

TAYLOR ENVIRONMENTAL GROUP, INC.
130 JERICHO TPKE., FLORAL PARK, NY 11001

516-358-2955
Fax 516-358-1780

21501

LEAD SAMPLING DATA AND CHAIN OF CUSTODY DOCUMENT

CLIENT NAME/ADDRESS NYC SCA		CONTACT: HAROLD SAUDJ.		SAMPLER (SIGNATURE) <i>Carlos [Signature]</i>		DATE 8-26-02.		TIME		SAMPLE(S) SEALED ☒ YES ☐ NO	
PROJECT LOCATION: STUYVESANT H.S.		PROJECT # M477-15217/24881		SAMPLER NAME (PRINT) CARLOS SAUDJ						CORRECT CONTAINER(S) ☒ YES ☐ NO	
SAMPLE INFORMATION:				MATRIX (CIRCLE ONE) ☒ WIPE ☐ PAINT ☐ SOIL ☐ OTHER							
LABORATORY #	SAMPLE #	LOCATION	AREA (FT ²)	SURFACE MATERIAL WOOD METAL BRICK OTHER				LAB RESULT			
	LW-01	ROOM # C038 TOP OF DESK	1								< 9.0
	LW-02	ROOM # C038 FLOOR by ENTRANCE	1								10.9
	LW-03	ROOM # C025 TOP OF GAS HEATER	1								32.2
	LW-04	ROOM # C025 FLOOR by ENTRANCE	1								< 9.0
	LW-05	ROOM # C023 TOP OF WATER HEATER.	1								< 9.0
	LW-06	ROOM # C023 FLOOR AT CENTER.	1								< 9.0
	LW-07	ROOM # C035 TOP OF SHOWER	1								< 9.0
	LW-08	ROOM # C035 FLOOR by ENTRANCE	1								< 9.0
Fax 212-406-2535 516 358 245-1780				TURNAROUND REQUIRED: NORMAL ☐ STAT ☐ BY 6/15				COMMENTS / INSTRUCTIONS			
RELINQUISHED BY (SIGNATURE) <i>[Signature]</i>	DATE TIME 5:45	PRINTED NAME S. FRANCIS	RECEIVED BY (SIGNATURE) <i>[Signature]</i>		DATE TIME 08/26		PRINTED NAME				
RELINQUISHED BY (SIGNATURE)	DATE TIME	PRINTED NAME	RECEIVED BY LAB (SIGNATURE)		DATE TIME		PRINTED NAME				

WHITE - OFFICE / YELLOW - LAB / PINK - CLIENT

CITY_21MC100_01108213

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CLIENT NAME/ADDRESS NYC SCA		CONTACT: HAMID SAUDJ.		SAMPLER (SIGNATURE) <i>Carlos Jofre</i>		DATE 8-26-02		TIME		SAMPLE(S) SEALED YES / NO	
PROJECT LOCATION: STUYVESANT H.S.		PROJECT # H477-15217 / 29481		SAMPLER NAME (PRINT) CARLOS JOFRE						CORRECT CONTAINER(S) YES / NO	
				MATRIX (CIRCLE ONE): WIPE PAINT SOIL OTHER _____							
SAMPLE INFORMATION:			AREA (FT ²)		SURFACE MATERIAL				LAB RESULT		
LABORATORY #	SAMPLE #	LOCATION			WOOD	METAL	BRICK	OTHER			
	FB1	FIELD BLANK		_____					49.0		
	FB2	FIELD BLANK		_____					49.0		
fax 212-4062535				TURNAROUND REQUIRED:				COMMENTS / INSTRUCTIONS			
				NORMAL ☐ STAT ☐ BY 1 / 1							
RELINQUISHED BY (SIGNATURE)	DATE	PRINTED NAME		RECEIVED BY (SIGNATURE)				DATE	PRINTED NAME		
	TIME			<i>AS 08/26 6p</i>				TIME			
RELINQUISHED BY (SIGNATURE)	DATE	PRINTED NAME		RECEIVED BY LAB (SIGNATURE)				DATE	PRINTED NAME		
	TIME							TIME			

WHITE - OFFICE / YELLOW - LAB / PINK - CLIENT

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