

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

## CHAIN OF CUSTODY

ROZSOZY

Page      of

|                                                                                       |                                                        |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|--------------------------------|----------------------|-----------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|---------------|------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Report Results To:                                                                    | PO #                                                   | Quote #                               | JOB ID: 19125-0291             |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Name                                                   | J. Cohn                               |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Company                                                | ATC                                   |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Mailing Address                                        | 104 E 25TH ST.                        |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| Submit Invoice To:                                                                    | City                                                   | NY                                    | State                          | NY                   | ZIP                               | 10010 | ANALYSIS REQUESTED                                                                                                                              |                          |  |               |            |  | Preservatives Key:<br>A = Ascorbic Acid<br>C = HCl<br>H = HNO3<br>I = Ice<br>N = NaOH<br>O = Other:<br><br>N2 = Na2SO3<br>S = H2SO4<br>Z = ZnAcetate<br>X = None |  |  |  |  |  |
|                                                                                       | Telephone #                                            | 212-353-8250                          | Fax #                          | -                    | -                                 | 8306  | Use attachments if necessary.<br>Please specify method requirements.                                                                            |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Name                                                   | SAME                                  |                                |                      |                                   |       | Hydrocarbon SCGN<br>16T (A+B)                                                                                                                   |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Company                                                |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| Due Date:                                                                             | Mailing Address                                        |                                       |                                |                      |                                   |       | Preservatives (See above Key, list all that apply)<br>Type (P=Plastic, G=Glass, A=Air)<br>Container Volume (Liter, etc)<br>Number of Containers |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | City                                                   |                                       | State                          |                      | ZIP                               |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Telephone #                                            |                                       | Fax #                          |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
|                                                                                       | Credit Card Info (include exp. date)                   |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| Sampled by: Tezzin                                                                    |                                                        | Sampling Location (Specify State): NY |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 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<br>(ID must match container labels) |                                       | Final Air Volume<br>(L or min) | Matrix Type          | Sampling Info<br>Date    MIN Time |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 1                                                                                     | ATC-0518-M833-VOC1                                     |                                       | 120                            | Air                  | 5/18/02                           | 600   | ✓                                                                                                                                               |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 2                                                                                     | ATC-0518-M833-VOC2                                     |                                       | 120                            | ↓                    | ↓                                 | 600   | ✓                                                                                                                                               |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 3                                                                                     | ATC-0518-M833-VOC3                                     |                                       | 120                            | ↓                    | ↓                                 | 600   | ✓                                                                                                                                               |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 4                                                                                     | ATC-0518-M833-VOC4                                     |                                       | 120                            | ↓                    | ↓                                 | 600   | ✓                                                                                                                                               |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 5                                                                                     | ATC-0518-M833-VOC5                                     |                                       | BLANK                          | ✓                    | ✓                                 |       | ✓                                                                                                                                               |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 6                                                                                     |                                                        |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 7                                                                                     |                                                        |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 8                                                                                     |                                                        |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 9                                                                                     |                                                        |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| 10                                                                                    |                                                        |                                       |                                |                      |                                   |       |                                                                                                                                                 |                          |  |               |            |  |                                                                                                                                                                  |  |  |  |  |  |
| (1) Relinquished by: Tezzin                                                           |                                                        | Date: 5/22/02                         | 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: DMT |  | Date: 5-23-02 | Time: 0930 |  |                                                                                                                                                                  |  |  |  |  |  |

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