



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 #

202041170

Page 1 of 1

Report Results To:	PO #	Quote #	
	Name	James Cohn	
	Company	ATC Associates Inc	
	Mailing Address	104 E 25th Street 10th floor	
	City	State	ZIP
	New York	NY	10010
Submit Invoice To:	Telephone #	212-352-8280	Fax # 212-253-8306
	Name		
	Company	SAME	
	Mailing Address		
	City	State	ZIP
	Telephone #	Fax #	
	Credit Card Info (include exp. date)		

JOB ID: 19125-0246

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid

C = HCl N2 = Na2S2O3

H = HNO₃ S = H₂SO₄

I = Ice Z = ZnAcetate

N = NaOH X = None

0 = Other.

Sampled by: WAGDI 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
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UST	NPDES	MIPP	RCRA	Stormwater	DEP (PWS #
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ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info	
				Date	Time
1	ATC-0424-STY-PCB ₁	100 cm ³	W/PCB	4/24/12	
2	ATC-0424-STY-PCB ₂	100 cm ³	↓	↓	
3	ATC-0424-STY-PCB ₃	100 cm ³	↓	↓	
4					
5					
6					
7					
8					
9					
10					

Preservatives (See above Key;
list all that apply)

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

Container Volume (Liter, etc)

Number of Containers

Maui Leblanc	
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Bridge Ent. Lohh

HVAC unit II

plz use The Blank
of 150 M

(1) Relinquished by: <i>Wagdy</i>	Date <i>2/29/02</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>Dr. H. H. H.</i>	Date <i>2/29/02</i>	Time

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