



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 #

R0200821

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

JOB ID: 19125- 0279

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: *Wagdi / Tuzun* 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 (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info	
				Date	Time
1	ATC-0618-234M-Hg ₁	120	Air	6/10/02	600
2	ATC-0618-234M-Hg ₂	120	↓	↓	600
3	ATC-0618-234M-Hg ₃	120	↓	↓	600
4	ATC-0618-234M-Hg ₄	120	↓	↓	600
5	ATC-0618-234M-Hg ₅	BLANK			
6					
7					
8					
9					
10					

Preservatives (See above Key; list all that apply)

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

Container Volume (Liter, etc)

Number of Containers

Main lobby
 1st fl. hallway middle
 west playground
 Roof

(1) Relinquished by: <i>Tuzun</i>	Date: <i>6/19/02</i>	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: <i>A.F.</i>	Date: <i>6-24-02</i>	Time: <i>10:00</i>

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