

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

CHAIN OF CUSTODY

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JOB ID:

19125-0279

Report Results To:	PO #	Quote #	
	Name	James Conn	
	Company	ATC Associates Inc.	
	Mailing Address	104 S. 25 th	
	City	New York	State NY ZIP 10010
	Telephone #	212-353-8280	Fax # 212-353-8306
Submit Invoice To:	Name		
	Company	SAME	
	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

$$C = HCl \quad N_2 = Na_2S_2O_3$$

H = HNO₃ S = H₂SO₄

I = Ice Z = ZnAcetate

N = NaOH	X = None
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O = Other:

Sampled by: <i>Tenn / wazgeli</i>	Sampling Location (Specify State): <i>NY</i>
Due Date:	(Rush TAT requires Lab approval)

REPORTING REQUIREMENTS (Circle all that apply)

Full Data Package	Reduced Deliverables Package	Electronic Data Deliverables
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UST	NPDES	MIPP	RCRA	Stormwater	DEP (PWS #
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Please specify method requirements.

Hydrocarbon Scan (16TAN)

Preservatives Key:

A = Ascorbic Acid
 C = HCl N2 = NaS2O3
 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

✓ Main entrance lobby
 ✓ 1st fl. hallway - middle
 ✓ West play ground
 ✓ Roof

(1) Relinquished by: T/W	Date 3/6/02	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: [Signature]	Date 3/7	Time [Signature]

Method of Delivery: UPS

FED-EX

PAS Courier

Client

US Mail

Other