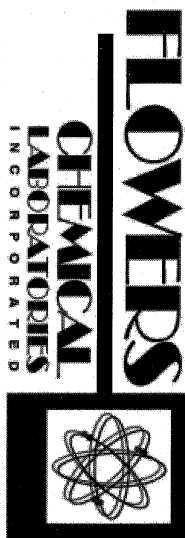


Check Box That Applies To Your Location

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Client: FDEP					Project Name: RQ-2017-12-19-24					P.O. #		
Address: 3319 Maywice Blvd Ste 332 Orlando FL 32803					Client Contact					FAX		
Phone: 407 897 4100					FCL Project Manager					E-MAIL		
Sampled By (PRINT): Leif Bowman					Requested Due Date: 12/20/17					Rush Charges May Apply		
Sampler Signature: <i>[Signature]</i>					Pick-Up Fee: \$					Vehicle Surcharge: \$		
Date Sampled: 12/20/17					OR					Sampling Fee: \$		
GW - ground water DW - drinking water WW - wastewater SW - surface water SO - soil/solid SL - sludge HW - waste					PRESERVATIVES: H_2SO_4 HNO_3 HCl $Na_2S_2O_3$					ANALYSES REQUEST		
ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	NONE	H_2SO_4	HNO_3	HCl	$Na_2S_2O_3$	COMMENTS	
1	20010049	12/20/17	1110	SW	352645 SW						Total # Containers: 1	
2												
3												
4												
5												
6												
7												
8												
9												
10												
Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time	Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation
<i>[Signature]</i>		12/20	1350									<i>[Signature]</i>

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned

• YELLOW - Client Copy