


**PSC Analytical Services**

4418 Pottsville Pike

Reading, PA 19605

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# CHAIN OF CUSTODY

PSC Work Order #

R02050018

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|                    |                                      |                                 |
|--------------------|--------------------------------------|---------------------------------|
| 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 #                          | 212.353.8280 Fax # 212.353.8306 |
|                    | Name                                 |                                 |
|                    | Company                              | SAME                            |
|                    | Mailing Address                      |                                 |
|                    | City                                 | State ZIP                       |
|                    | Telephone #                          | Fax #                           |
|                    | Credit Card Info (include exp. date) |                                 |

JOB ID: 19125-0289

**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: Wagh &amp; Tenzin 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<br>(ID must match container labels) | Final Air Volume<br>(L <del>minimum</del> ) | Matrix Type | Sampling Info |       |   |  |  |  |  |  |  |  |  |  |  |  | Preservatives (See above Key; list all that apply) | Type (P=Plastic, G=Glass, A=Air) | Container Volume (Liter, etc) | Number of Containers |
|--------|--------------------------------------------------------|---------------------------------------------|-------------|---------------|-------|---|--|--|--|--|--|--|--|--|--|--|--|----------------------------------------------------|----------------------------------|-------------------------------|----------------------|
|        |                                                        |                                             |             | Date          | Time  |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |
| 1      | ATC-0429-150M-VOC1                                     | 120                                         | air         | 4/29/02       | 600   | ✓ |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               | outside plaza        |
| 2      | ATC-0429-150M-VOC2                                     | 120                                         | ↓           |               | 600   | ✓ |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               | Main Lobby           |
| 3      | ATC-0429-150M-VOC3                                     | 120                                         | ↓           |               | 600   | ✓ |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               | Roof                 |
| 4      | ATC-0429-150M-VOC4                                     | Blank                                       | ↓           |               | Blank | ✓ |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               | Blank                |
| 5      |                                                        |                                             |             |               |       |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |
| 6      |                                                        |                                             |             |               |       |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |
| 7      |                                                        |                                             |             |               |       |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |
| 8      |                                                        |                                             |             |               |       |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |
| 9      |                                                        |                                             |             |               |       |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |
| 10     |                                                        |                                             |             |               |       |   |  |  |  |  |  |  |  |  |  |  |  |                                                    |                                  |                               |                      |

|                            |      |      |                      |      |      |                                  |      |      |
|----------------------------|------|------|----------------------|------|------|----------------------------------|------|------|
| (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 at Lab: (signature) | Date | Time |

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