



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 #

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Report Results To:	PO #	Quote #		
	Name	James Gohy		
	Company	ATC		
	Mailing Address	104 E 25th St.		
	City	NY	State	NY ZIP 10010
	Telephone #	212 353-8280	Fax #	— — 8306

Submit Invoice To:	Name		
	Company <i>same</i>		
	Mailing Address		
	City	State	ZIP
	Telephone #	Fax #	
	Credit Card Info (include exp. date)		

Sampled by: Tenzin / Wang 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	Min/Time
1	ATC-0530-89M-Hg	120	Air	5/30/02	600
2	ATC-0530-89M-Hg ¹	120	↓	↓	600
3	ATC-0530-89M-Hg ²	120	↓	↓	600
4	ATC-0530-89M-Hg ³	120	↓	↓	600
5	ATC-0530-89M-Hg ⁵	BLANK	↓	↓	
6					
7					
8					
9					
10					

JOB ID:

19725-0297

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid

C = HCl

$$N_2 = Na_2S_2O_3$$
$$H = HNO_3$$

S = H₂SO₄

$$I = I_{ce}$$

Z = ZnAcetate

N = NaOH

X = Nope

0 = Other:

(1) Relinquished by: <i>Termin</i>	Date <i>5/3/02</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>G.K.</i>	Date <i>6/2/02</i>	Time <i>9:30</i>

Method of Delivery: UPS

FED-EX

PAS Courier

Client

US Mail

Other