CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

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SR #

ALS Contact: Mandy Sullivan

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Client Name: FDEP-NE ROC	Project Number: RQ-2020-07-27-09
Report To: Dep-Overflowmicro@dep.state.fl.us	Report CC:
Company/Address: 8800 Baymeadows Way W, Jacksonville, Fl 32256	
Phone #: 904-256-1700	FAX #:
Sampler's Signature: [signature]	Sampler's Printed Name: Kim Appleby

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

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

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E.Coli	Enterocooi F. Coli		REMARKS
					eservat	8	8		
27010053		8/4/20	955	SW	2		X	X	Salt
27010010		8/4/20	1045 ~~1030~~	SW	2		X	X	
27010054		8/4/20	~~1045~~ 1030	SW	2		X	X	
GSNE0587		8/4/20	1120	SW	1		X		

Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us

0.0°C

TURNAROUND REQUIREMENTS
- ___ RUSH (SURCHARGES APPLY)
- X STANDARD

REQUESTED FAX DATE: N/A

REQUESTED REPORT DATE: N/A

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. # ~~B10739~~
- Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: [signature]	Signature: [signature]	Signature	Signature	Signature	Signature
Printed Name: Kim Appleby	Printed Name: Connor Branch	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP NE ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 8/4/20 1255	Date/Time: 8/4/2020 1255	Date/Time	Date/Time	Date/Time	Date/Time