ALS Environmental

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR #

ALS Contact

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Project Name: Hopkins CM	Project Number: 2019-06-10-66
Report To: J Parrish	Report CC: DEP-Overflowmicro@Dep.state.fl.us
Company/Address: 8500 Baymeadows Way W, Suite 100 Jax FL 32256	
Phone #: 904-256-1700	FAX #:
Sampler's Signature: Brian Davis	Sampler's Printed Name: B. D.

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS / Preservative: Extra	REMARKS
20030758		9/~~24~~ 25	1100	SW	1	Marine

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. Other

Special Instructions/Comments:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 3.9°C 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; Edata ___ Yes ___ No

INVOICE INFORMATION: P.O. #; Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: B. D.	Signature	Signature	Signature	Signature	Signature: M Mason
Printed Name: Brian Davis	Printed Name	Printed Name	Printed Name	Printed Name	Printed Name: Levi Mason
Firm: FDEP PEAK	Firm	Firm	Firm	Firm	Firm: ALS
Date/Time: 9/24/19 1252	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time: 9/25/19 1259