



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 #

R02040807

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JOB ID: 19125-0279

Report Results To:	PO #	Quote #
	Name	James Cohn
	Company	ATC Associate 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)	

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: Waghi 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 # _____)

Preservatives (See above Key; list all that apply)

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

Container Volume (Liter, etc)

Number of Containers

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or m ³)	Matrix Type	Sampling Info		
				Date	Time	
1	ATC-0416-234M-S1	1020	air	4/16/02	600	✓
2	ATC-0416-234M-S2	1020			600	✓
3	ATC-0416-234M-S3	1020			600	✓
4	ATC-0416-234M-S4	1020			600	✓
5	ATC-0416-234M-S5	816			480	✓
6	ATC-0416-234M-S6	816			480	✓
7	ATC-0416-234M-S7	816			480	✓
8	ATC-0416-234M-S8	Blank			Blank	✓
9						
10						

1st floor Hall middle

Gym

Cafeteria

Auditorium

Room 315 South

Room 316 East

Library South

Blank

(1) Relinquished by: <u>Waghi</u>	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: <u>J. Dear</u>	Date: <u>4-19-02</u>	Time: <u>930</u>

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

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610-921-9667

CSD

APR 20 2002 05:11

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