

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

## CHAIN OF CUSTODY

PSC Work Order #  
R02050229

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|                                                                                    |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------|-------------|------------------------------------|--------------|----------------------------------------------------|------|----------------------|--|------|------|----------------------|--|------|------|--|--|
| Report Results To:                                                                 | PO #                                                                              | Quote #                          |             | JOB ID: 19125-0297                 |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | 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 #                                                                       | 212.353.8220                     |             | Fax #                              | 212.353.8306 |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | Name                                                                              |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | Company                                                                           | SAME                             |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | Mailing Address                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | City                                                                              |                                  | State       |                                    | ZIP          |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| REPORTING REQUIREMENTS (Circle all that apply)                                     | Telephone #                                                                       |                                  |             | Fax #                              |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | Credit Card Info (include exp. date)                                              |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | Sampled by:                                                                       | Waghi                            |             | Sampling Location (Specify State): |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | Due Date:                                                                         | (Rush TAT requires Lab approval) |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    | 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                      |              | Gravimetric Dust                                   |      |                      |  |      |      |                      |  |      |      |  |  |
|                                                                                    |                                                                                   |                                  |             | Date                               | Time         |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| 1                                                                                  | ATC-0502-89M-Dusts                                                                | 14400                            | AIR         | 5/2/02                             | 24 hrs       | Preservatives (See above Key; list all that apply) |      |                      |  |      |      |                      |  |      |      |  |  |
| 2                                                                                  |                                                                                   |                                  |             |                                    |              | Type (P=Plastic, G=Glass, A=Air)                   |      |                      |  |      |      |                      |  |      |      |  |  |
| 3                                                                                  |                                                                                   |                                  |             |                                    |              | Container Volume (Liter, etc)                      |      |                      |  |      |      |                      |  |      |      |  |  |
| 4                                                                                  |                                                                                   |                                  |             |                                    |              | Number of Containers                               |      |                      |  |      |      |                      |  |      |      |  |  |
| 5                                                                                  |                                                                                   |                                  |             |                                    |              | Hall outside Cafeteria                             |      |                      |  |      |      |                      |  |      |      |  |  |
| 6                                                                                  |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| 7                                                                                  |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| 8                                                                                  |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| 9                                                                                  |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| 10                                                                                 |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |
| (1) Relinquished by: Waghi                                                         |                                                                                   | 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:               |              | Date                                               | Time | (7) Relinquished by: |  | Date | Time | (8) Received at Lab: |  | Date | Time |  |  |
| Method of Delivery:    UPS <u>FED-EX</u> PAS Courier    Client    US Mail    Other |                                                                                   |                                  |             |                                    |              |                                                    |      |                      |  |      |      |                      |  |      |      |  |  |