U.S EPA Region III Analytical Request Form

Revision 11.09

OASQA USE ONLY			
Control #		**RAS #**	
DAS#		**NSF #**	
PES #		**Analytical TAT**	

Date: 01/08/2012	Site Activity: Removal Site Evaluation		
Site Name: Dimock Residential Groundwater Site		Street Address: PA RT 229 @ 2024	
City: Dimock	State: PA 18847	Latitude:	Longitude:
Program: Superfund	Acct. #: 2012 T03N303DC6A3TARS00	CERCLIS #: Unknown	
Site ID: N/A	Spill ID: A3TA	Operable Unit:	
Site Specific QA Plan Submitted: ☐ No ☒ Yes	Title: Residential Well Sampling QA/QC Work Plan		**Date Approved: Pending**
EPA Project Leader: Rich Fetzer	Phone#: 215-341-6307	Cell Phone #: 215-341-6307	E-mail: fetzer.richard@epa.gov
Request Preparer: Gene Nance	Phone#: 740-867-0968	Cell Phone #: 304-830-1442	E-mail: gnance@techlawinc.com
Site Leader: Suddha Graves	Phone#: 304-230-1230	Cell Phone #: 304-830-1441	E-mail: sgraves@techlawinc.com
Contractor: TechLaw, Inc.		EPA CO/PO: Denise T. Jones/Karen Esposito	
#Samples 71	Matrix: drinking water	Parameter: alpha spectroscopy (Th-228, Th-230, Th-232)	Method: HASL 300
#Samples 71	Matrix: drinking water	Parameter: alpha spectroscopy (U-234, U-235, U-236, U-238)	Method: HASL 300
#Samples 71	Matrix: drinking water	Parameter: gamma spec (Bi-212, Bi-214, K-40, Ra-226, Ra-228, Th-232, Th-234, U-234, U-235, U-238)	Method: EPA 901.1
#Samples 71	Matrix: drinking water	Parameter: Gross alpha/beta	Method: EPA 900.0
#Samples 71	Matrix: drinking water	Parameter: Ra-226	Method: EPA 903.1
#Samples 71	Matrix: drinking water	Parameter: Ra-228	Method: EPA 904.0
#Samples	Matrix:	Parameter:	Method:
#Samples	Matrix:	Parameter:	Method:
Ship Date From: Jan 11, 2012	Ship Date To: Jan 31, 2012	Org. Validation Level	Inorg. Validation Level IM2
Unvalidated Data Requested: ☐ No ☒ Yes If Yes, TAT Needed: ☐ 24hrs ☐ 48hrs ☐ 72hrs ☐ 7days ☒ Other (Specify) 35 days (if feasible)			
Validated Data Package Due: ☐ 14 days ☐ 21 days ☒ 35 days ☐ 42 days ☐ Other (Specify)			
Electronic Data Deliverables Required: ☐ No ☒ Yes (EDDs will be provided in Region 3 EDD Format) if available			
Special Instructions: TATs flexible based upon laboratory schedule/availability.			

FORM ARF- 03/05

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