



39 Spruce Street ° East Longmeadow, MA 01028 ° FAX 413/525-6405 ° TEL. 413/525-2332

REPORT DATE 6/8/2009

TRC SOLUTIONS - LOWELL
650 SUFFOLK STREET
LOWELL, MA 01852
ATTN: DAVID SULLIVAN

CONTRACT NUMBER:
PURCHASE ORDER NUMBER:

PROJECT NUMBER:

ANALYTICAL SUMMARY

LIMS BAT #: LIMIT-25228

JOB NUMBER: 115058

PROJECT LOCATION: CITY OF NEW BEDFORD (WF)

FIELD SAMPLE #	LAB ID	MATRIX	SAMPLE DESCRIPTION	TEST	Subcontract Lab (if any) Cert. Nos.
WFV-14	09B14377	SOIL	Not Specified	as (mg/kg)dw icp	
WFV-14	09B14377	SOIL	Not Specified	solids (percent)	
WFV-17	09B14378	SOIL	Not Specified	as (mg/kg)dw icp	
WFV-17	09B14378	SOIL	Not Specified	solids (percent)	
WFV-20	09B14379	SOIL	Not Specified	as (mg/kg)dw icp	
WFV-20	09B14379	SOIL	Not Specified	solids (percent)	
WFV-23	09B14380	SOIL	Not Specified	as (mg/kg)dw icp	
WFV-23	09B14380	SOIL	Not Specified	solids (percent)	
WFV-34	09B14381	SOIL	Not Specified	as (mg/kg)dw icp	
WFV-34	09B14381	SOIL	Not Specified	solids (percent)	



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LOWELL, MA 01852
ATTN: DAVID SULLIVAN

CONTRACT NUMBER:
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PROJECT NUMBER:

ANALYTICAL SUMMARY

LIMS BAT #: LIMT-25228
JOB NUMBER: 115058

Comments :

LIMS BATCH NO. : LIMT-25228

REVISED REPORT - 6/8/09 - CLIENT NAME AND ADDRESS CHANGED

CASE NARRATIVE SUMMARY

Recommended sample holding times were not exceeded for all samples unless listed below:
None Exceeded

All samples for the method(s) listed were received preserved properly in the proper containers at 4°C +/- 2 degrees as specified on the chain-of-custody form unless listed below:
All properly preserved

There are no (other) analytical issues which affect the usability of the data.

DETAILED CASE NARRATIVE

METHOD SW846-6010 - ADDITIONAL DETAILS

Only As was requested and reported.

The results of analyses performed are based on samples as submitted to the laboratory and relate only to the items collected and tested.

The CON-TEST Environmental Laboratory operates under the following certifications and accreditations. AIHA accreditations only apply to NIOSH methods and Environmental Lead Analyses.

AIHA 100033	AIHA ELLAP (LEAD) 100033	NORTH CAROLINA CERT. # 652
MASSACHUSETTS MA0100	NEW HAMPSHIRE NELAP 2516	NEW JERSEY NELAP NJ MA007 (AIR)
CONNECTICUT PH-0567	VERMONT DOH (LEAD) No. LL015036	FLORIDA DOH E871027 (AIR)
NEW YORK ELAP/NELAP 10899	RHODE ISLAND (LIC. No. 112)	

I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.

Edward Denson 6/8/09
SIGNATURE DATE

Tod Kopyscinski
Air Laboratory Manager

Michael Erickson
Assistant Laboratory Director

Edward Denson
Technical Director

Daren Damboragian
Organics Department Supervisor

* See end of data tabulation for notes and comments pertaining to this sample



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DAVID SULLIVAN
TRC SOLUTIONS - LOWELL
650 SUFFOLK STREET
LOWELL, MA 01852

Purchase Order No.:

6/8/2009
Page 2 of 5

Project Location: CITY OF NEW BEDFORD (WF)
Date Received: 6/2/2009

LIMS-BAT #: LIMIT-25228
Job Number: 115058

Analytical Method:
SW846 3050/6010

SAMPLES ARE DIGESTED WITH NITRIC ACID AND THEN ANALYZED BY
INDUCTIVELY COUPLED PLASMA EMISSION SPECTROSCOPY.

RL = Reporting Limit

ND = Not Detected at or above the Reporting Limit

NM = Not Measured

* = See end of report for comments and notes applying to this sample

‡ = See attached chain-of-custody record for time sampled

SPEC LIMIT = a client specified recommended or
regulatory level for comparison with data to
determine PASS (P) or FAIL (F) condition of results.



39 Spruce Street ° East Longmeadow, MA 01028 ° FAX 413/525-6405 ° TEL. 413/525-2332

DAVID SULLIVAN
TRC SOLUTIONS - LOWELL
650 SUFFOLK STREET
LOWELL, MA 01852

Purchase Order No.:

6/8/2009
Page 4 of 5

Project Location: CITY OF NEW BEDFORD (WF)
Date Received: 6/2/2009

LIMS-BAT #: LIMIT-25228
Job Number: 115058

Analytical Method:

SM 2540G

PERCENT OF SAMPLE REMAINING AFTER DRYING OVERNIGHT AT 103-105 DEGREES
CENTIGRADE.

RL = Reporting Limit

ND = Not Detected at or above the Reporting Limit

NM = Not Measured

* = See end of report for comments and notes applying to this sample

‡ = See attached chain-of-custody record for time sampled

SPEC LIMIT = a client specified recommended or
regulatory level for comparison with data to
determine PASS (P) or FAIL (F) condition of results.



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DAVID SULLIVAN
TRC SOLUTIONS - LOWELL
650 SUFFOLK STREET
LOWELL, MA 01852

6/8/2009
Page 5 of 5

Purchase Order No.:

Project Location: CITY OF NEW BEDFORD (WF)
Date Received: 6/2/2009

LIMS-BAT #: LIMIT-25228
Job Number: 115058

** END OF REPORT **

RL = Reporting Limit

ND = Not Detected at or above the Reporting Limit

NM = Not Measured

* = See end of report for comments and notes applying to this sample

‡ = See attached chain-of-custody record for time sampled

SPEC LIMIT = a client specified recommended or regulatory level for comparison with data to determine PASS (P) or FAIL (F) condition of results.



39 Spruce Street ° East Longmeadow, MA 01028 ° FAX 413/525-6405 ° TEL. 413/525-2332

QC SUMMARY REPORT

SAMPLE QC: Sample Results with Duplicates

BATCH QC: Lab fortified Blanks and Duplicates

Sample Matrix Spikes and Matrix Spike Duplicates

Standard Reference Materials and Duplicates

Method Blanks

Report Date: 6/8/2009

Lims Bat # : LIMIT-25228

Page 1 of 2

QC Batch Number: ICP-21755

Sample Id	Analysis	QC Analysis	Values	Units	Limits
BLANK-132855	Arsenic	Blank	<2.50	mg/kg dry wt	
LFBLANK-95176	Arsenic	Lab Fort Blank Amt.	123.00	mg/kg dry wt	
		Lab Fort Blk. Found	106.70	mg/kg dry wt	
		Lab Fort Blk. % Rec.	86.74	%	83-117
		Dup Lab Fort Bl Amt.	123.00	mg/kg dry wt	
		Dup Lab Fort Bl. Fnd	119.55	mg/kg dry wt	
		Dup Lab Fort Bl %Rec	97.19	%	83-117
		Lab Fort Blank Range	10.44	units	
		Lab Fort Bl. Av. Rec	91.97	%	
		LFB Duplicate RPD	11.35	%	0-30



QC SUMMARY REPORT

SAMPLE QC: Sample Results with Duplicates BATCH QC: Lab fortified Blanks and Duplicates
Sample Matrix Spikes and Matrix Spike Duplicates Standard Reference Materials and Duplicates
Method Blanks

Report Date: 6/8/2009 Lims Bat #: LIMIT-25228 Page 2 of 2

QUALITY CONTROL DEFINITIONS AND ABBREVIATIONS

QC BATCH NUMBER This is the number assigned to all samples analyzed together that would be subject to comparison with a particular set of Quality Control Data.
LIMITS Upper and Lower Control Limits for the QC ANALYSIS Reported. All values normally would fall within these statistically determined limits, unless there is an unusual circumstance that would be documented in a NOTE appearing on the last page of the QC SUMMARY REPORT. Not all QC results will have Limits defined.
Sample Amount Amount of analyte found in a sample.
Blank Method Blank that has been taken though all the steps of the analysis.
LFBLANK Laboratory Fortified Blank (a control sample)
STDADD Standard Added (a laboratory control sample)
Matrix Spk Amt Added Amount of analyte spiked into a sample
MS Amt Measured Amount of analyte found including amount that was spiked
Matrix Spike % Rec. % Recovery of spiked amount in sample.
Duplicate Value The result from the Duplicate analysis of the sample.
Duplicate RPD The Relative Percent Difference between two Duplicate Analyses.
Surrogate Recovery The % Recovery for non-environmental compounds (surrogates) spiked into samples to determine the performance of the analytical methods.
Sur. Recovery (ELCD) Surrogate Recovery on the Electrolytic Conductivity Detector.
Sur. Recovery (PID) Surrogate Recovery on the Photoionization Detector.
Standard Measured Amount measured for a laboratory control sample
Standard Amt Added Known value for a laboratory control sample
Standard % Recovery % recovered for a laboratory control sample with a known value.
Lab Fort Blank Amt Laboratory Fortified Blank Amount Added
Lab Fort Blk. Found Laboratory Fortified Blank Amount Found
Lab Fort Blk % Rec Laboratory Fortified Blank % Recovered
Dup Lab Fort Bl Amt Duplicate Laboratory Fortified Blank Amount Added
Dup Lab Fort Bl Fnd Duplicate Laboratory Fortified Blank Amount Found
Dup Lab Fort Bl % Rec Duplicate Laboratory Fortified Blank % Recovery
Lab Fort Blank Range Laboratory Fortified Blank Range (Absolute value of difference between recoveries for Lab Fortified Blank and Lab Fortified Blank Duplicate).
Lab Fort Bl. Av. Rec. Laboratory Fortified Blank Average Recovery
Duplicate Sample Amt Sample Value for Duplicate used with Matrix Spike Duplicate
MSD Amount Added Matrix Spike Duplicate Amount Added (Spiked)
MSD Amt Measured Matrix Spike Duplicate Amount Measured
MSD % Recovery Matrix Spike Duplicate % Recovery
MSD Range Absolute difference between Matrix Spike and Matrix Spike Duplicate Recoveries

MADEP MCP ANALYTICAL METHOD REPORT CERTIFICATION FORM

Laboratory Name: CON-TEST Analytical Laboratory	Project #: L1M1 - 25228
Project Location: CITY OF NEW BEDFORD	MADEP RTN ¹ :

This Form provides certifications for the following data set: [list Laboratory Sample ID Number(s)]
09B14377 - 09B14381

Sample Matrices: Groundwater Soil/Sediment Drinking Water Other: _____

MCP SW-846 Methods Used	8260B ()	8151A ()	8330 ()	6010B <input checked="" type="checkbox"/>	7470A/1A ()
	8270C ()	8081A ()	VPH ()	6020 ()	9014M ² ()
As specified in MADEP Compendium of Analytical Methods. (check all that apply)	8082 ()	8021B ()	EPH ()	7000 S ³ ()	7196A ()
¹ List Release Tracking Number (RTN), if known ² M – SW-846 Method 9014 or MADEP Physiologically Available Cyanide (PAC) Method ³ S – SW-846 Methods 7000 Series List individual method and analyte.					

An affirmative response to questions A, B, C and D is required for "Presumptive Certainty" status

A	Were all samples received by the laboratory in a condition consistent with that described on the Chain-of-Custody documentation for the data set?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
B	Were all QA/QC procedures required for the specified analytical method(s) included in this report followed, including the requirement to note and discuss in a narrative QC data that did not meet appropriate performance standards or guidelines?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
C	Does the data included in this report meet all the analytical requirements for "Presumptive Certainty", as described in Section 2.0 (a), (b), (c) and (d) of the MADEP document CAM VII A, "Quality Assurance and Quality Control Guidelines for the Acquisition and Reporting of Analytical Data"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
D	<u>VPH and EPH Methods only:</u> Was the VPH or EPH Method conducted without significant modifications (see Section 11.3 of respective Methods)	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹

A response to questions E and F below is required for "Presumptive Certainty" status

E	Were all analytical QC performance standards and recommendations for the specified methods achieved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
F	Were results for all analyte-list compounds/elements for the specified method(s) reported?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹

¹ All Negative responses must be addressed in an attached Environmental Laboratory case narrative.

I, the undersigned, attest under the pains and penalties of perjury that, based upon my personal inquiry of those responsible for obtaining the information, the material contained in this analytical report is, to the best of my knowledge and belief, accurate and complete.

Signature: <u>Tod Kopyscinski</u>	Position: Director of Operations
Printed Name: Tod Kopyscinski	Date: <u>6-4-09</u>

SAMPLE REACTIVATION FORM

COMPANY TRC Lowell LOCATION on hold Fridge

CONTACT Jeff Saunders PROJECT ID _____

CONTACT PHONE _____ FAX _____

DATE 6/2/09 TIME 9:39 TAT 48 hr DUE DATE 6/4

REQUEST TAKEN BY TRF GIVEN TO log-in

ACTIVATION REQUEST:

See Attached Email + Coc⁵

SPECIAL INSTRUCTIONS AND TERMS:

FAXED TO CONTACT FOR APPROVAL: Y N

ACTIVATION IS CORRECT PER OUR REQUEST _____ DATE _____
INITIALS

CONTEST FINAL APPROVAL _____

tferrentino@contestlabs.com

From: "Saunders, Jeffry (Lowell,MA-US)" <JSaunders@TRCSOLUTIONS.com>
To: <tferrentino@contestlabs.com>
Cc: <mkelley@contestlabs.com>; "Sullivan, Dave (Lowell,MA-US)" <DSullivan@trcsolutions.com>; "Silverman, Diane (Lowell,MA-US)" <DSilverman@trcsolutions.com>
Sent: Tuesday, June 02, 2009 9:39 AM
Attach: TRC Chains (5-26 & 5-27).pdf
Subject: New Bedford "Hold" Authorizations

Theresa,

Please proceed with the total arsenic analysis on the following samples (originally collected and submitted as "holds" on May 26th and 27th, 2009):

- WFV-14
- WFV-17
- WFV-20
- WFV-23
- WFV-34

Please rush the analyses on a 48 to 72 hour turnaround. For reference, I have attached a PDF containing portions of the original chain-of-custody forms with the proper samples highlighted. Please let me know if you have any questions. Thanks!

-Jeff

Jeffry B. Saunders
Project Geologist



MADE IN THE USA

TRC Companies, Inc.
Wannalancit Mills
650 Suffolk Street
Lowell, MA 01854

(978) 656-3610 (phone)
(978) 453-1995 (fax)
jsaunders@trcsolutions.com



Phone: 413-525-2332
 Fax: 413-525-6405
 Email: info@contestlabs.com
 www.contestlabs.com

CHAIN OF CUSTODY RECORD

LIMIT: 25000

39 SPRUCE ST, 2ND FLOOR
 EAST LONGMEADOW, MA 01028

Client Name: TRC
 Address: 650 Suffolk St.
Lowell, MA 01854
 Contact: David Sullivan

Project # 115058
 Telephone: 978 970-5200
 Client PO # _____

Location: City of New Bedford (WF)
 Address: 16 Kitchen, A 00135

State Form Required? Yes No
 Proposal date _____
 Date Sampled: 5/24/09
 Stop Date/Time: 10:15
 Matrix/Conc. Code: AS

DATA DELIVERY (check one):
 FAX EMAIL WEBSITE CLIENT
 Email: sullivan@trc.solutions.ca
 Format: EXCEL PDF GIS KEY

ID	Sample Description	Lab #	Date Sampled	Stop Date/Time	Comp-oste	Grab	*Matrix Code	Conc. Code	# of containers
WFV-1			5/24/09	10:15	X	X	S	U	X
WFV-2				10:18	X	X	S	U	X
WFV-3				10:25	X	X	S	U	X
WFV-4				10:30	X	X	S	U	X
WFV-5				10:35	X	X	S	U	X
WFV-6				10:45	X	X	S	U	X
WFV-7				10:50	X	X	S	U	X
WFV-8				10:55	X	X	S	U	X

Hold all for TCLP Analysis

26B

Turnaround **
 7-Day
 10-Day
 Other
 *24-Hr
 *48-Hr
 *72-Hr
 *4-Day
 Require lab approval

Detection Limit Requirements
 Regulations? MCP 5-1/3-2
 Data Enhancement Project/RCP? N
 Special Requirements or DL's: _____

*Matrix Code:
 GW = groundwater
 WW = wastewater
 DW = drinking water
 A = air
 S = soil/solid
 SL = sludge
 O = other

**Preservation Codes:
 I = Iced
 H = HCL
 M = Methanol
 N = Nitric Acid
 S = Sulfuric Acid
 B = Sodium bisulfate
 O = Other

Signature: _____ Date/Time: 5/24/09 13:00
 Signature: _____ Date/Time: 5-27-09 17:20
 Signature: _____ Date/Time: 5/27/09 17:30

LABORATORY TIME STARTS AT 9:00 AM THE DAY AFTER CASHING IN CHAIN OF CUSTODY RECORD



Phone: 413-525-2332
 Fax: 413-525-6405
 Email: info@contestlabs.com
 www.contestlabs.com

CHAIN OF CUSTODY RECORD
 LIMIT: 25000

39 SPRUCE ST, 2ND FLOOR
 EAST LONGMEADOW, MA 01028

Company Name: ITRC
 Address: 650 Suffolk St,
Lowell, MA 01854
 Contact: David Sullivan

Telephone: 978 970-5600
 Project #: 115058
 Client PO # _____

Project Location: City of New Bedford (WAF)
 Sampled By: R. Litchin + A. Weiss

DATA DELIVERY (check one):
 FAX EMAIL WEBSITE CLIENT
 Email: dsullivan@theconsultants.com
 Format: EXCEL PDF GIS KEY

Proposal Provided? (For Billing purposes)
 yes no
 State Form Required? yes no

Lab #	Sample Description	Date Sampled		Comp- ostle	Grab	*Matrix Conc.		ANALYSIS REQUESTED	# of containers
		Start Date/Time	Stop Date/Time			Code	Code		
09B	WFEV-9	5/26/09	1100	X	S	U	X		
	WFEV-10		1105	X	S	U	X		
	WFEV-11		1110	X	S	U	X		
	WFEV-12		1115	X	S	U	X		
	WFEV-13		1120	X	S	U	X		
	WFEV-14	14377	1140	X	S	U	X		
	WFEV-15		1150	X	S	U	X		
	WFEV-115		1250	X	S	U	X		

Hold all for Potential TCPA analysis

Requested by (signature): [Signature] Date/Time: 5/26/09 1530
 Requested by (signature): [Signature] Date/Time: 5/27/09 1530
 Requested by (signature): [Signature] Date/Time: 5/27/09 1730
 Requested by (signature): [Signature] Date/Time: 5/27/09 1730

Turnaround **
 7-Day
 10-Day
 Other _____
 RUSH *
 *24-Hr *48-Hr *72-Hr *4-Day
 *Require Lab approval

Detection Limit Requirements
 Regulations? MCP 5-175-2
 Data Enhancement Project/RCP? Y N
 Special Requirements or DLs: _____

*Matrix Code:
 GW = groundwater
 WW = wastewater
 DW = drinking water
 A = air
 S = soil/solid
 SL = sludge
 O = other

**Preservation Codes:
 I = Iod
 H = HCL
 M = Methanol
 N = Nitric Acid
 S = Sulfuric Acid
 B = Sodium bisulfate
 X = Na hydroxide
 T = Na thiosulfate

Client: _____
 Comments: _____

URNAROUND TIME STARTS AT 9:00 A.M. THE DAY AFTER SAMPLE RECEIPT TIME FOR ANALYSIS



Phone: 413-525-2332
 Fax: 413-525-6405
 Email: info@contestlabs.com
 www.contestlabs.com

CHAIN OF CUSTODY RECORD

39 SPRUCE ST, 2ND FLOOR
 EAST LONGMEADOW, MA 01028

Company Name: TRC
 Address: 650 Southwell St.
Lowell, MA 01854
 Attention: David Sullivan

Telephone: 978 970-5208
 Project # 115058
 Client PO # _____

Project Location: City of New Bedford (WF)
 Sampled By: R. C. Whelan & A. Weiss

DATA DELIVERY (check one):
 FAX EMAIL WEBSITE CLIENT
 Fax #: _____
 Email: d.sullivan@frederickis.com
 Format: EXCEL PDF GIS KEY
 OTHER

Proposal Provided? (For Billing purposes)
 yes no
 State Form Required?
 yes no

ID	Sample Description	Lab #	Date Sampled		Comp- osite	Grab	*Matrix Code	Conc. Code	ANALYSIS REQUESTED	# of containers
			Start Date/Time	Stop Date/Time						
	WFV-24		5/24/09	1240	X		S	U	X	
	WFV-25			1245						
	WFV									

Laboratory Comments: Hold all remaining for potential TRC

Requested by: (signature) _____
 Date/Time: 5/27/09 1200
 Signed by: (signature) _____
 Date/Time: 5/27/09 1500
 Requested by: (signature) _____
 Date/Time: 5/27/09 1730
 Signed by: (signature) _____
 Date/Time: 5/27/09 1730

Turnaround **
 7-Day
 10-Day
 Other _____
 *24-Hr *48-Hr
 *72-Hr *4-Day
 Require lab approval

Detection Limit Requirements
 Regulations? MCP 5-1/5-2
 Data Enhancement Project/RCP? Y N
 Special Requirements or D.L.s: _____

*Matrix Code:
 GW = groundwater
 WW = wastewater
 DW = drinking water
 A = air
 S = soil/solid
 SL = sludge
 O = other

**Preservation Codes:
 I = Iced
 H = HCL
 M = Methanol
 N = Nitric Acid
 S = Sulfuric Acid
 B = Sodium bisulfate
 X = Na hydroxide
 T = Na thiosulfate

Client Comments: _____

URNAROUND TIME STARTS AT 9:00 A.M. THE DAY AFTER SAMPLE RECEIPT TIME.



Phone: 413-525-2332
 Fax: 413-525-6405
 Email: info@contestlabs.com
 www.contestlabs.com

CHAIN OF CUSTODY RECORD

39 SPRUCE ST, 2ND FLOOR
 EAST LONGMEADOW, MA 01028

Company Name: TRC

Address: 1050 Southfolk St
Lowell MA 01854

Telephone: 978 970 5000
 Project # 115058
 Client PO # _____

Attention: David Sullivan

Project Location: New Bedford

Prepared By: Kevin Kitchin + Allison Weiss

Proposal Provided? (For Billing purposes) yes no

State Form Required? yes no

DATA DELIVERY (check one):
 FAX EMAIL WEBSITE CLIENT
 Fax # : _____
 Email: dsullivan@trc-solutions.com
 Format: EXCEL PDF GIS KEY
 OTHER _____

ID ID	Sample Description	Lab #	Date Sampled		Comp- osite	Grab	*Matrix Code	Conc. Code	AS	# of containers
			Start Date/Time	Stop Date/Time						
	WFV-33	MB	5/27/09	1015		X	S	U	X	
	POST-3W (1)			1020					X	(Hold)
*	WFV-34			1025					X	(Hold)
	POST-3W (1)			1035					X	(Hold)
	WFV-35			1040					X	(Hold)
	WFV-34e			1050					X	(Hold)
	POST-3PR (1)			1055					X	(Hold)
	WFV-37			1100					X	(Hold)

Hold All remaining for potential TRCP

Please use the following codes to let Con-Test know if a specific sample may be high in concentration in Matrix/Conc. Code Box:
 H - High; M - Medium; L - Low; C - Clean; U - Unknown

Turnaround Time Starts at 9:00 A.M. THE DAY AFTER SAMPLE RECEIPT UNLESS THERE ARE QUESTIONS ON YOUR CHAIN. IF THIS FORM IS NOT FILLED OUT COMPLETELY OR IS

Signature: _____ Date/Time: 5/27/09 1530

Signature: _____ Date/Time: 5-27-09 1530

Signature: _____ Date/Time: 5-27-09 1720

Signature: _____ Date/Time: 5/27/09 1800

Turnaround **
 7-Day
 10-Day
 Other _____
 RUSH *
 *24-Hr *48-Hr
 *72-Hr *4-Day
 * Require Lab approval

Detection Limit Requirements
 Regulations? MCP S/S7
 Data Enhancement Project/RCP? Y N
 Special Requirements or DLs: _____

*Matrix Code:
 GW = groundwater
 WW = wastewater
 DW = drinking water
 A = air
 S = soil/solid
 SL = sludge
 O = other

**Preservation Codes:
 I = Iced
 H = HCL
 M = Methanol
 N = Nitric Acid
 S = Sulfuric Acid
 B = Sodium bisulfate
 O = Other

X = Na hydroxide
 T = Na thiosulfate



Phone: 413-525-2332
 Fax: 413-525-6405
 Email: info@contestlabs.com
 www.contestlabs.com

CHAIN OF CUSTODY RECORD

LIMIT: 25008

39 SPRUCE ST, 2ND FLOOR
 EAST LONGMEADOW, MA 01028

Company Name: PC
 Address: 600 South St, SA
 Telephone: 570-570-0600

Project # 11505x
 Client PO # _____

Attention: Paul Sullivan

Project Location: City of New Bedford (WF)
 Sampled By: K. Williams & A. Weiss

Proposal Provided? (For Billing purposes) yes no

State Form Required? yes no

DATA DELIVERY (check one):
 FAX EMAIL WEBSITE CLIENT
 Fax #: _____
 Email: psullivan@cityofnewbedford.com
 Format: EXCEL PDF GIS KEY
 OTHER _____

Field ID	Sample Description	Lab #	Date Sampled		Comp- osite	Grab	Matrix Code	Conc. Code	ANALYSIS REQUESTED	# of containers
			Start Date/Time	Stop Date/Time						
	WV-16		5/2/14	1155		X	U	X		
	WV-18		5/2/14	1200		X	U	X		
	WV-17		5/2/14	1208		X	U	X		
	WV-19			1210		X	U	X		
	WV-20			1220		X	U	X		
	WV-21			1225		X	U	X		
	WV-22			1230		X	U	X		
	WV-23			1235		X	U	X		

Laboratory Comments: Hold on in detection TCCP Analysis

Please use the following codes to let Con-Test know if a specific sample may be high in concentration in Matrix/Conc. Code Box:

H - High; M - Medium; L - Low; C - Clean; U - Unknown

Turnaround **
 7-Day
 10-Day
 RUSH *
 *24-Hr *48-Hr
 *72-Hr *4-Day
 * Require lab approval

Detection Limit Requirements
 Regulations? MSD 5-15-2
 Data Enhancement Project/RCP? Y N
 Special Requirements or DLs: _____

Matrix Code:
 GW = groundwater
 WW = wastewater
 DW = drinking water
 A = air
 S = soil/solid
 SL = sludge
 O = other

Preservation Codes:
 I = Iced
 H = HCL
 M = Methanol
 N = Nitric Acid
 S = Sulfuric Acid
 B = Sodium bisulfate
 O = Other

** TURNAROUND TIME STARTS AT 9:00 A.M. THE DAY AFTER SAMPLE RECEIPT UNLESS THERE ARE QUESTIONS ON YOUR CHAIN. IF THIS FORM IS NOT FILLED OUT COMPLETELY OR IS INCORRECT, TURNAROUND TIME WILL NOT START UNTIL ALL QUESTIONS ARE ANSWERED BY OUR CLIENT.

AIHA, NELAP & WBE/DBE Certified

