

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

R02031090

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Report Results To:	PO #	Quote #		JOB ID: 19125-0291														
	Name	James Cohn																
	Company	ATC Associates Inc.																
	Mailing Address	104 E 25th Street 10th floor																
	City	New York	State	NY	ZIP	10016												
Submit Invoice To:	Telephone #	212-353-8280				Fax #		212-353-8306										
	Name																	
	Company	SAME																
	Mailing Address																	
	City					State					ZIP							
Due Date:	Telephone #					Fax #												
	Credit Card Info (include exp. date)																	
	Sampled by: Waqdi A Tenzi Sampling Location (Specify State):																	
	(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 m3~~)	Matrix Type	Sampling Info														
				Date	Time													
1	ATC-0323-M833-S1	1020	air	3/23/02	600	✓												
2	ATC-0323-M833-S2	1020			600	✓												
3	ATC-0323-M833-S3	1020			600	✓												
4	ATC-0323-M833-S4	Blank	↓	↓	Blank	✓												
5																		
6																		
7																		
8																		
9																		
10																		
(1) Relinquished by: WAT		Date	Time	(2) Received by:		Date	Time	(3) Relinquished by: JONT		Date	Time	(4) Received by:		Date	Time			
(4) Received by:		Date	Time	(5) Relinquished by:		Date	Time	(6) Received at Lab:		Date	Time	(6) Received at Lab:		Date	Time			

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