

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

CHAIN OF CUSTODY

202021005

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Report Results To:	PO #		Quote #		JOB ID: 19123-0246		
	Name	James Cohn			ANALYSIS REQUESTED Use attachments if necessary. Please specify method requirements.		
	Company	ATC Associates Inc.					
	Mailing Address	104 E 25th Street 10th floor					
	City	New York	State	NY ZIP 10010			
	Telephone #	212.353.8220	Fax #	212.353.8316			
Submit Invoice To:	Name	SAME			Preservatives Key: A = Ascorbic Acid C = HCl N2 = Na2SO3 H = HNO3 S = H2SO4 I = Ice Z = ZnAcetate N = NaOH X = None O = Other: _____ Preservatives (See above Key; list all that apply) Type (P=Plastic, G=Glass, A=Air) Container Volume (Liter, etc) Number of Containers		
	Company						
	Mailing Address						
	City		State	ZIP			
	Telephone #		Fax #				
	Credit Card Info (include exp. date)						
	Sampled by: Tenzin Wangden	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 #)							
ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info			
				Date	Time		
1	ATC-0227-STY-Dust @	14400	air	2/27/02	24 hrs	/	
2							
3							
4							
5							
6							
7							
8							
9							
10							
(1) Relinquished by: Wayde Aaron		Date	Time	(2) Received by:		Date	Time
(4) Received by:		Date	Time	(5) Relinquished by:		Date	Time
(6) Received at Lab:		J. Deane		(6) Received at Lab:		Date	Time
		2/28/02				440	

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