ALS | Environmental
4388 Glendale Milford Rd.
Cincinnati, Ohio 45242
Phone: (800)-458-1493 or
(513) 733-5336
Fax: (513) 733-5347
STELLA HANIS
Project Manager

ANALYTICAL REQUEST FORM

1602754 17365

☐ REGULAR Status RUSH ONLY HIGHLIGHTED SAMPLE - STANDARD TURN ON REMAINER

☒ RUSH Status Required - ADDITIONAL CHARGE

RESULTS REQUIRED BY 2-23-16 TUES (DATE)

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5/18/16 Purchase Order No. 41373

Company Name PBS ENG + ENV

Address 2517 EASTLAKE AVE E SUITE 100

SEATTLE (City) WA (State) 98102 (Zip)

Send Report To GREGG MIDDAUGH

Email Address gregg-middaugh@pbsenv.com

Telephone (206) 233-9639

Fax Telephone ( )

Billing Address (if different) SAME

Quote No.

Sampling Site SVEC

Date/Time of Collection

Project No. 41373.000

µg/m³

Lab Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
01	021-PCB-A	A	2050	EPA TO-10A
02	022-PCB-A		1988	
03	032-PCB-A		2042	
04	033-PCB-A		2038	
05	034-PCB-A		1968	
06	035-PCB-A		2013	
07	036-PCB-A		1968	
08	037-PCB-A		2009	
09	038-PCB-A		1968	
10	039-PCB-A		2029	
11	040-PCB-A		2034	
12	041-PCB-A		1968	
13	042-PCB-A		2025	
14	043-PCB-A		2009	
15	044-PCB-A		1993	

Failure to complete all portions of this form may delay analysis. Please fill in this form *LEGIBLY*.

CHAIN OF CUSTODY

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time
Gregg Middaugh	5/18/16	[illegible]	5/19/16 09:23
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time

ALS LAB USE ONLY		DELIVERY METHOD: CLIENT DROP BOX FEDEX UPS STD MAIL PRTY MAIL ALS COURIER OTHER
COOLER TEMP: 16.3 °C	pH ADJUSTMENTS:	CUSTODY SEALS: NONE COOLER PACKAGE SAMPLES
COOLING METHOD: NONE COOLER WET ICE DRY ICE ICE PACK		EQUIP. RETURNED:

* RUSH ONLY HIGHLIGHTED SAMPLES – STANDARD TURN ON REMAINER.

[For lab use only]

ANALYTICAL REQUEST FORM

1602756

1. ☐ REGULAR Status

* ☒ RUSH Status Requested - ADDITIONAL CHARGE
RESULTS REQUIRED BY 2-23-16 TUES
DATE
CONTACT ALS SALT LAKE PRIOR TO SENDING SAMPLES

2. Date 5/18/16 Purchase Order No. 41373,000

3. Company Name PBS ENG & ENV
Address 2517 EASTLAKE AVE E.
SEATTLE, WA 98102
Person to Contact GREGG MURDAUGH
Telephone (206) 255 4659
Fax Telephone ( )
E-mail Address
Billing Address (if different from above)
SAME

4. Quote No.
ALS Project Manager HANNES

5. Sample Collection
Sampling Site SVEC
Industrial Process SCHOOL
Date of Collection
Time Collected
Date of Shipment
Chain of Custody No.

6. How did you first learn about ALS?

7. REQUEST FOR ANALYSES

	Client Sample Number	Matrix*	Sample/Area Volume	ANALYSES REQUESTED - Use method number if known	Units**	Lab Comments
16	045-PCB-A	A	2050	EPA TO13A	1	
17*	046-PCB-A	↓	2,160	↓	↓	
18	047-PCB-A	↓	2071	↓	↓	
19	048-PCB-A	↓	2058	↓	↓	
20	049-PCB-A	↓	2079	↓	↓	
21*	050-PCB-A	↓	~~2,169~~	2058	↓	
22	051-PCB-A	↓	2075	↓	↓	
23*	052-PCB-A	↓	2,169	↓	↓	
24	053-PCB-A	↓	2075	↓	↓	
25*	054-PCB-A	↓	2,157	↓	↓	
26*	055-PCB-A	↓	2,821	↓	↓	
27*	056-PCB-A	↓	2,132	↓	↓	
28	057-PCB-A	↓	1984	↓	↓	
29	058-PCB-A	↓	1968	↓	↓	

* Specify: Solid sorbent tube, e.g. Charcoal; Filter type; Impinger solution; Bulk sample; Blood; Urine; Tissue; Soil; Water; Other

** 1. µg/sample 2. mg/m^3 3. ppm 4. % 5. µg/m^3 6._____ (other) Please indicate one or more units in the column entitled Units**

Comments

Possible Contamination and/or Chemical Hazards

7. Chain of Custody (Optional)

Relinquished by	[signature]	Date/Time	5/18/16
Received by	[signature]	Date/Time	2/19/16 09:23
Relinquished by		Date/Time	
Received by		Date/Time	

960 West LeVoy Drive / Salt Lake City, UT 84123 800-356-9135 or 801-266-7700 / FAX: 801-268-9992
ALS Environmental

*RUSH HIGHLIGHTED SAMPLE – STANDARD TURN ON REMAINDER

[For lab use only]

ANALYTICAL REQUEST FORM

1607756

1. ☐ REGULAR Status

☒ RUSH Status Requested - ADDITIONAL CHARGE
RESULTS REQUIRED BY 2-23-16 TUES
DATE
CONTACT ALS SALT LAKE PRIOR TO SENDING SAMPLES

2. Date 5/18/16 Purchase Order No. 41373,000

3. Company Name PBS ENG. & ENV.
Address 2517 EASTLAKE AVE E
SEATTLE, WA 98102
Person to Contact GREGG MIDDAUGH
Telephone ( ) 206. 255. 4659
Fax Telephone ( ) —
E-mail Address
Billing Address (if different from above)
SAME

4. Quote No.
ALS Project Manager HANNIS

5. Sample Collection
Sampling Site SVEC
Industrial Process SCHOOL
Date of Collection
Time Collected
Date of Shipment
Chain of Custody No.

6. How did you first learn about ALS?

7. REQUEST FOR ANALYSES

	Client Sample Number	Matrix*	Sample/Area Volume	ANALYSES REQUESTED - Use method number if known	Units**	Lab Comments
30 *	-059	AIR	1,898	EPA TO-10A	1	
31 *	-060		1,993			
32 *	-061		1,993			
33 *	-062		1,997			
34 *	-063		2001			
35 *	-064		1875			
36	-065		2033			
37	-066		2107			
38	-067		1939			
39	-068		1993			
40	-069 OMIT					
41	-070 OMIT					

* Specify: Solid sorbent tube, e.g. Charcoal; Filter type; Impinger solution; Bulk sample; Blood; Urine; Tissue; Soil; Water; Other

** 1. µg/sample 2. mg/m^3 3. ppm 4. % 5. µg/m^3 6._____ (other) Please indicate one or more units in the column entitled Units**

Comments

Possible Contamination and/or Chemical Hazards

7. Chain of Custody (Optional)

Relinquished by	Gregg Middaugh	Date/Time	5/18/16
Received by	S Hannegfer	Date/Time	2/19/16 09:23
Relinquished by		Date/Time	
Received by		Date/Time	

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ALS Environmental