



PSC Analytical Services

4418 Pottsville Pike

Reading, PA 19605

phone: (610) 921-8833

fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order #

R02050229

Page 1 of 1

JOB ID: 19125-0297

Report Results To:	PO #	Quote #	
	Name	<u>James Cohn</u>	
	Company	<u>ATC Associates Inc</u>	
	Mailing Address	<u>104 E 25th Street 10th floor</u>	
	City	State	ZIP
	<u>New York</u>	<u>NY</u>	<u>10010</u>
	Telephone #	Fax #	
	<u>212.353.2220</u>	<u>212.353.8306</u>	

Submit Invoice To:	Name		
	Company	<u>SAME</u>	
	Mailing Address		
	City	State	ZIP
	Telephone #	Fax #	
	Credit Card Info (include exp. date)		

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid
 C = HCl N2 = Na2S2O3
 H = HNO3 S = H2SO4
 I = Ice Z = ZnAcetate
 N = NaOH X = None
 O = Other: _____

Sampled by: W. J. G. L. Sampling Location (Specify State): _____
 Due Date: _____ (Rush TAT requires Lab approval)

REPORTING REQUIREMENTS (Circle all that apply)

Full Data Package Reduced Deliverables Package Electronic Data Deliverables

UST NPDES MIPP RCRA Stormwater DEP (PWS # _____)

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info	
				Date	Time
1	<u>ATC-0502-89M-Dusts</u>	<u>14400</u>	<u>air</u>	<u>5/2/02</u>	<u>24 hrs</u>
2					
3					
4					
5					
6					
7					
8					
9					
10					

Gravimetric Dust

Preservatives (See above Key; list all that apply)

Type (P=Plastic, G=Glass, A=Air)

Container Volume (Liter, etc)

Number of Containers

Hall outside Cafeteria

(1) Relinquished by: <u>W. J. G. L.</u>	Date	Time	(2) Received by:	Date	Time	(3) Relinquished by:	Date	Time
(4) Received by:	Date	Time	(5) Relinquished by:	Date	Time	(6) Received at Lab: <u>ASMT</u>	Date <u>5.7.02</u>	Time <u>10AM</u>

Method of Delivery: UPS FED-EX PAS Courier Client US Mail Other _____

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CONFIDENTIAL,

CITY_21MC100_003474270



PSC Analytical Services

4418 Pottsville Pike

Reading, PA 19605

phone: (610) 921-8833

fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order #

202050414

Page 1 of 1

JOB ID: 19125-0297

Report Results To:	PO #	Quote #
	Name	James Cohn
	Company	ATC Associates Inc
	Mailing Address	104 E 25th Street, 10th floor
	City	New York State NY ZIP 10010
Submit Invoice To:	Telephone #	212. 257. 8280 Fax # 212. 353. 8306
	Name	
	Company	SAMG
	Mailing Address	
	City	State ZIP
	Telephone #	Fax #
	Credit Card Info (include exp. date)	

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid
C = HCl N2 = Na2SO3
H = HNO3 S = H2SO4
I = Ice Z = ZnAcetate
N = NaOH X = None

O = Other:

Sampled by: WAGDI Sampling Location (Specify State):

Due Date: (Rush TAT requires Lab approval)

REPORTING REQUIREMENTS (Circle all that apply)

Full Data Package Reduced Deliverables Package Electronic Data Deliverables

UST NPDES MIPP RCRA Stormwater DEP (PWS #)

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info	
				Date	Time
1	ATC-0509-89M-DW70	14400	AIR	5/9/02	24 hrs
2					
3					
4					
5					
6					
7					
8					
9					
10					

Gravimetric Data

Preservatives (See above Key; list all that apply)

Type (P=Plastic, G=Glass, A=Air)

Container Volume (Liter, etc)

Number of Containers

1st floor hall outside cafeteria

(1) Relinquished by: WAGDI	Date	Time	(2) Received by:	Date	Time	(3) Relinquished by:	Date	Time
(4) Received by:	Date	Time	(5) Relinquished by:	Date	Time	(6) Received by: V. Baiter	5/10/02	11 PM

Method of Delivery: UPS FED-EX PAS Courier Client US Mail Other

CONFIDENTIAL, SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CITY_21MC100_003474271



PSC Analytical Services

4418 Pottsville Pike

Reading, PA 19605

phone: (610) 921-8833

fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order #

R02050657

Page 1 of 1

Report Results To:	PO #	Quote #		
	Name	James Cohn		
	Company	ATC Associates Inc		
	Mailing Address	1012 E 25th Street 10th Fl -		
	City	New York	State	NY ZIP 10016
Submit Invoice To:	Telephone #	212.353.2220	Fax #	212.353.8306
	Name	S.M.E.		
	Company	S.M.E.		
	Mailing Address			
	City		State	ZIP
	Telephone #		Fax #	
	Credit Card Info (include exp. date)			

JOB ID: 19195-0297

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid
C = HCl N2 = NaS2O3
H = HNO3 S = H2SO4
I = Ice Z = ZnAcetate
N = NaOH X = None

O = Other:

Sampled by:	Sampling Location (Specify State):
Due Date:	(Rush TAT requires Lab approval)

REPORTING REQUIREMENTS (Circle all that apply)

Full Data Package Reduced Deliverables Package Electronic Data Deliverables

UST NPDES MIPP RCRA Stormwater DEP (PWS #)

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info	
				Date	Time
1	ATC-0516-89M-DWTD	14400	RIV	5/16/02	24hrs
2					
3					
4					
5					
6					
7					
8					
9					
10					

Gravimetric Dust

Preservatives (See above Key; list all that apply)

Type (P=Plastic, G=Glass, A=Air)

Container Volume (Liter, etc)

Number of Containers

1st floor Hall Center

(1) Relinquished by:	Date	Time	(2) Received by:	Date	Time	(3) Relinquished by:	Date	Time
(4) Received by:	Date	Time	(5) Relinquished by:	Date	Time	(6) Received at Lab:	Date	Time

Method of Delivery: UPS FED-EX PAS Courier Client US Mail Other

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CONFIDENTIAL,

6966-126-019

CSD

May 22 05:02 PM '02

CITY_21MC100_003474272



PSC Analytical Services

4418 Pottsville Pike

Reading, PA 19605

phone: (610) 921-8833

fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order #

R02051032

Page 1 of 1

Report Results To:	PO #	Quote #	
	Name	James Cohn	
	Company	ATC Associates Inc	
	Mailing Address	104 E 25th Street 10th floor	
	City	State	ZIP
	New York	NY	10010
	Telephone #	212.353.8280	Fax # 212.353.8306
Submit Invoice To:	Name	SAME	
	Company	SAME	
	Mailing Address		
	City	State	ZIP
	Telephone #	Fax #	
	Credit Card Info (include exp. date)		
Sampled by: <u>Wych & Tenzin</u> Sampling Location (Specify State):			
Due Date: (Rush TAT requires Lab approval)			
REPORTING REQUIREMENTS (Circle all that apply)			
Full Data Package Reduced Deliverables Package Electronic Data Deliverables			
UST NPDES MIPP RCRA Stormwater DEP (PWS #)			
ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type
			Date Time
1	ATC-0524-89M-DUSTO	14400	AIR
2			5/24/12 24 hrs
3			
4			
5			
6			
7			
8			
9			
10			
(1) Relinquished by: <u>Wych</u>		Date	Time
(4) Received by:		Date	Time
(2) Received by: <u>AK</u>		Date	Time
(5) Relinquished by:		Date	Time
(3) Relinquished by:		Date	Time
(6) Received at Lab:		Date	Time

JOB ID: 19125-0297

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid

C = HCl

N2 = Na2S2O3

H = HNO3

S = H2SO4

I = Ice

Z = ZnAcetate

N = NaOH

X = None

O = Other:

Preservatives (See above Key; list all that apply)

Type (P=Plastic, G=Glass, A=Air)

Container Volume (Liter, etc)

Number of Containers

10th floor Hall Center

Method of Delivery: UPS (FED-EX) PAS Courier Client US Mail Other

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CONFIDENTIAL,

CITY_21MC100_003474273



fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order # R02060254

Page 1 of 1

Report Results To:	PO #	Quote #		JOB ID: 19125-0297													
	Name	James Cohn															
	Company	ATC Associates Inc															
	Mailing Address	104 E 25th Street 10th Floor															
Submit Invoice To:	City	New York		State	NY		ZIP	10010									
	Telephone #	212-353-8280		Fax #	212-353-8206												
	Name	SAME															
	Company	SAME															
Due Date:	Mailing Address																
	City			State			ZIP										
	Telephone #			Fax #													
	Credit Card Info (include exp. date)																
Sampled by:		W. J. G. J.		Sampling Location (Specify State):													
Due Date:				(Rush TAT requires Lab approval)													
REPORTING REQUIREMENTS (Circle all that apply)																	
Full Data Package		Reduced Deliverables Package		Electronic Data Deliverables													
UST		NPDES		MIPP		RCRA		Stormwater		DEP (PWS #		)					
ITEM #	SAMPLE DESCRIPTION (ID must match container labels)		Final Air Volume (L or min)		Matrix Type		Sampling Info Date Time										
1	ATC-0531-89M-Dust		14400		AIR		5/31/02 24hr							1st floor Hall Center			
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
(1) Relinquished by:		Date		Time		(2) Received by:		Date		Time		(3) Relinquished by:		Date		Time	
(4) Received by:		Date		Time		(5) Relinquished by:		Date		Time		(6) Received at Lab:		Date		Time	

Other

NYC-WTC_000177735

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CONFIDENTIAL,

CITY_21MC100_003474274