

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

CHAIN OF CUSTODY

PSC Work Order #
R02040894

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Report Results To:	PO #	Quote #		JOB ID: 19125-0246		
	Name	JAMES COHN				
	Company	ATC ASSOCIATES INC				
	Mailing Address	104 E 25th Street 10th Floor				
	City	New York	State	NY	ZIP	10010
	Telephone #	212. 353. 8280	Fax #	212. 353. 8306		
Submit Invoice To:	Name					
	Company	SAME				
	Mailing Address					
	City	State	ZIP			
	Telephone #	Fax #				
	Credit Card Info (include exp. date)					
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		
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-0419-STY-DUST(1)	14400	AIR	4/19/02	24 hrs	
2						
3						
4						
5						
6						
7						
8						
9						
10						
(1) Relinquished by: [Signature]		Date: 4/22/02	Time:	(2) Received by:		
(4) Received by:		Date:	Time:	(5) Relinquished by:		
(3) Relinquished by:		Date:	Time:	(6) Received at Lab: J. Deon		
		Date: Y-23-02	Time: 845			

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