

P.10

610-921-9667

PSC 634 80 20 09 02 08:33a

CITY_21MC100_002919404



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 #

R020700101

Page 1 of 1

JOB ID:

19125-0289

Report Results To:	PO #	Quote #	
	Name	J. Cohn	
	Company	ATC	
	Mailing Address	104 E 25th St.	
	City	NY	State NY ZIP 10010
Submit Invoice To:	Telephone #	212-353-8280	Fax # --- 836
	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: Tenn 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-0624-150M-PCB ₁	100 cm ³	w:pp	6/24/02	
2	ATC-0624-150M-PCB ₂	100 cm ³	w:pp	6/24/02	
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

Main Lobby - Floor
BLANK

(1) Relinquished by: <u>T/W</u>	Date: <u>6/20/02</u>	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>G.K.</u>	Date: <u>7.1.02</u>	Time: <u>9:45</u>

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