw Data
____ V. Specialized Forms / Custom Report
Edata ____ Yes ____ No

INVOICE INFORMATION
PO #
BILL TO:

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: [signature]	Signature: [signature]	Signature	Signature	Signature	Signature
Printed Name: Amy Kalmbacher	Printed Name: Renee C Futch	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 11/1/2016 1245	Date/Time: 11/1/2016 12:45	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client

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