

APPENDIX A

Sample Collection, Laboratory, and Quality Assurance/Quality Control (QA/QC) Procedures

APPENDIX A

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A. Sample Collection Procedures

1. Soil Sampling

ENVIRON attempted to locate individual soil sampling borings at the approximate geometric center of each pond cell and the centerlines of the ditches. The coordinates of each sample location was logged in the field using hand-held Global Positioning System equipment (GPS). Surficial and subsurface samples were collected with a direct-push drill rig (i.e., Geoprobe) using wide-bore (2-inch or greater) sample spoons. Soil cores were visually logged in accordance with ASTM D-2488 (ASTM 1990) by an experienced ENVIRON geologist or engineer.

All subsurface tools used in the collection of soil samples were constructed of stainless steel. All sampling equipment was decontaminated upon arrival at the site, between all sampling locations, at the end of each day of sampling operations, and prior to demobilization from the site. Equipment decontamination procedures include the following: thoroughly cleaning using a high pressure steam cleaner and/or rinse with tap water; rinsing and scrubbing with non-phosphate detergent solution, rinsing with tap water to remove detergent, and rinsing with distilled/deionized water.

2. Ground Water Sampling

Ground water samples were collected from existing monitoring wells using either down-hole pumps with dedicated tubing or disposable, dedicated Teflon bailers, because of low-flow conditions (at certain locations the pumping caused the wells to become dry). The type of sampling method used at each ground water monitoring location is provided in the well logs (Appendix B). Monitoring wells were purged of three well volumes (plus filter pack volume) or until field parameters (temperature, specific conductivity, dissolved oxygen, and oxidation-reduction potential, and pH) stabilized to three consecutive readings within 10 percent of the arithmetic mean of the values. No permanent ground water monitoring wells were constructed as part of the characterization. Similar to the procedures applied for soil sampling equipment, all equipment used in the collection of ground water samples was decontaminated upon arrival at the site, between all sampling locations, at the end of each day of sampling operations, and prior to demobilization from the site. Equipment decontamination procedures included the following: thoroughly cleaning using a high pressure steam cleaner and/or rinse with tap water; rinsing and

scrubbing with non-phosphate detergent solution, rinsing with tap water to remove detergent, and rinsing with distilled/deionized water.

B. Field QA/QC Procedures

QA/QC sampling procedures were employed during the field program to ensure the reproducibility of results, determine the effects of sample shipping and handling, and assess the quality of field decontamination procedures. The QA/QC procedures applied in the field are discussed in the following sections.

1. Field Duplicate

Field duplicates were collected and submitted to the laboratory at a rate of one duplicate per 10 soil borings or monitoring wells, with a minimum of two per medium. Duplicate samples are used to assess precision; therefore, both pairs of the duplicate samples were collected in the same location, in the same exact manner, and at the same time. The specific locations of field duplicates included P-17 in the Northern Exposure Area, and P-5 and P-7 in the Southern Exposure Area.

2. Rinseate (Field) Blanks

One rinseate blank was collected for every 10 soil borings and monitoring wells, with a minimum of at least two equipment rinseate blanks collected in the field. These samples are used to test for residual contamination of the sampling equipment. The rinseate blanks were collected by pouring de-ionized water over decontaminated sampling equipment into labeled sample bottles. Pre-cleaned sample bottles with appropriate preservatives were supplied by the analytical laboratory. Immediately after filling, the sample bottles were securely closed, placed in a cooler, and kept chilled until delivery to the analytical laboratory. Equipment rinseate blanks were considered associated with all samples collected since the last equipment rinseate blank was collected. Three rinseate blanks were collected in the field (identified as WB01, WB02, and Rinse 3); however, the sample container for WB02 broke in transit to the laboratory.

3. Trip Blanks

One trip blank was collected per cooler used to ship VOC samples. Trip blanks were prepared and shipped by the analytical laboratory with the sample containers. These samples are used to identify contamination introduced in the field or by the laboratory. Trip blanks were labeled in the field at a specific sample location, and shipped to the analytical laboratory with the associated samples. One trip blank sample was included in

each shipment to the analytical laboratory. Trip blanks are considered to be associated with all samples in the same shipment to the laboratory.

C. Sample Custody and Shipping Procedures

1. Field Custody Procedures

Field personnel are responsible for recording field activities on the appropriate field documentation form in sufficient detail to allow the event to be reconstructed without relying on memory. It is the responsibility of the Field Activities Manager to ensure that all documents are complete and legible. At the end of each day, all documents completed that day were reviewed by the Field Activities Manager for accuracy, completeness, and legibility.

The following field documentation forms or records were used during the field activities, at a minimum:

- Sample Chain-of-Custody record;
- Soil Sampling Log;
- Field Activity Daily Log;
- Sample Alteration Form; and
- Corrective Action Report.

Each completed form (a copy or original depending on the type of form) was maintained on the site in chronological order with other completed forms of the same type until the completion of the field activity. Copies of the chain-of-custody forms are provided at the end of this appendix.

2. Field Activity Daily Log

A field activity daily log was used as a record of daily field activities showing the sequence of events. The log included the following information:

- Project name and number;
- Date;
- Starting/ending time and nature of each major field activity;
- Names of all personnel on the site (including visitors), and a description of their involvement with the tasks being conducted;
- Weather conditions;
- References to appropriate field logs for details of each activity performed (e.g., reference sample collection logs for details of all samples collected that day);

- Identification of any photographs taken; and
- Signature of Task Leader or other reviewer.

The Field Activities Manager was responsible for ensuring that all activities were documented in the field activity daily log and that the details of each activity are recorded on the appropriate field documentation form.

3. Photographic Documentation

Color photographs were taken of representative sampling locations and the surrounding site to show the area, sampling equipment, and related site activities. ENVIRON has retained these photographs on file, but is not including them as part of this report.

4. Sample Identification and Labeling Procedures

Each sample collected for testing was assigned a unique sample identification (ID) code. The sample ID facilitates data management by referencing the analytical laboratory, depth interval, site, date, and location. All samples were labeled with the sample ID code and other field information. Duplicate and QA/QC samples (i.e., field equipment rinseate blanks and trip blanks) were similarly labeled.

The sample labels were placed on the sample containers so as not to obscure any data on the containers. Sample information was printed on the labels in a legible manner using waterproof ink. The label contained sufficient information so the sample could be identified on the sampling information form or sample collection log. Sample labels contained the following information:

- The project name and number
- A unique sample identification.
- The date and time.
- Identification of preservatives used, if any.
- A list of analytical tests to be performed on the sample.
- Other necessary remarks.
- Name of the sampler.

5. Chain-of-custody Record

The chain-of-custody record for each sample originates at the site, beginning with sample collection, and is completed prior to shipment to the laboratory. A copy of the chain-of-custody record accompanies the sample to the laboratory in order to establish the

documentation necessary to trace sample possession from sample collection through sample analysis. The sampling portion of the chain-of-custody record contained:

- List of sampling team members;
- Sample number;
- Signature of sampler or bottle preparer;
- Date and time of sample collection;
- Sample depth;
- Medium type;
- Signatures of persons involved in the chain of possession;
- Inclusive dates of possession; and
- Preservation.

6. Shipping Procedures

The following procedures were followed for packing samples for shipment to the laboratory:

- All sample container caps were checked for tightness.
- The sample containers were placed in coolers, allowing sufficient space for the addition of packing material between the sample containers.
- Ice packs (or equivalent) were placed on top of and between the samples.
- A copy of the chain-of-custody form was placed in a sealed, clear plastic envelope and placed in the cooler.
- Custody seals were placed on the outside of each cooler.
- The shipping coolers were taped shut.

Samples were shipped every one or two days to the laboratory via overnight courier.

D. Laboratory Custody Procedures

The laboratory Group Leader accepted custody of the samples shipped from the field and verified that the information on the sample label matches the information on the chain-of-custody record. Pertinent information relating to shipment, pickup, and courier were also be verified on the chain-of-custody record.

The Sample Receipt/Sample Entry Group Leader entered the appropriate data from the chain-of-custody record into the laboratory sample tracking system (both a written file and an electronic database) using the sample number from the sample label or assigning a unique laboratory number to each sample. The Sample Support Group Leader transferred the samples to

the proper analyst, stored the samples in the appropriate secure area, and documented in writing all internal transfers of the samples.

The Sample Receipt/Sample Entry Group Leader notified ENVIRON's Field Activities Manager of any discrepancies noted on the chain-of-custody or sample labels. Samples were not analyzed until the discrepancy was resolved. Any changes made were documented by the laboratory and ENVIRON personnel.

The Sample Receipt/Sample Entry Group Leader and the Sample Support Group Leader are responsible for custody of samples from the time they are received until sample analysis is completed. Any unused portions of samples remaining after completion of analysis by the laboratory was disposed of in accordance with procedures developed by the laboratory and consistent with applicable laws and regulations governing sample disposal.

The laboratory portion of the chain-of-custody form was completed by the designated laboratory sample custodian and contains:

- Name of person receiving the samples;
- Laboratory sample number;
- Date of sample receipt by the laboratory;
- Analyses requested; and
- Sample condition and temperature.

Immediately upon arrival at the contract laboratory, the laboratory recorded the condition of the shipping container and sample containers. The original chain-of-custody form was returned from the laboratory as part of the final analytical report to ENVIRON.

E. Laboratory QA/QC Procedures

In addition to performing the analysis of samples, the analytical laboratory is responsible for performing several quality assurance/quality control (QA/QC) procedures. Laboratory QC checks are accomplished through the use of system checks and QA/QC samples that are introduced into the sample analyses stream. Laboratory system checks and QA/QC samples are required by the selected USEPA analytical methods. Laboratory QA/QC checks were performed and samples were analyzed at the frequencies stated below or at the frequencies established by appropriate USEPA analytical methods, whichever is greater. The QC check samples are listed and defined below.

1. Laboratory Calibration Procedures

The laboratory calibrates its analytical instruments by establishing analytical curve based on the absorbance, emission intensity, or other measured characteristics of known standards. The calibration standards must be prepared using the same type of acid

and at an equivalent concentration as used in the sample preparation. Initial instrument calibration should consist of analysis of analytical standards for a series of different specified concentrations, used to define the quantitative response, linearity, and dynamic range of the instrument to target compounds. Continuing calibration should consist of an analytical standard run every twenty analytical samples or every twelve hours, whichever is more frequent, to verify the calibration of the analytical system.

A calibration blank is prepared by the laboratory using acidified distilled/deionized water to ensure that contamination is not present in the preparation water or in the analytical instrument due to carry over from other samples or standards. The initial calibration blank (ICB) is analyzed after the analytical standards, but not before analysis of the initial calibration verification (ICV) solution(s), during the initial calibration of the instrument. A continuing calibration blank (CCB) is analyzed after every initial and continuing calibration verification. The CCB shall be analyzed at a frequency of 10% or every twelve hours during the run, whichever is more frequent.

2. Method Blank

The method blank is used to detect any contamination introduced by the laboratory. A method blank is a quality control sample prepared by the laboratory that contains distilled/deionized water and the same reagents used with the field samples and carried through the entire analytical procedures (digested and analyzed). An aqueous method blank is treated with the same reagents as a sample with a water matrix; a solid method blank is treated with the same reagents as a soil sample. Method blanks were generated and analyzed at a frequency of at least one per twenty samples of a given matrix (e.g., soil or water).

3. Matrix Spike/Matrix Spike Duplicates

The laboratory prepares a matrix spike (MS) sample by introducing a known amount of chemical to the matrix and subjects the sample to the same analytical procedures as field samples of the matrix. The process is repeated for a matrix spike duplicate (MSD). From this analysis, the laboratory determines the percent recovery (PR) and the relative percent difference (RPD) in recovery between the MS and MSD. The laboratory runs MS and MSD to determine long-term precision and accuracy of an analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sampling.

4. Laboratory Control Sample

The laboratory analyzed laboratory control samples (LCS) periodically during the analysis of field samples to assess the accuracy of the analytical method and the laboratory's performance. In addition, the laboratory analyzes an LCS duplicate and calculates PR for the LCS and LCS duplicate and the RPD for the two samples. The PR and RPD for the LCS are reported by the laboratory as part of the analytical data package. The laboratory compares the PR and RPD to acceptable ranges for these values in the laboratory's SOP.

5. Surrogates

Surrogate compounds, which are chemicals that are not expected to be detected in field samples, are added to certain samples (VOCs, semivolatiles, PCBs, and pesticides) in known quantities to determine recovery for the purpose of determining analytical efficiency. The PR of the surrogate is calculated by the laboratory and compared to the accepted range of PRs in the laboratory's SOP.

Chain of
Custody Record

STL-4124 (07CO)

Client

ENVIRON

Address

4350 N. Fairfax Dr, Suite 300

City

Arlington

State

VA

Zip Code 22203

Project Manager

Gene Peters

Telephone Number (Area Code)/Fax Number

703-516-2300 / 703-516-2345

Site Contact

D. Errett

Lab Contact

Roxanne

SEVERN
TRENT
SERVICES

CLK 174

Severn Trent Laboratories, Inc.

ST. LOUIS

Date 5/21/01

Chain of Custody Number 057709

Lab Number

Page 1 of 1

Project Name and Location (State)

Henderson, NV

Contract/Purchase Order/Quote No.

Special Instructions/
Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix		Containers & Preservatives						Post-Orange Label Barcode/Direct	Rad Param	St. Louis Param	VQA	Trip Blank	
			Atmos	Aqueous	Sed	Sed	Urethane	H2SO4	HNO3	HCl						
22 P-6 (0-1')	5/21/01	0740			X							1	1	1	2	1
23 P-6 (10-12')	5/21/01	0800										1	1	1	2	1
24 P-6 (18-21')	5/21/01	0825										1	1	1	3	1
25 P-1 (0-1')		0925										1	1	1	2	1
26 (10-12')		0945										1	1	1	2	1
27 (18-20)		1015										1	1	1	2	1
28 WTP-1 (0-1')		0945										1	1	1	2	1
29 WTP-2 (0-1')		1000			V							1	1	1	2	1
30 Trip Blank												1			vial 2410	

Positive Hazard Identification

 Flammable Skin Irritant Poison B Unknown

Sample Disposal

 Return To Client Disposal By Lab Archive For

(A fee may be assessed if samples are retained longer than 3 months)

Time Required

 1 Hours 48 Hours 7 Days 14 Days 21 Days Other

QC Requirements (Specify)

Relinquished By

Sarah E. Zieckau

2. Relinquished By

3. Relinquished By

Comments

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of
Custody Record

STL-4124 (0700)

Client

ENVIRON

Address

4250 N Fairfax Dr., Suite 300

City

Arlington

State

VA

Zip Code

22203

Project Manager

G. Peters

Telephone Number (Area Code)/Fax Number

703-516-2300 / 703-516-2345

Site Contact

D. Garrett

Lab Contact

Roxanne

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

L ST. LOUIS

STL-4124 (0700)		Project Manager G. Peters		Date 5/19/01	Chain of Custody Number 057718								
Address 4250 N Fairfax Dr., Suite 300		Telephone Number (Area Code)/Fax Number 703-516-2300 / 703-516-2345		Lab Number	Page 1 of 1								
City Arlington		Site Contact D. Garrett		Analysis (Attach list if more space is needed)									
Project Name and Location (State) Henderson, NV		Lab Contact Roxanne											
Contract/Purchase Order/Quote No.		Carrier/Waybill Number											
Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix		Containers & Preservatives						Special Instructions/ Conditions of Receipt		
			ASR	ASR	SO4H	SO4H	Hg	Hg	Hg	Hg		NO3	Trip Blank
1 E-2 (0-1')	5/19/01	1430	X									500P, 3x10, 250C	RadParam = GAMMA,
2 E-2 (4-5')		1445											226 Ra, 228 Ra, 130 U,
3 E-1 (0-1')		1500											130 Th
4 E-1 (4-5')		1510											
5 S#-1 (0-1')		1535											St. Louis Param = PCB,
6 S#-1 (10-12')		1550											BNA, Pest, Cyanide,
7 S#-1 (16-17')		1610											Metals, Cr(III)
8 B-1 (0-1')		1730											
9 B-1 (10-12')		1750											
10 B-1 (17-21')		1825											
11 Trip Blank												40 mL	

Possible Hazard Identification

Non-Hazard Flammable Skin Irritant Poison B Unknown Return To Client Disposal By Lab Archive For _____ Months (A fee may be assessed if samples are retained longer than 3 months)

Turn Around Time Required

24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

OC Requirements (Specify)

1. Relinquished By <i>John E. Gleason</i>	Date 5/21/01	Time 1300	1. Received By <i>S. G. T. L.</i>	Date 5/22/01	Time 0915
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments
537

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Routed to Client with Report; PINK - Field Copy

Chain of
Custody Record

STL-4124 (0700)

Client

ENVIRON

Address

4350 N Fairfax Dr Suite 300

City

Arlington

State

VA 22203

Zip Code

Project Name and Location (State)

Henderson, NV

Contract/Purchase Order/Quote No.

Project Manager

Gene Peters

Telephone Number (Area Code)/Fax Number

703 516-2300 / 703 516-2345

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

L. ST. LOUIS

Date
6/20/01Chain of Custody Number
057706

Lab Number

Page 1 of 1

Project Manager Gene Peters		Date 6/20/01	Chain of Custody Number 057706
Site Contact D. Errett		Lab Contact Roxanne	Lab Number
Address 4350 N Fairfax Dr Suite 300		Telephone Number (Area Code)/Fax Number 703 516-2300 / 703 516-2345	Page 1 of 1
City Arlington		Site Contact D. Errett	Analysis (Attach list if more space is needed)
Project Name and Location (State) Henderson, NV		Lab Contact Roxanne	
Contract/Purchase Order/Quote No.			

Special Instructions/
Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix			Containers & Preservatives						Trip Blank
			Water	Soil	SS	Stainless Steel	Alumina	St. Louis Param	PPA	Hg	PCB	
12 P-3 (0-1')	5/20/01	0915						1	1	1	1	500p, 250p, 3120 ²²⁶ Rad Parom = GAMMA, Ra, Iso U &
13 P-3 (10-12')		0930						1	1	1	1	250p, 250p, 3120 ²²⁸ Ra, Iso U &
14 P-3 (18-20')		1000						1	1	1	1	Iso Th
15 P-2 (0-1')		1130						1	1	1	2	500p, 5x120
16 P-2 (10-12')		1145						1	1	1	1	500p, 250p, 3120 ²²⁶ St. Louis Param = PCBs,
17 P-2 (16-18')		1215						1	1	1	2	500p, 5x120 ²²⁸ , BNA, Pest, Cyanide, Metals, Cr(II)
18 A-2 (0-1')		1500						1	1	1	2	
19 A-2 (10-12')		1525						1	1	1	2	
20 A-2 (19-21')		1600						1	1	1	2	+40° ↓
21 Trip Blank												1

Possible Hazard Identification

 Non-Hazard Flammable Skin Irritant Poison B Unknown

Sample Disposal

 Return To Client Disposal By Lab Archive For _____

Months

(A fee may be assessed if samples are retained longer than 3 months)

Turn Around Time Required

 24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

QC Requirements (Specify)

1. Relinquished By

Sarah Erzelan

Date 5/21/01 Time 1300

1. Received By

Jill Clarke

Date 052201 Time 0915

2. Relinquished By

Date _____ Time _____

2. Received By

Date _____ Time _____

3. Relinquished By

Date _____ Time _____

3. Received By

Date _____ Time _____

Comments

1217-1000-0000-0000

- Stays with the Sample: CANARY - Returned to Client with Report: PINK - Field Copy

Chain
Custody Record

STL-4124 (0730)

Client

ENVIRON

Address

4350 N. Fairfax Drive, Suite 300

City

Arlington

State

VA

Zip Code

22203

Project Manager

Gene Peters

Telephone Number (Area Code)/Fax Number

703 516-2300 / 703-516-2345

SEVERN

TRENT

SERVICES

Severn Trent Laboratories, Inc.

ST. SIGHT

Site Contact

Dong Errett

Lab Contact

Roxanne

Carrier/Waybill Number

Date

5/19/01

Lab Number

Chain of Custody Number

057717

Page 1 of 2

See COC # 057713
for page 2 of 2Special Instructions/
Conditions of Receipt

Contract/Purchase Order/Quote No.

Sample I.D. No. and Description
(Containers for each sample may be combined on one line)

Date

Time

Upstr.

H2SO4

HNO3

HCl

NaOH

ZnO

NaOH

Post-Organic
Perchlorate/
Perbendite/Volatiles

Red Persim.

St Louis Pers.

VOA

Trip Blk

Black

- ① P 17 (0-1')
 - ② P 17 (4-5') { See CDT to 11.01
 - ③ Dup 2
 - ④ B-3 (0-1') red jarrents B-3
 - ⑤ B-3 (4-5')
 - ⑥ A-1 (0-1')
 - ⑦ (10-12')
 - ⑧ (16-18')
 - ⑨ P-8 (0-1')
 - ⑩ (10-12')
 - ⑪ * (16-18')
- Dup 2

5/18/01

1620

X

1635

X

1650

X

1750

X

1805

X

5/19/01

0800

X

0815

X

0840

X

0940

X

0955

X

1020

X

Shake

X

1550

X

Possible Hazard Identification

 Non-Hazard Flammable Skin Irritant Poison B Unknown

Turn Around Time Required

 24 Hours 48 Hours 7 Days 14 Days 21 Days Other

1. Relinquished By

Sarah E. Lilean

Sample Disposal

 Return To Client Disposal By Lab Archive For _____ Months

(A fee may be assessed if samples are retained longer than 3 months)

OC Requirements (Specify)

 24 Hours 48 Hours 7 Days 14 Days 21 Days Other

2. Relinquished By

Date 5/19/01 Time 1330

3. Relinquished By

Date Time

1. Received By *Sarah E. Lilean 572*

2. Received By

3. Received By

Date 05-21-01 Time 0920

Date Time

Date Time

Date Time

Comments

** Matched this sample by collection time since there is no field i.d. # 05-21-01
jar's read P8 (16-18')*

DISTRIBUTION: WHITE - Stays with the Sample, CANARY - Returned to Client with Report; PINK - Field Copy

Chain of
Custody Record

STL-4124 (9700)

Client

ENVIRON

Address

4350 N. Fairfax Dr., Suite 300

City

Arlington

State

VA

Zip Code

22203

Project Manager

Gene Peters

Telephone Number (Area Code)/Fax Number

703-516-2300 / 703-516-2345

Site Contact

D. Erett

Lab Contact

Loxanne

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

S. • LOTS

Date
51/01Chain of Custody Number
057713

Lab Number

Page 2 of 2

* See LOC#
057713 for page
1 of 2Special Instructions/
Conditions of ReceiptProject Name and Location (State)
Henderson NV

Contract/Purchase Order/Quote No.

Matrix

Containers &
Preservatives

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Post-Orange Book		Perchlorate		PCPs		Str. Louis Param		VOCs		Trip Blanks					
			N	M	S	S	H2SO4	NaOH	ICP	NaOH	ZnAc2	NaOH	ICP	NaOH	VOC	ICP	NaOH	VOC
① P-5 (0-1')	5/19/01	1115		X												500P, 252G, 3X20G Rad Param = G-AMM, 226 Ra, 228 Ra, 130U, 132Ba Th		
③ (10-12')		1130																
④ (16-18')		1155																
⑮ Drip 3	5/19/01	1220																
⑯ Trip blank	?	?																* St. Louis Param = PCB, BNA, Lead, Cyanide Metals, Cr(III)
at gear for Perch./Acetin. ready P- (0-1')																		* 2 coolers in shipment

Possible Hazard Identification

Non-Hazard Flammable Skin Irritant Poison B Unknown Return To Client Disposal By Lab Archive For _____ Months (A fee may be assessed if samples are retained longer than 3 months)

Turn Around Time Required

24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

QC Requirements (Specify)

1. Relinquished By <i>Sarah E. Zeban</i>	Date 5/19/01	Time 1330	1. Received By <i>Jeffroless SR</i>	Date 05.21.01	Time 0920
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

CUR 201

Custody Record

STL-4124 (0700)

Client Environ			Project Manager Gene Peters			Date	Chain of Custody Number 057744										
Address 4350 N. Fairfax Dr #300			Telephone Number (Area Code)/Fax Number (703) 516-2487 / -2345			Lab Number	See Chain # 057745 for pg. 2 of 2 Special Instructions/ Conditions of Receipt										
City Arlington	State VA	Zip Code 22203	Site Contact	Lab Contact	Analysis (Attach list if more space is needed)												
Project Name and Location (State) Henderson NV			Carrier/Waybill Number														
Contract/Purchase Order/Quote No. OL-2131F			Matrix			Containers & Preservatives											
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	ISSUE SHEET NO. 5	APPROV NO. 5	TEST NO. 5	DISP NO. 5	DOA NO. 5								
1	PC56-GW01	5/23/01	1330	X	8	3	2	1	1	1	1	1	1	1	1	2	
2	DUP6	"	1700	X	8	3	2	1	1	1	1	1	1	1	1	2	
9	Trip Blank															1	
																40ML	
Possible Hazard Identification					Sample Disposal					(A fee may be assessed if samples are retained longer than 3 months)							
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Return To Client					<input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months												
Turn Around Time Required					<input type="checkbox"/> Requirements (Specify)												
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																	
1. Relinquished By <i>Gene Peters</i>		Date 5/23/01			Time 1800		1. Received By <i>Severn Trent</i>			Date 05-24-01			Time 0930				
2. Relinquished By		Date			Time		2. Received By			Date			Time				
3. Relinquished By		Date			Time		3. Received By			Date			Time				
Comments																	

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

**Chain of
Custody Record**

STL VITRIFICATION
TRENT
SERVICES

**ST. LOUIS
Severn Trent Laboratories, Inc.**

STL 4124 (0700)

Client: Enviro

Address: 4350 N. Fairfax Dr # 300

City: Arlington

State: VA

Zip Code: 22203

Contract/Purchase Order/Quote No.: 1PC56-QW01

Project Name and Location (State): Henderson, NV

Carrier/Waybill Number: 1DUT96

Carrier/Waybill Number:

Project Manager: Gene Peters
Telephone Number (Area Code)/Fax Number: (703) 516-2487/2345
Site Contact: Lab Contact:

Date: 07/23/01
Lab Number: 057745
Page: 2 of 2
See Check # 057744
for Pg 1 of 2

Analysis (Attach list if
more space is needed)
Special Instructions/
Conditions of Receipt:

* Other Test:
226 Re, 228 Re
ISO U, ISO Th

+ Wet Chem:
TDS, Turbidity, Conduct.,
pH, Hardness, Alk.,
Cl, F, NO₃, SO₄,
Orthophosphate

(A fee may be assessed if samples are retained
longer than 3 months)

QC Requirements (Specify)
Disposal By Lab:
Archive For:
Months: _____

Date: _____

Time: _____

Possible Hazard Identification
 Non-Hazard Flammable Skin Irritant Poison B Unknown Return To Client Disposal By Lab Archive For: _____ Months: _____

Turn Around Time Required

<input type="checkbox"/> 24 Hours	<input checked="" type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other: _____
1. Received By: <i>John H. Hause</i> 572					
2. Received By: _____					
3. Received By: _____					

Comments: _____

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report. PINK - Field Copy

Chain of Custody Record

SEVERN
TRENT
SERVICES

ST. LOUIS
Severn Trent Laboratories, Inc.

STL-4124 (0100)
Client
ENVIRON

Address
4350 N. Fairfax Dr., Suite 300
City
Arlington
State
VA
Zip Code
22203

Telephone Number (Area Code)/Fax Number
703 516-2300/703-516-2345
Site Contact
D. Grett
Camer/Waybill Number
PCB

Project Manager

Gene Peters

Chain of Custody Number
057712
Page
1 of **2**

Special Instructions/
Conditions of Receipt

Analysis (Attach list if
more space is needed)

*See coc# 0577916
for page 2 of 2*

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix	Containers & Preservatives	
				Solid	Liquid
3 B-14	5/22/01	17:45	X	8	321
4 PC-4-GW01	5/23/01	10:40	X	8	321
10 Trap Blank					

<i>PCB</i>	<i>BNR</i>	<i>TSP Blanks</i>	<i>40 mL</i>
<i>PCB</i>	<i>BNR</i>	<i>40 mL</i>	
<i>PCB</i>	<i>BNR</i>	<i>40 mL</i>	
<i>PCB</i>	<i>BNR</i>	<i>40 mL</i>	
<i>PCB</i>	<i>BNR</i>	<i>40 mL</i>	

Possible Hazard Identification	Non-Hazard	Flammable	Skin Irritant	Poison B	Unknown	Sample Disposal		
						Return To Client	Disposal By Lab	Archive For
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	1. Received By	Months longer than 3 months				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date 5/24/01	Time 0930
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2. Received By	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3. Received By	

Comments

DISTRIBUTION: WHITE - Stays with the Sample CANARY - Returned to Client with Report PINK - Field Copy

Severn Trent Laboratories, Inc.

Chain O.
Custody Record

STL-4124 (0700)

Client

ENVIRON

Address

4150 N. Fairfax Dr., Suite 300
Arlington, VA 22203

City

State

Zip Code

Site Contact

Name/

Phone Number

Email/

Fax Number

Contract/Purchase Order/Quote No.

Henderson NV

Project Manager

G. Peters

Telephone Number (Area Code)/Fax Number

703 516-2300 / 703 516-2345

Site Contact

Lab Contact

Camer/Waybill Number

Other Lab Name

Other Lab Address

Other Lab City

Other Lab State

Other Lab Zip Code

Other Lab Phone Number

Other Lab Fax Number

Other Lab Email

Other Lab Comments

Other Lab Notes

Other Lab Remarks

Other Lab Qualifications

Other Lab Special Instructions

Other Lab Conditions of Receipt

Other Lab Other

Date 5/22/01 Chain of Custody Number 057715
 Lab Number

Page 2 of 2
 for Page 1 of 2

Special Instructions/
 Conditions of Receipt

* Net Chem & Co²⁺,
 TDS, Turb, Conduct, pH,
 Hard, Alkal, Cl, Fe, Nitrate,
 Sulf, Orthophosphate,

* Other Red Person =
 226 Ray, Iso, U,
 Tina Th.

Sample Disposal
 Disposal By Lab Archive For _____
 QC Requirements (Specify)
 (A fee may be assessed if samples are retained)

Possible Hazard Identification	<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client
Turn Around Time Required	<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other
1. Relinquished By	<u>John M. Henderson</u>	Date <u>5/22/01</u>	Time <u>1200</u>			1. Received By
2. Relinquished By		Date	Time			2. Received By
3. Relinquished By		Date	Time			3. Received By

Comments

DISTRIBUTION: WHITE - Stays with the Sample. CANARY - Returned to Client with Report. PINK - Field Copy

Chain Of Custody Record

STL-4124 (0700)
Client
ENVIRON

Address

4350 N. Fairfax Dr. Suite 300
Arlington, VA 22203

Project Name and Location (State)
Henderson, NV
Contract/Purchase Order/Quote No.

Project Manager

G. Peters

Telephone Number (Area Code)/Fax Number

703 516-2300 / 703 516-2345

Site Contact

D. Grett

Carrier/Waybill Number

22203

Lab Contact

D. Grett

Carrier/Waybill Number

22203

Sample I.D. No. and Description
(Containers for each sample may be combined on one line)

1 (PC-258-MW04) 5/23/01 1325
1 (PC-258-MW04) 5/23/01 1026
2 (PC-258-MW04) 5/23/01 1026

Chain of Custody Number

057719Page 1 of 2

See COC # **057728**
For page 2 of 2

Special Instructions/
Conditions of Receipt

Analysis (Attach list if
more space is needed)

Triple Blanks
VOA
Total Chloride
Perchlorate
Dissolved Solids
Organic Compounds
Dissolved Suspended Solids
Groundwater, Pesticides
PCB
DNA

Sample Disposal

(A fee may be assessed if samples are retained
longer than 3 months)

QC Requirements (Specify)

1. Received By	Date 05-24-01	Time 09:30
2. Received By	Date	Time
3. Received By	Date	Time

Comments

Chain of
Custody RecordSTL-4124 (0700)
Client
ENVIRON
Address

		Project Manager Gene Pitters		Date	Chain of Custody Number 057728																																																				
		Telephone Number (Area Code)/Fax Number 703 516-2300/703 516-2345		Lab Number	Page 2 of 2																																																				
City	State	Zip Code	Site Contact	Lab Contact	Analysis (Attach list if more space is needed)																																																				
Carrier/Waybill Number Other-Ped Rmns																																																									
Containers & Preservatives																																																									
<table border="1"> <thead> <tr> <th>Matrix</th> <th>Unspars</th> <th>H2SO4</th> <th>HNO3</th> <th>HCl</th> <th>NaOH</th> <th>ZnAc</th> <th>TDS</th> <th>SO4</th> <th>Spd.</th> <th>Aceto</th> <th>NaOH</th> <th>Unspars</th> </tr> </thead> <tbody> <tr> <td>6/23/01</td> <td>X</td> </tr> <tr> <td>PC-58</td> <td>X</td> </tr> <tr> <td>PC-2</td> <td>X</td> </tr> </tbody> </table>						Matrix	Unspars	H2SO4	HNO3	HCl	NaOH	ZnAc	TDS	SO4	Spd.	Aceto	NaOH	Unspars	6/23/01	X	X	X	X	X	X	X	X	X	X	X	X	PC-58	X	X	X	X	X	X	X	X	X	X	X	X	PC-2	X	X	X	X	X	X	X	X	X	X	X	X
Matrix	Unspars	H2SO4	HNO3	HCl	NaOH	ZnAc	TDS	SO4	Spd.	Aceto	NaOH	Unspars																																													
6/23/01	X	X	X	X	X	X	X	X	X	X	X	X																																													
PC-58	X	X	X	X	X	X	X	X	X	X	X	X																																													
PC-2	X	X	X	X	X	X	X	X	X	X	X	X																																													
Contract/Purchase Order/Quote No. Henderson, NV																																																									
Project Name and Location (State)																																																									

Sample I.D. No. and Description
(Containers for each sample may be combined on one line)

5 PC-58
4 PC-2

* Not Item = L (q), TDS,
Cond, Turb, pH, Hardy,
ALK, E, F, NO3, SO4,
Onkophos,

* Other Red Params =
226 mg/228 Pa, T-30 U
Tso Th.

Sample Disposal
QC Requirements (Specify)

Possible Hazard Identification
 Non-Hazard Flammable Skin Irritant Poison B Unknown Return To Client Disposal By Lab Archive For _____ Months

Turn Around Time Required
 24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

1. Relinquished By <i>John Gleason</i>	Date	Time	1. Received By <i>John Gleason</i>	Date	Time
2. Relinquished By			2. Received By		
3. Relinquished By			3. Received By		

Comments

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Severn Trent Laboratories, Inc.

**SEVERN
TRENT
SERVICES**

**Chain Of
Custody Record**

STL-4124 (0700)

Client **ENVIRON**

Address

		Project Manager Gene Peters		Date 5/22/01	Chain of Custody Number 057741
		Telephone Number (Area Code)/Fax Number 703 516 2300 / 703 516-2345		Lab Number	Page _____ of _____ Page 2 of 2
City Henderson NV	State NV	Zip Code 89014	Site Contact Contract/Purchase Order/Quote No.	Analysis (Attach list if more space is needed)	
Project Name and Location (State)		Carrier/Vessel Number		Containers & Preservatives	
				Matrix	
				Solvent	
				Sox	
				Spd	
				Acetone	
				Uptants	
				H2SO4	
				HNO3	
				HCl	
				NaOH	
				TGA	
				Other	
				Other Rod Reas	
				Glycinate	
				Wet Clad	
				ICP/ICPMS/Hg	

Sample I.D. No. and Description
(Containers for each sample may be combined on one line)Date
5/22/01Time
1900#
X

* Wet Chem = Cr(II), TDS,
Turb., Conduct., pH, Hard.,
Al(K), Cl, F, NO₃, SO₄,
Orthophosph.

* Other Rod Param
226 Ra, 228 Ra, Tso U,
Iso Th

(A lab may be assessed if samples are retained
longer than 3 months)

Sample Disposal

Prohibitive Hazard Identification

Corrosive
 Flammable
 Skin Irritant
 Poison A
 Unknown

Return To Client
 Disposal By Lab
 Archive For _____ Months

QC Requirements (Specify)

Background Time Required

24 Hours
 48 Hours
 7 Days
 14 Days
 21 Days
 Other _____

1. Relinquished By Gene Peters	Date 5/23/01	Time 1700	1. Received By John Siz	Date 5/24/01	Time 0930
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments

Severn Trent Laboratories, Inc.

Chain of
Custody RecordSTL-4124 (07/00)
Client
ENVIRONAddress
4350 N. Fairfax Dr, Suite 300
City **Arlington** State **VA** Zip Code **22203**
Project Name and Location (State)
Henderson, NV
Contract/Purchase Order/Quote No.
TRIP Blanks

		Project Manager Gene Peters	Date 5/23/01	Chain of Custody Number 057738																																																																																																																																																																																
Address 4350 N. Fairfax Dr, Suite 300		Telephone Number /Area Code/Fax Number 703 576-2300 / 703 576-2345	Lab Number	Page 1 of 2																																																																																																																																																																																
Site Contact D. Everett		Lab Contact Rosanne	Analysis (Attach list if more space is needed)																																																																																																																																																																																	
Carrier/Waybill Number				Special Instructions/ Conditions of Receipt See COC# 057738 for page 2 of 2																																																																																																																																																																																
Project Name and Location (State) Henderson, NV		<table border="1"> <thead> <tr> <th rowspan="2">Matrix</th> <th colspan="6">Containers & Preservatives</th> </tr> <tr> <th>PCB</th> <th>BNA</th> <th>Perchlorate</th> <th>Dioxin</th> <th>Dioxin-Ghex</th> <th>Dyngene-hexp</th> <th>TCF, Ghexane</th> </tr> </thead> <tbody> <tr> <td>HOEN</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Toluene</td> </tr> <tr> <td>ZACR</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>VCA</td> </tr> <tr> <td>NaOH</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>HCl</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>HNO3</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>H2SO4</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Uspars</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>SDS</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Acetone</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Acet.</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>8</td> <td>8 Rinse 3</td> <td>5/23/01</td> <td>0900</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8"> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> </td> </tr> <tr> <td colspan="2">Sample I.D. 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Gilman</i></td> <td>Date 5/23/01</td> <td>Time AM 100</td> <td colspan="2">1. Received By John E. Gilman</td> <td>Date 05-24-01</td> <td>Time 0930</td> </tr> <tr> <td colspan="2">2 Relinquished By</td> <td>Date</td> <td>Time</td> <td colspan="2">2. Received By</td> <td>Date</td> <td>Time</td> </tr> <tr> <td colspan="2">3 Relinquished By</td> <td>Date</td> <td>Time</td> <td colspan="2">3 Received By</td> <td>Date</td> <td>Time</td> </tr> <tr> <td colspan="8">Comments</td> </tr> </tbody></table>			Matrix	Containers & Preservatives						PCB	BNA	Perchlorate	Dioxin	Dioxin-Ghex	Dyngene-hexp	TCF, Ghexane	HOEN	-	-	-	-	-	-	Toluene	ZACR	-	-	-	-	-	-	VCA	NaOH	-	-	-	-	-	-	-	HCl	-	-	-	-	-	-	-	HNO3	-	-	-	-	-	-	-	H2SO4	-	-	-	-	-	-	-	Uspars	-	-	-	-	-	-	-	SDS	-	-	-	-	-	-	-	Acetone	-	-	-	-	-	-	-	Acet.	-	-	-	-	-	-	-	8	8 Rinse 3	5/23/01	0900					<p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p style="text-align: center;">↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</p> <p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p>								Sample I.D. 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Comments																																																																																																																																																																																				

2 of 2 Copies!

**Chain
Custody Record**

STL-4124 (0730)

Severn Trent Laboratories, Inc.

**SEVERN
TRENT
SERVICES**

Client
Name

ENVIRON

Address

4380 N Fairfax, Suite 300
City

Phone Number (Area Code)/Fax Number

52101
Lab NumberDate 05/17/01
Page 2 of 2
See CEC# 057723
for p1 of 2.Special Instructions/
Conditions of Receipt

Sample ID No. and Description
(Containers for each sample may be combined on one line)

Sample ID No.	Description	Date	Time	Matrix	Containers & Preservatives
052101-WB01	*	5/2/01	15:40	Ground	HCl NaOH ZnCl ₂ HNO ₃ H ₂ SO ₄
052201-WB01	*	5/2/01	07:00	Ground	HCl NaOH ZnCl ₂ HNO ₃ H ₂ SO ₄
Trin Blm	052301#1	1/2/01	1:16:00	Ground	HCl NaOH ZnCl ₂ HNO ₃ H ₂ SO ₄

Carrier/Waybill Number
Contract/Purchase Order/Date No.

G. Peters

Project Manager

Telephonic Number (Area Code)/Fax Number

Site Contact

Lab Contact

Analysis (Attach list if more space is needed)

*Other test request:
GC/MS/Hg
Net Chem.*

2nd column blank

3rd column blank

* Other Rod. Pestic.,
Hg, Pb, Zn, Cd, Cu, Ni,
Hg, Alk, Cl, F, NO₃, SO₄, orthophos,

Tso Th.

Possible Hazard Identification
 Non-Hazard Flammable Skin Irritant Poison A Unknown Return To Client Disposal By Lab Archive For _____ Months Samples Retained
 Turn Around Time Required
 24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

QC Requirements (Specify)

Comments

Jill Clark

1. Received By	Date	Time	1. Received By	Date	Time
2. Prepared By	Date	Time	2. Prepared By	Date	Time
3. Requisitioned By	Date	Time	3. Received By	Date	Time
<i>Jill Clark</i>	5/2/01	10:00	<i>Jill Clark</i>	05/23/01	09:00

Severn Trent Laboratories, Inc.

**SEVERN
TRENT
SERVICES**

ST. 4124 (01/00)

ENVIRON

Client

Address

4350 N Fairfax Dr, Suite 300
Arlington, VA 22203

Project Name and Location (State)

Henderson NV

Contract/Purchase Order/Quote No.

Project Manager Gene Peters		Telephone Number (Area Code)/Fax Number 703 516-2300/ 703-516-2345		Lab Contact D. Grett		Analysis (Attach list if more space is needed)	
Site Contact CarmanWay ID Number							
Special Instructions/ Conditions of Receipt							
Project Description: Lead Paint - Tri-Blanks Requester: St Louis Paints Requester Address: 10A Hornbeam Requester City: St Louis, MO Requester State: MO							
Containers & Preservatives HORN ZARD HORN HSI HANS LUNAR HZS04 LUNAR RUS RUS							
Matrix							
Sample I.D. No. and Description (Containers for each sample may be combined on one line)							
⑥ 5-2(0-1') ⑦ 5-2(10-12')							
⑧ S-2 (18-20) ⑨ P-4 (0-1')							
⑩ P-4 (10-12') ⑪ P-4 (20-22')							
⑫ P-7 (R-21') ⑬ E-2 (b-8')							
⑭ Trip Blank #3							
Date Time 5/21/01 11:10 5/21/01 11:30 5/21/01 11:45 5/21/01 1500 5/21/01 1520 5/21/01 1545 5/21/01 1730 5/22/01 0720							
Sample Disposal <input type="checkbox"/> Non-hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months longer than 3 months							
QC Requirements (Specify)							
Possible Hazard Identification <input type="checkbox"/> Non-hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____							
Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days							
1. Received By Jill Clark 2. Received By Sarah E. Julian 3. Received By							
Date Time Date Time Date Time 05/23/01 0940							

Possible Hazard Identification

 Non-hazard Flammable Skin Irritant Poison B Unknown Return To Client Disposal By Lab Archive For _____ Months longer than 3 months

Comments	
1. Relinquished By Sarah E. Julian	2. Relinquished By Jill Clark

**Chain of
Custody Record**

SIN 4124 07000
FILE# 180261

3111-104

Project Name and Location (State)	Arisington			Project Manager Gene Peters	Date 5/17/01	Lab Number 5117 101	Chain of Custody Number 057701
4350 N. Folkston St., Suite 300 State: WI			Phone Number (Area Code/Fax Number) (703) 516 - 2300	Lab Contact Suzanne	Analysis (Attach if/when more space is needed)		
Hender son NV Contract/Purchase Order/Case No.						Special Instructions/ Conditions of Receipt (5000g per box)	

Sample I.D. No. and Description (Conditions for each sample may be continued on one line)	Date	Time	Matrix	Containers & Preservatives			
				STAIN	SOIL	ROSEN	WATER
① P-10 (0-1')	5/17/01	1030		X	X	X	
② P-10 (10-11')		1120		X	X	X	
③ P-10 (11.5-12.5)		1220		X	X	X	
④ P-10 (12-12.5)		1145		X	X	X	
⑤ P-9 (0-1')		1230		X	X	X	
⑥ P-7 (0-1')		1300		X	X	X	
⑦ P-7 (2-3')		1420		X	X	X	
⑧ P-7 (2-3') X See Case 1030-01m AB=P-7(2-3')		1630		X	X	X	
Trif Blank							

Permit Hazard Information

 Non-Hazard Flammable Skin Irritant Poison A Unknown Return To Client Disposal By Lab Archive For _____ Months Disposal Requirements (Specify)

Turn Around Time Required	<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input checked="" type="checkbox"/> 21 Days or per contract	Other
1. Received By	05/17/01	17/01			1. Received By <i>Jeff Clark</i>	
2. Received By					2. Received By	
3. Received By					3. Received By	

Comments

DISTRIBUTION: WRITE: Stays with the Sample, CANARY - Returned to Client with Report: F1MK - Field Copy

Chain of
Custody Record

**SEVERN
TRENT
SERVICES**

LOUIS

Severn Trent Laboratories, Inc.

Client: **ENVIRON**
 SII-4124 (0700)

Address: **4350 N Fairfax Dr, Suite 300**
 City: **Arlington** State: **VA** Zip Code: **22203**
 Purchase Order/Quote No.: **703 516-2300/ 703-516-2345**

Project Name and Location (State)
 Purchase Order/Quote No.

**Special Instructions/
Conditions of Receipt**

**Sample I.D. No. and Description
(Containers for each sample may be combined on one line)**

Sample I.D. No.	Description	Date	Time	Matrix	Containers & Preservatives				Analysis (Attach list if more space is needed)
					UHPLC	SCD	SCD	SCD	
5-2(0-1')		5/24/01	1110		-	-	-	-	5/24/01 1110 Red Param = GANtH 226Pa, 228Ra, TsoU, Trip Blank
5-2(10-12')		5/21/01	1130		-	-	-	-	
5-2(18-20)		5/21/01	1146		-	-	-	-	
5-4(0-1')		5/21/01	1500		-	-	-	-	
p-4(10-12')		5/21/01	1520		-	-	-	-	
p-4(20-22')		5/21/01	1545		-	-	-	-	
p-7(R-21')		5/21/01	1710		-	-	-	-	
E-2(b-8')		5/22/01	0720		-	-	-	-	
Trip Blank #3					-	-	-	-	V trip

Possible Hazard Identification

Nitr-Hazard Flammable Skin Irritant Poison A Unknown Ratum To Client Disposal By Lab Archive For _____ Months

Turn Around Time Required

24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

1. Received By	Date	Time	1. Received By	Date	Time
Jill Clark *	5/22/01	1100	Jill Clark	05/23/01	0940
John Bond *	5/31/01	1700			

Comments

* Vial with dried sample enclosed for each soil sample.

DISTRIBUTION: WHITE - Stays with the Sample, CANARY - Returned to Client with Report, PINK - Field Copy

Chain of Custody Record

**SEVERN
TRENT
SERVICES**

STL ST LOUIS
Severn Trent Laboratories, Inc.

STL-4124 (0700)

Client **ENVIRON**

Address **4350 N. Fairfax Dr., Suite 300**

City **Arlington**

State **VA**

Zip Code **22203**

Project Name and Location (State) **Henderson, VA**

Contract/Purchase Order/Job No. **W**

Project Manager **Gene Peters**
Telephone Number (Area Code)/Fax Number **703-516-2300/703-516-2345**

Site Contact **D. Errett**

Carrier/Waybill Number **20Xanne**

Special Instructions/
Conditions of Receipt

Project Manager **Gene Peters**
Telephone Number (Area Code)/Fax Number **703-516-2300/703-516-2345**

Date **5/22/01** Lab Number **057726**
Page **1** of **1**

Analysis (Attach list if
more space is needed)

Containers &
Preservatives

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix	Containers & Preservatives
7-7 (6-8')	5/22/01	0825	soil	6
-12 (15-17)	5/22/01	0935	soil	6
?-11 (15-17)	5/22/01	1100	soil	6
DUP 4	"	1230	soil	X
DUP 5	"	1300	soil	X
② Trip Blank #2				

*St. Louis Bureau = PCBs,

BuA, Pest, Cyanide,

MnSds, Cr (II)

Sample Disposal

Return To Client Disposal By Lab Archive For _____ Months

(A fee may be assessed if samples are retained longer than 3 months)

GC Requirements (Specify)

Possible Hazard Identification

Non-Hazard Flammable Skin Irritant Poison A Unknown

Return To Client Disposal By Lab Archive For _____ Months

(A fee may be assessed if samples are retained longer than 3 months)

Time Around Time Required

24 Hours 48 Hours 7 Days 21 Days Other _____

1. Relinquished By	Date	Time	1. Received By	Date	Time
	5/21/01	1400	② Trip Blank #2	5/22/01	0940
	5/21/01	1700			
			3. Received By		

② Trip Blank #2 with dried soil extracted for each story.

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

**Chain
Custody Record**

**SEVERN
TRENT
SERVICES**

TL ST. LOUIS

2 of 2 Cycles!

STL-4124 (0700)

Client

ENVIRON

Address

439 W. Fairfax, Suite 300

City

Henderson, NV

Contract/Purchase Order/Date No.

Carrier/Waybill Number

Site Contact

Project Manager
G. Peters
Telephone Number (Area Code)/Fax Number

Containers & Preservatives

Matrix

Special Instructions/
Conditions of Receipt

Sample I.D. No. and Description
(Containers for each sample may be combined on one line)

052101-WB01 * 052201-WB01 052301-WB01

Trin Blm Keg #52301-1 Liquid

Date 5/21/01 5/21/01 5/21/01

Time 15:40 07:00 07:00

Site 15 15 15

Pres 15 15 15

Temp 15 15 15

Spec 15 15 15

Sample 15 15 15

NH4+ 15 15 15

Zn2+ 15 15 15

NO3- 15 15 15

HC1 15 15 15

HNO3 15 15 15

H2SO4 15 15 15

Uptake 15 15 15

* Wet Chem = Cr (III),
TDS, Turb., Cond., pH
Hard., Alk., Cl, F,
NO3, SO4, Oethophos.

Possible Hazard Identification
 Non-Hazard Flammable Skin Irritant Poison A Unknown Return To Client Disposal By Lab Archive For Months (A fee may be assessed if samples are retained longer than 3 months)

QC Requirements (Specify)

Sample Disposal

Turn Around Time Required
 24 Hours 48 Hours 7 Days 14 Days 21 Days Other

1. Received By *C. Peters* Date 5/22/01 Time 10:00
2. Received By *C. Peters* Date 05-23-01 Time 1700
3. Received By *Ollie Clark* Date Time

Comments

* 1x1L bottle shipped for sample

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of
Custody Record

L ST. LOUIS

SEVERN
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SERVICES

Severn Trent Laboratories, Inc.

SI# 4124 (0700) Client	ENVIRON	Project Manager Gene Peters	Date 5/17/01	Chain of Custody Number 057701																																																																																																
Autoloss		Telephone Number (Area Code)/Fax Number (703) 516-2300 / (703) 516-2345	Lab Number																																																																																																	
City Arling, VA	State VA	Zip Code 22203	Site Contact Dawn Grett	Lab Contact																																																																																																
Contract/Purchase Order/Quote No. Henderson NV	Carrier/Waybill Number Permane																																																																																																			
<table border="1"> <thead> <tr> <th colspan="2">Sample I.D. No. and Description (Containers for each sample may be combined on one line)</th> <th>Date</th> <th>Time</th> <th>Matrix</th> <th>Containers & Preservatives</th> </tr> <tr> <th>Sample I.D.</th> <th>Description</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>P-10 (0-1')</td> <td>V</td> <td>5/17/01</td> <td>1030</td> <td>Sed.</td> <td>Sed.</td> </tr> <tr> <td>P-10 (10-11')</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>P-10 (11.5-17.5)</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>P-10 (12-12.5)</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>P-9 (0-1')</td> <td>V</td> <td>1230</td> <td></td> <td>Sed.</td> <td>Sed.</td> </tr> <tr> <td>P-7 (0-1')</td> <td>V</td> <td>1230</td> <td></td> <td>Sed.</td> <td>Sed.</td> </tr> <tr> <td>P-7 (2-3')</td> <td>X See Curr - 100g E.01n</td> <td>1620</td> <td></td> <td>Sed.</td> <td>Sed.</td> </tr> <tr> <td></td> <td>AS = P-7(2-3')</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">1st Blank</td> <td></td> </tr> <tr> <td colspan="5">Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown</td> <td>Sample Disposal <input checked="" type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months</td> </tr> <tr> <td colspan="5">Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days or per contract <input type="checkbox"/> Other _____</td> <td>QC Requirements (Specify) <input checked="" type="checkbox"/> 1. Received By _____ 1. Received By _____ 2. Received By _____ 3. Received By _____</td> </tr> <tr> <td colspan="2">1. Relinquished By Jaschka E. Johnson</td> <td>Date 05/17/01</td> <td>Time 1715</td> <td colspan="2">1. Received By _____ Oliver Clark</td> </tr> <tr> <td colspan="2">2. Relinquished By John Dwyer X</td> <td>Date 05/31/01</td> <td>Time 1700</td> <td colspan="2">2. Received By _____</td> </tr> <tr> <td colspan="2">3. Relinquished By O</td> <td>Date</td> <td>Time</td> <td colspan="2">3. Received By _____</td> </tr> </tbody> </table>					Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix	Containers & Preservatives	Sample I.D.	Description					P-10 (0-1')	V	5/17/01	1030	Sed.	Sed.	P-10 (10-11')				X		P-10 (11.5-17.5)				X		P-10 (12-12.5)				X		P-9 (0-1')	V	1230		Sed.	Sed.	P-7 (0-1')	V	1230		Sed.	Sed.	P-7 (2-3')	X See Curr - 100g E.01n	1620		Sed.	Sed.		AS = P-7(2-3')					1st Blank						Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown					Sample Disposal <input checked="" type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days or per contract <input type="checkbox"/> Other _____					QC Requirements (Specify) <input checked="" type="checkbox"/> 1. Received By _____ 1. Received By _____ 2. Received By _____ 3. Received By _____	1. Relinquished By Jaschka E. Johnson		Date 05/17/01	Time 1715	1. Received By _____ Oliver Clark		2. Relinquished By John Dwyer X		Date 05/31/01	Time 1700	2. Received By _____		3. Relinquished By O		Date	Time	3. Received By _____	
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix	Containers & Preservatives																																																																																															
Sample I.D.	Description																																																																																																			
P-10 (0-1')	V	5/17/01	1030	Sed.	Sed.																																																																																															
P-10 (10-11')				X																																																																																																
P-10 (11.5-17.5)				X																																																																																																
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P-9 (0-1')	V	1230		Sed.	Sed.																																																																																															
P-7 (0-1')	V	1230		Sed.	Sed.																																																																																															
P-7 (2-3')	X See Curr - 100g E.01n	1620		Sed.	Sed.																																																																																															
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Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days or per contract <input type="checkbox"/> Other _____					QC Requirements (Specify) <input checked="" type="checkbox"/> 1. Received By _____ 1. Received By _____ 2. Received By _____ 3. Received By _____																																																																																															
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3. Relinquished By O		Date	Time	3. Received By _____																																																																																																

DISTRIBUTION: WHITE - Stays with the Sample; CREAM - Returned to Client with Report; PINK - Field Copy
Comments: *via 100g dried sample/esp for each samp.*

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

Chain of
Custody Record

STL4124 (07/00)

Client

ENVIRON

Address	11250 NJ Turnpike Dr Suite 300			Project Manager	Vickie C. C.			Date	5/20/01		Chassis Number	057700					
City	Albuquerque	State	NM	Telephone Number (Area Code)/Fax Number	722-5160/703-516-2315	Site Contact	Lab Contact	Lab Number			Page	1		of	1		
Project Name and Location (State)				Carrier/Waybill Number			Analysis (Attach list if more space is needed)								Special Instructions/Conditions of Receipt		
Contract/Purchase Order/Quote No.																	
Sample I.D. No. and Description (Containers for each sample may be combined on one line)				Date	Time		Matrix		Containers & Preservatives		Upticks						
P-3 (18-12')	5/20/01	0915		Soil	Soil	Soil	H2SO4	NH3	NaOH	ZnAcH	Upticks						
P-3 (18-12')	0930						H2SO4	NH3	NaOH	ZnAcH							
P-3 (18-20')	1000																
P-2 (0-1')	1130																
P-2 (10-12')	1145																
P-2 (10-18')	1215																
A-2 (0-1')	1500																
A-2 (10-12')	1525																
A-2 (17-21')	1600																
Type Blank																	
Sample Disposal																	
<input type="checkbox"/> Possible Hazard Identification								<input type="checkbox"/> Return To Client									
<input type="checkbox"/> Non-Hazard								<input type="checkbox"/> Disposal By Lab									
<input type="checkbox"/> Flammable								<input type="checkbox"/> Archive For _____ Months									
<input type="checkbox"/> Skin Irritant								<input type="checkbox"/> Other _____									
<input type="checkbox"/> Poison A								<input type="checkbox"/> Other _____									
<input type="checkbox"/> Poison B								<input type="checkbox"/> Other _____									
<input type="checkbox"/> Unknown								<input type="checkbox"/> Other _____									
Turn Around Time Required								QC Requirements (Specify)									
<input type="checkbox"/> 24 Hours								<input type="checkbox"/> 48 Hours									
<input type="checkbox"/> 48 Hours								<input type="checkbox"/> 7 Days									
<input type="checkbox"/> 7 Days								<input type="checkbox"/> 14 Days									
<input type="checkbox"/> 14 Days								<input checked="" type="checkbox"/> 21 Days									
								Date	Time		1. Received By						
								Date	Time		2. Received By						
								Date	Time		3. Received By						
<i>Comments</i>																	

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of Custody Record

**T R E N T
SERVICES**

Severn Trent Laboratories, Inc.

STL-4124 (0700)

Client CANARY

Project Manager John Date / 21 / 01 Chain of Custody Number 051709

Address 11250 N. Fairlawn, Suite 200 Telephone Number (Area Code)/Fax Number 703-273-1711 Lab Number 1

City Arlington State VA Zip Code 22203 Site Contact D. E. Johnson Analysis (Attach list if more space is needed)

Project Name and Location (State) Contract/Purchase Order/Quote No. Carrier/Waybill Number NV

Comments 1. Relinquished By John, Reason Leave

Special Instructions/ Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix	Containers & Preservatives	
				Upbrns.	Soil
F-6 (0-1')	5/21/01	0740		X	
P-1 (10-12')	5/21/01	0800			
P-6 (17-21')	5/21/01	0825			
P-1 (17-21')		0925			
(16-17')		0945			
(11-20)		1015			
VTP-1 (0-1')		0945			
VTP-2 (0-1')		1000			
1. Relinquished By <u>John</u> , Reason <u>Leave</u>					

Possible Hazard Identification	Sample Disposal			QC Requirements (Specify)
	<input type="checkbox"/> Poison A	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client	
<input type="checkbox"/> 4 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days
<input type="checkbox"/> Acquired By <u>John</u> , Reason <u>Leave</u>				<input type="checkbox"/> Other
2. Relinquished By				
3. Relinquished By				
Comments				

(A fee may be assessed if samples are retained longer than 3 months)

Date	Time
Date	Time
Date	Time

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of Custody Record

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

STL-4124 (0700)

Client P. N. V. I. R. C. F.	Project Manager G. V. C. S.	Date / 17 / 01	Chain of Custody Number 057718			
Address 1250 N. Fairfax Dr., Suite 300	Telephone Number (Area Code)/Fax Number 703-516-2350 / 703-516-2355	Lab Number S-X	Page <u>1</u> of <u>1</u>			
City Arlington, VA	Site Contact D. C. H.	Analysis (Attach list if more space is needed)				
Project Name and Location (State) Project 501, NJ	Carrier/Waybill Number FED-EX - 000000000000					
Contract/Purchase Order/Quote No.	Mainx	Containers & Preservatives				
Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time				
E-2 (1-1')	5/11/01	1:130	<input checked="" type="checkbox"/> Soil			
C-2 (1-5')		1:45	<input type="checkbox"/> NaOH			
E-1 (5-1')		1:50	<input type="checkbox"/> HCl			
E-1 (1-5')		1:510	<input type="checkbox"/> HNO3			
S-1 (c-1')		1:535	<input type="checkbox"/> H2SO4			
S-1 (10-12')		1:550	<input type="checkbox"/> Uptacs			
S-1 (14-17')		1:610	<input type="checkbox"/> ZnAc			
B-1 (0-1')		1:730	<input type="checkbox"/> NaOH			
B-1 (10-12')		1:750	<input type="checkbox"/> HCl			
L-1 (11-21')		1:835	<input type="checkbox"/> HNO3			
Trip Blank			<input type="checkbox"/> H2SO4			
Sample Disposal						
Possible Hazard Identification	<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant			
Turn Around Time Required	<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other _____
1. Relinquished By John A. Smith, Ph.D.	Date 5/11/01	Time 13:00	1. Received By			
2. Reinquished By John A. Smith	Date 5/11/01	Time 13:00	2. Received By			
3. Relinquished By John A. Smith	Date 5/11/01	Time 13:00	3. Received By			
Comments _____						
Special Instructions/ Conditions of Receipt						
Rec'd From: G. A. H. R. Rec'd Date: 5/11/01 Rec'd Time: 13:00 Lab: V.A. Lab's Name: St. Louis Project Lab's Address: 4000 Laclede Avenue Lab's City: St. Louis Lab's State: MO Lab's Zip Code: 63102 Lab's Phone: (314) 622-5400 Lab's Fax: (314) 622-5401 Lab's Email: stlouis@severntrent.com Lab's URL: http://www.severntrent.com/stlouis						
(A fee may be assessed if samples are retained longer than 3 months)						

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

**Chain of
Custody Record**

STL-4124 (0700)

**SEVERN
TRENT
SERVICES**

Severn Trent Laboratories, Inc.

Client	ENVIRON			Project Manager Gene Peters	Date	5/17/01	Chain of Custody Number 059701
Address	41 South N. Franklin St., Suite 300			Telephone Number (Area Code)/Fax Number (703) 516-2300/(703) 516-2345	Lab Number		Page <u>1</u> of <u>1</u>
City	Arlington	State	VA	Site Contact Davy Errett	Lab Contact Rexxx C. C.	Analysis (Attach list if more space is needed)	Special Instructions/ Conditions of Receipt
Project Name and Location (State) Ferrell SCA, NV			Carrier/Waybill Number				
Contract/Purchase Order/Quote No.			Containers & Preservatives				
Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix	Preservative	Sample	Specimen	
P-10 (0-1')	5/17/01	1030					
P-10 (10-11')		1130					
P-10 (16.5-17.5)		1140					
P-10 (12-12.5)		1145					
P-9 (0-1')		12:00					
(19-19') (8')		13:00					
P-7 (c-1)		14:20					
(2-1')		16:30					
Total Number of Samples: <u>12</u>							
Possible Hazard Identification							
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab							
Turn Around Time Required							
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days <input type="checkbox"/> Other _____							
QC Requirements (Specify)							
1. Received By <u>Davy Errett</u> Date <u>5/17/01</u> Time <u>11:15</u> 2. Relinquished By _____ Date _____ Time _____ 3. Relinquished By _____ Date _____ Time _____							
Comments: <u>None</u>							
DISPOSITION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy							

Chain of Custody Record

**SEVERN
TRENT
SERVICES**

Severn Trent Laboratories, Inc.

STL-4124 (0700)

Client ENVIRON

Address 4350 N. Fairfax Drive, Suite 300

City Arlington

State VA Zip Code 22203

Project Name/Hazard Location (State) Henderson, NV

Contract/Purchase Order/Quote No.

Project Manager George Peters

Telephone Number/Area Code/Fax Number (703) 516-2300

Site Contact Doug Everett

Carrier/Waybill Number

Date 5/17/01

Lab Number

Page 1 of 2

Chain of Custody Number 0577703

Special Instructions/ Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	#	Containers & Preservatives							PCP's
				Upset	Sed.	Aqueous	Soil	HNO3	HCl	NaOH	
P-7 (10-12')	5/17/01	1715									Rad Param = GAMMA 226 Ra, 228 Ra, Iso U, Iso Th
P-7 (13-20')	5/17/01	1800									
Dup 1	5/17/01	1910									
P-10 (16.5-17.5)	5/17/01	2000									
P-11 (0-1')	5/18/01	0715									
P-11 (11-51)	5/18/01	0755									
P-12 (0-1')	5/18/01	0815									
P-12 (4-51)	5/18/01	0830									
P-13 (0-1')	5/18/01	0920									
P-14 (4-51)	5/18/01	0935									
P-16 (0-1')	5/18/01	0955									
P-16 (4-51)	5/18/01	1010									

Possible Hazard Identification

Non-Hazard

Flammable

Skin Irritant

Poison B

Unknown

Return To Client

Disposal By Lab

Archive For _____

Months _____

(A fee may be assessed if samples are retained longer than 3 months)

QC Requirements (Specify)

Turn Around Time Required

24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

1. Relinquished By

Date 5/18/01 Time 11:30

2. Requisitioned By

Date _____ Time _____

3. Relinquished By

Date _____ Time _____

Comments _____

Custody Record

Severn Trent Laboratories, Inc.

STL-4124 (0700)	Project Manager G. C. Peters		Date of Custody Number 05/19/20
Client ENVIRON	Telephone Number (Area Code)/Fax Number (703) 516-2300/(703) 516-2345		Lab Number 518100
Address 41350 N Fairfax Drive, Suite 300	Site Contact Dawn Erceg	Lab Contact Roxanne	Page _____ of _____
City Arlington	State VA	Zip Code 22203	CarmerWaybill Number
Special Instructions/ Conditions of Receipt			
Analysis (Attach list if more space is needed) Test - Chlorophenols/PCBs Radon Lead Paint St. Louis River VOA			
* Rad Param = Gamma 216 Ra, 218 Ra, 130 U, S, I so Th			
* St. Louis Param = PCB, CNA, Pesticide Cyanide, Metals, Cr(V)			
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			
Date Time # Matrix Containers & Preservatives			
B-2 (0-1')	5/18/01	1330	aqueous Soil Sand Acetone HNO3 H2SO4 Uptakes Unpers.
B-2 (11-5')	5/18/01	1315	ZnAc NaOH HCl
P-15 (0-1')	5/19/01	1430	
P-15 (11-5')	5/19/01	1445	
P-17 (0-1')	5/19/01	1520	
P-17 (11-5')	5/19/01	1535	
D-p-2	5/19/01	1550	
Tri-p Blank			
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown			
Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____			
Sample Disposal <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months			
QC Requirements (Specify)			
1. Relinquished By Date _____ Time _____			
2. Relinquished By Date _____ Time _____			
3. Relinquished By Date _____ Time _____			
Comments			

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

STL-4124 (0700)		Project Manager Gerry Peters		Date	5/18/01	Chair Business Number	057705
Client ENVIRON		Telephone Number (Area Code)/Fax Number 703 516-2350 / 703 516-2345		Lab Number		Page	2 of 2
Address		Site Contact		Analysis (Attach list if more space is needed)		See COC # = 057704 for page 1 of 2.	
City	State	Zip Code	Carrier/Waybill Number	Preservatives		Special Instructions/ Conditions of Receipt	
Project Name and Location (State) Fenderson, NV				Matrix	Containers &		
Contract/Purchase Order/Quote No.							
Sample I.D. No. and Description (Containers for each sample may be combined on one line)				Date	Time		
P-13 (0-1')				5/18/01	10:35		
P-13 (4-5')					10:50		
Tip Blank							
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison <input type="checkbox"/> Unknown <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months (A fee may be assessed if samples are retained longer than 3 months)							
Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____							
QC Requirements (Specify) 1. Relinquished By <i>J. Clark</i> <i>E. Toland</i> 2. Relinquished By 3. Relinquished By							
Sample Disposal Date Time Date Time Date Time 1. Received By <i>5/18/01</i> <i>11:30</i> 2. Received By 3. Received By							
Comments							

Chain of Custody Record

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

STL-4124 (0700)

Client <i>Environmental Services</i>	Project Manager <i>John P. Finske</i>	Date <i>5/14/95</i>	Lab Number <i>U5772g</i>	Chain of Custody Number <i>U5772g</i>																																																																																																						
Address <i>100 N. First St., Suite 300, Princeton, NJ 08542</i>	Telephone Number (Area Code)/Fax Number <i>(609) 735-5111 - 2345</i>	Date <i>5/14/95</i>	Page <i>1</i>	of _____																																																																																																						
Site Contact <i>John P. Finske</i>	Lab Contact <i>John A. R. S.</i>	Analysis (Attach list if more space is needed)																																																																																																								
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Chain of Custody Record

**T R E N T
SERVICES**

Severn Trent Laboratories, Inc.

STL-4124-0700 Client <i>Enviro-Risk</i>	Project Manager Gen. Letters	Date 5/22/01	Chain of Custody Number 0597126																																																																																				
Address 4350 N. Fairfax Dr., Suite 300 City Arlington State VA Zip Code 22203	Telephone Number (Area Code)/Fax Number 703-516-2300/703-516-2345 Site Contact D. Elliott	Lab Contact S. Cox	Lab Number 1																																																																																				
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<p>* Red Paint = Gamma, 226 Pan, 228 Pan, Iso 1, Iso II,</p> <p>VOA</p> <p>St. Louis Paint = PCBs BNA, Pesticides, Metals, Cr (II)</p>																																																																																							
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DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

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Severn Trent Laboratories, Inc.

STL-4124 (07/00)

Client	Project Manager <u>P. A. C. S.</u>					Date <u>5/21/98</u>	Lab Number <u>U37713</u>	Chain of Custody Number <u>057717 for 1/12</u>															
	Telephone Number (Area Code)/Fax Number <u>(301) 416-2345</u>																						
Address <u>1111 Finch Av., Etobicoke, Ontario, Canada M3J 1V6</u>	Site Contact <u>D. E. J. At</u>		Carrier/Waybill Number <u>12345678902</u>		Analysis (Attach list if more space is needed)																		
City <u>Toronto, Ontario, Canada</u>	State <u>ON</u>	Zip Code <u>31212</u>			Special Instructions/ Conditions of Receipt																		
Project Name and Location (State) <u>N/A</u>					Containers & Preservatives																		
Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix	Preservative	Antibiotics	Sed.	Soil																
<u>2-S (C-1')</u>	<u>5/17/01</u>	<u>1115</u>			X																		
<u>(10-12')</u>		<u>1130</u>																					
<u>(16-18')</u>		<u>1155</u>																					
Dup 3		<u>5/17/01</u>	<u>1220</u>																				
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1. Relinquished By <u>G. J. G. Etobicoke</u> Date <u>5/17/01</u> Time <u>3:30</u> Received By _____																							
2. Relinquished By _____ Date _____ Time _____ Received By _____																							
3. Relinquished By _____ Date _____ Time _____ Received By _____																							
Comments _____																							
DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy																							

Chain of Custody Record

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STL-4124 (0700)

Client EAVISON	Project Manager G. R. G.	Date of Sample Number 5/11/11 1	Chair of Committee 05/11/11
Address 4350 N. Fairfax Drive, Suite 300	Telephone Number (Area Code)/Fax Number 703 516-2300 / 703-516-2345	Lab Number	Page 1 of 2
City Arlington	State VA	Site Contact Dwight Ervin H.	Analysis (Attach list if more space is needed)
Project Name and Location (State) Hazardous Waste	Zip Code 22203	Lab Contact Kirk C. Johnson	
Contract/Purchase Order/Quote No.	Carrier/Waybill Number	Matrix	Containers & Preservatives
		ZnAc NaOH HCl HNO3 H2SO4 Uptacs Sed. Soil Aqueous	
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date 5/12/01	Time
P17(0-1')		1620	
P17(4-5)		1635	
Dup B		1650	
B-3 (0-1')		1750	
B-2 (1-5')		1805	
11-1 (0-1')		1810	
(10-12')		1815	
(16-17')		1810	
P-8 (C-1')		0940	
(10-12')		0755	
(16-18')		1020	
Dup Z		1530	
Possible Hazard Identification		Sample Disposal	
<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> Return To Client	<input type="checkbox"/> Disposal By Lab
Turn Around Time Required		QC Requirements (Specify)	
<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days
<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other	
1. Relinquished By <i>John C. Johnson</i>		Date 5/11/01	Time 1330
2. Relinquished By		Date	Time
3. Relinquished By		Date	Time
Comments			

* Rail Param = GAMMA,
226 Ra, 228 Ra, Iso U,
Iso Th

* St Louis Param = PEL,
DNA, Pst, Gamma,
Metals, Cr(VI),

* A fee may be assessed if samples are retained
longer than 3 months

Chain of Custody Record

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STL-4124 (0700)

Client <i>Enviro-Res</i>	Project Manager <i>G. V. A. C. S.</i>	Date <i>5/23/01</i>	Chain of Custody Number <i>057719</i>			
Address <i>1100 Main Street, Suite 300</i>	Telephone Number (Area Code)/Fax Number <i>703 516-2300 / 703 516-2345</i>	Lab Number <i>+1</i>	Page <u>1</u> or <u>2</u>			
City/ <i>Arlington, VA</i>	State/ <i>VA</i>	Zip Code/ <i>22203</i>	Site Contact <i>D. G. et al.</i>			
Carrier/Waybill Number <i>NV</i>						
Contract/Purchase Order/Quote No.						
Sample I.D. No. and Description (Containers for each sample may be combined on one line) <i>PC-2</i>	Matrix			Containers & Preservatives		
	Date	Time	Site	Soln	Sed	Spec.
	<i>5/23/01</i>	<i>1325</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
	PC-58	<i>5/23/01</i>	<i>1025</i>	<i>X</i>	<i>X</i>	<i>X</i>
	PC-2	<i>5/23/01</i>	<i>1025</i>	<i>X</i>	<i>X</i>	<i>X</i>
	<i>PC-2</i>					
	<i>PC-2</i>					
	<i>PC-2</i>					
	<i>PC-2</i>					
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				QC Requirements (Specify) Sample Disposal <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months longer than 3 months		
Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____						
1. Relinquished By <i>Enviro-Res</i>		Date <i>5/23/01</i>	Time <i>17:00</i>	1. Received By <i>Enviro-Res</i>		
2. Relinquished By		Date	Time	2. Received By		
3. Relinquished By		Date	Time	3. Received By		
Comments						

Special Instructions/
Conditions of Receipt

See COC # 057719
(or page 2 of 2)

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of Custody Record

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STL-4124 (0700)

Client Enviro

Address	1350 N. Fairfax Dr. # 300		Project Manager	Gene Peters		Date	Chassis Number																								
City	Arlington	State	VA	Zip Code	22203	Telephone Number (Area Code)/Fax Number	103 516-2487 / -2315																								
Project Name and Location (State)			Site Contact		Lab Contact	Lab Number	Page 1 of 2																								
Contract/Purchase Order/Quote No.			Carrier/Waybill Number		Analysis (Attach list if more space is needed)																										
01-2131F																															
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DUP6	"	1700	X	HNOSO4	NaOH																										
Trip Blank				HNOSO4	ZnAc																										
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Turn Around Time Required	<input type="checkbox"/> 24 Hours		<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other _____																								
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2. Relinquished By	<i>[Signature]</i>		Date	Time	2. Received By		Date	Time																							
3. Relinquished By	<i>[Signature]</i>		Date	Time	3. Received By		Date	Time																							
Comments																															

Client Information				Project Manager Name: <u>John Doe</u>		Lab Number <u>DAI# 22101</u>		Chain of Custody Number <u>057712</u>	
Address <u>1135 N. Fairfax Dr., Suite 200</u>		Telephone Number (Area Code)/Fax Number <u>703 516-2300 / 1-800-516-2315</u>		Site Contact <u>John Doe</u>		Analysis (Attach list if more space is needed)		Page <u>1</u> of <u>2</u>	
City <u>Arlington, VA</u>		Zip Code <u>22201</u>		Carrier/Waybill Number <u>1234567890</u>				See COC# <u>057713</u> for page 2 of 2	
Special Instructions/ Conditions of Receipt									
T-1P Blanks									
T-4. Customs									
Perchlorate									
Dioxin									
Organochlorine Pesticides									
PCP									
EPA									
Uspres.									
HNO3									
HCl									
NaOH									
ZnAc-NaOH									
Soil									
Sand									
Aqueous									
Matrix									
Containers & Preservatives									
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time						
<u>B-14</u>		<u>5/22/01</u>	<u>17:45</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
<u>PC-1-GW01</u>		<u>5/23/01</u>	<u>10:40</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
<u>TiD Blanks</u>									
Contract/Purchase Order/Quote No.									
Project Name and Location (State) <u>Environmental Services, NJ</u>									
Project/Order/Quote No.									
Non-Hazard		<input type="checkbox"/>	Flammable	<input type="checkbox"/>	Skin Irritant	<input type="checkbox"/>	Poison B	<input type="checkbox"/>	Unknown
Time Around Time Required									
<input type="checkbox"/> 24 Hours		<input type="checkbox"/>	10 Hours	<input type="checkbox"/>	1 Days	<input type="checkbox"/>	14 Days	<input type="checkbox"/>	21 Days
1. Relinquished By		<u>John Doe</u>							
2. Relinquished By		<u>John Doe</u>							
3. Relinquished By		<u>John Doe</u>							
Comments									
QC Requirements (Specify)									
Sample Disposal									
<input type="checkbox"/> Disposal By Lab		<input type="checkbox"/> Disposal To Client		<input checked="" type="checkbox"/> Disposal By Lab		<input type="checkbox"/> Archive For		Months	
(A fee may be assessed if samples are retained longer than 3 months)									

Chain of Custody Record

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STL-4124 (0700)	Client ENVIRO	Project Manager G. F. K. 15	Date 5/22/01	Chassis Number 059915																																												
Address 1150 N. Fairview Dr., Suite 300		Telephone Number (Area Code)/Fax Number 703 516-2300/703-516-2305	Lab Number	Page 2 of 2																																												
City Arlington, VA	State VA	Zip Code 22203	Site Contact	See COCF OSFTI2																																												
Project Name and Location (State) PC4-GW01				Carrier/Waybill Number																																												
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2. Relinquished By	Date	Time	2. Received By	Date	Time																																											
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<table border="1"> <thead> <tr> <th>3. Relinquished By</th> <th>Date</th> <th>Time</th> <th>3. Received By</th> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr><td><i>[Signature]</i></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					3. Relinquished By	Date	Time	3. Received By	Date	Time	<i>[Signature]</i>																																					
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<i>[Signature]</i>																																																
Comments																																																

Severn Trent Laboratories, Inc.

Chain
of Custody

Record

Form #124 (0700)

0132

Project Manager Gene Peters	Telephone Number (Area Code) / Fax Number (703) 516-2300 / (703) 516-2345	Date 05/17/01	Chain of Custody Number 057703
Address 4350 N. Fairfax Drive, Suite 300	Lab Number 1 or 2		
City Arlington	Site Contact Don Grett	Analysis (Attach list if more space is needed)	
State VA	Zip Code 22203	Lab Contact	
Project Name and Location (State) Henderson NV		Containers & Preservatives	
Contract/Purchase Order/Job No.		Matrix	
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time
(P-9) (10-12') ✓ DID NOT REC'D.		5/17/01	1715
(P-7) (18-20') ✓ REC'D.		5/17/01	1800
(P-1) Dup 1		5/17/01	1910
(P-10) (16.5-17.5) ✓ REC'D.		5/17/01	1200
(P-11) (0-1') ✓ REC'D.		5/18/01	0745
(P-11) (0-1')		5/18/01	0755
(P-12) (0-1')		5/18/01	0815
(P-12) (4-5')		5/18/01	0830
(P-14) (0-1')		5/18/01	0920
(P-14) (4-5')		5/18/01	0935
(P-16) (0-1') ✓ -1		5/18/01	0955
(P-16) (4-5')		5/18/01	1010
Sample Disposal			
<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B
<input type="checkbox"/> Unknown	<input type="checkbox"/> Disposal By Lab	<input type="checkbox"/> Archivo For	
QC Requirements (Specify)			
Turn Around Time Required			
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other			
1. Reimbursement By Land - E. Johnson		Date 5/18/01	Time 1130
2. Received By		Date	Time
3. Received By		Date	Time
Comments			

Special Instructions/ Conditions of Receipt			
Real Param = CANARY 226 Ro, 228 Ra, Iso U?			
St Louis Param = PCB, BNK, Pest, Cyanide, Metal, Cr (II), & DC			
St Louis Param = PCB, BNK, Pest, Cyanide, Metal, Cr (II), & DC			
(A fee may be assessed if samples are retained longer than 3 months)			
1. Received By Land - E. Johnson	Date 5/19/01	Time 0900	
2. Received By	Date	Time	
3. Received By	Date	Time	

Chain of Custody Record

STL-4124 (0700)

Client Enviro N

Address

Project Name and Location (State) Henderson, NV		Project Manager Gene Powers		Date 5/18/01	Chain of Custody Number 057705																																																																																								
		Telephone Number (Area Code)/Fax Number 703 576 - 2300 / 703 576 - 2345		Lab Number 518101	Page 2 of 2																																																																																								
State	Zip Code	Silo Contact	CarriWaybill Number	Analysis (Attach list if more space is needed)																																																																																									
Project I.D. No. and Description <small>(Containers for each sample may be combined on one line)</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>① P-13 (0-1')</td><td>Date 5/18/01</td><td>Time 10:35</td><td>Matrix</td><td>Containers & Preservatives</td></tr> <tr><td>② P-13 (4-5')</td><td></td><td>10:50</td><td></td><td></td></tr> <tr><td>③ Trip Blank</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5" style="text-align: right;">Rec'd's BUT NOT ON CHAIN'S:</td></tr> <tr><td>④ P-7 (10'-11')</td><td>5/17/01</td><td>11:44</td><td>10:35</td><td>10:35</td></tr> <tr><td>⑤ P-7 (19' - 21')</td><td>5/17/01</td><td>18:00</td><td>18:00</td><td>18:00</td></tr> <tr><td>⑥ P-11 (0-1')</td><td>5/18/01</td><td>20:55</td><td>20:55</td><td>20:55</td></tr> <tr><td>⑦ P-11 (0-1')</td><td>5/18/01</td><td>21:01</td><td>21:01</td><td>21:01</td></tr> <tr><td colspan="6" style="text-align: right;">Sample Disposal</td></tr> <tr><td colspan="2"><input type="checkbox"/> Non-Hazard</td><td><input type="checkbox"/> Flammable</td><td><input type="checkbox"/> Skin Irritant</td><td><input type="checkbox"/> Poison B</td><td><input type="checkbox"/> Unknown</td></tr> <tr><td colspan="2"><input type="checkbox"/> Turn Around Time Required</td><td><input type="checkbox"/> 24 Hours</td><td><input type="checkbox"/> 48 Hours</td><td><input type="checkbox"/> 7 Days</td><td><input type="checkbox"/> 14 Days</td></tr> <tr><td colspan="2"></td><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> 21 Days</td><td><input type="checkbox"/> 21 Days</td><td><input type="checkbox"/> Other</td></tr> <tr> <td colspan="2">1. Requisitioned By Sarah E. Johnson</td> <td>Date 5/18/01</td> <td>Time 11:30</td> <td>1. Received By Jeff Hoffos</td> <td>Date 5/19/01</td> </tr> <tr> <td colspan="2">2. Relinquished By</td> <td></td> <td></td> <td>2. Received By</td> <td>Date 5/19/01</td> </tr> <tr> <td colspan="2">3. Relinquished By</td> <td>Date </td> <td>Time </td> <td>3. Received By</td> <td>Date </td> </tr> <tr> <td colspan="6" style="text-align: right;">Comments</td> </tr> </table>						① P-13 (0-1')	Date 5/18/01	Time 10:35	Matrix	Containers & Preservatives	② P-13 (4-5')		10:50			③ Trip Blank					Rec'd's BUT NOT ON CHAIN'S:					④ P-7 (10'-11')	5/17/01	11:44	10:35	10:35	⑤ P-7 (19' - 21')	5/17/01	18:00	18:00	18:00	⑥ P-11 (0-1')	5/18/01	20:55	20:55	20:55	⑦ P-11 (0-1')	5/18/01	21:01	21:01	21:01	Sample Disposal						<input type="checkbox"/> Non-Hazard		<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input type="checkbox"/> Unknown	<input type="checkbox"/> Turn Around Time Required		<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days			<input type="checkbox"/> Other	<input type="checkbox"/> 21 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other	1. Requisitioned By Sarah E. Johnson		Date 5/18/01	Time 11:30	1. Received By Jeff Hoffos	Date 5/19/01	2. Relinquished By				2. Received By	Date 5/19/01	3. Relinquished By		Date 	Time 	3. Received By	Date 	Comments					
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3. Relinquished By		Date 	Time 	3. Received By	Date 																																																																																								
Comments																																																																																													

Possible Hazard Identification
 Non-Hazard Flammable Skin Irritant Poison **B** Unknown Return To Client Disposal By Lab Archiving For _____ Months (A bin may be assessed if samples are retained longer than 3 months)

QC Requirements (Specify)		Date	Time
1. Received By Jeff Hoffos	2. Received By	5/19/01	09:00
3. Received By			
Comments			

Chain of Custody Record

SL-4124 (D700)

Client

ENVIRON

Address

4350 N Fairfax Drive Suite 300
Arlington
VA

City

Project Name and Location (State)
Jefferson, NV

Order/Quic No.

Chain of Custody Number

057720

Page _____ of _____

057720

SEVERN TRENT SERVICES

Severn Trent Laboratories, Inc.

05/15/2

Project Manager Gene Peters	Date 5/18/00	Lab Number 057720	Chain of Custody Number 057720
Telephone Number (Area Code)/Fax Number (703) 516-2300 / (703) 516-2345	Site Contact Dawn Errett	Lab Contact Roxanne	Special Instructions/ Conditions of Receipt <i>Specified - Ozone deactivation system not working. Return to lab for analysis.</i>
Project Name and Location (State) Jefferson, NV	Confidentiality Number C-1000	Main	Containers & Preservatives
Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	
B-2 (0-1')	5/18/01	1330	
B-2 (4-5')	5/18/01	1345	
P-15 (0-1')	1430		
P-15 (4-5')	1445		
P-17 (0-1') DID NOT RECV.	1520	<i>relic</i>	
P-17 (4-5')	1535	<i>off dry</i>	
Dsp-7 #	1550	<i>synthetic</i>	
5) Trip Blank			
Possible Hazard Identification	Sample Disposal		
<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Disposal By Lab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Archive For _____ Months
Turn Around Time Required	QC Requirements (Specify)		
<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other _____
1. Received By <i>Jessie E. Johnson</i>	Date 5/18/00	Time 1645	1. Received By Date Time
2. Received By	Date	Time	2. Received By Date Time
3. Received By	Date	Time	3. Received By Date Time
Comments			

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of Custody Record

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

STL-4124 (07/00)

Client Identifier

G. J. C. & S.

Project Manager

057723

Date Collected

5/22/01

Chassis Number

Sec 1 of 2

Telephone Number (Area Code)/Fax Number

703 516-2300 / 703 516-2315

Lab Number

TS

Analysis (list if more space is needed)

See Sec # 057722

for page 2 of 2.

Special Instructions/Conditions of Receipt

1. To Lab

2. To Client

3. To Supplier

4. To Contractor

5. To Supplier - Ex. 4

6. To Contractor - Ex. 4

7. To Supplier - Ex. 4

8. To Contractor - Ex. 4

9. To Supplier - Ex. 4

10. To Contractor - Ex. 4

11. To Supplier - Ex. 4

12. To Contractor - Ex. 4

13. To Supplier - Ex. 4

14. To Contractor - Ex. 4

15. To Supplier - Ex. 4

16. To Contractor - Ex. 4

17. To Supplier - Ex. 4

18. To Contractor - Ex. 4

19. To Supplier - Ex. 4

20. To Contractor - Ex. 4

21. To Supplier - Ex. 4

22. To Contractor - Ex. 4

23. To Supplier - Ex. 4

24. To Contractor - Ex. 4

25. To Supplier - Ex. 4

26. To Contractor - Ex. 4

27. To Supplier - Ex. 4

28. To Contractor - Ex. 4

29. To Supplier - Ex. 4

30. To Contractor - Ex. 4

31. To Supplier - Ex. 4

32. To Contractor - Ex. 4

33. To Supplier - Ex. 4

34. To Contractor - Ex. 4

35. To Supplier - Ex. 4

36. To Contractor - Ex. 4

37. To Supplier - Ex. 4

38. To Contractor - Ex. 4

Contract/Purchase Order/Quote No.

5/21/01 - WB01

5/22/01 - WB01

Trig Blank (1 per cooler)

Sample I.D. No. and Description

(Containers for each sample may be combined on one line)

5/21/01 - WB01

5/22/01 - WB01

Trig Blank (1 per cooler)

Date

Time

Matrix

Preservatives

Sample Disposal

Possible Hazard Identification

Non-Hazard

Flammable

Skin Irritant

Poison B

Unknown

Return To Client

Disposal By Lab

Archive For

Months

(A fee may be assessed if samples are retained longer than 3 months)

Turn Around Time Required

1. Relinquished By

2. Received By

3. Received By

Date

Time

Comments

Chain of Custody Record

SEVERN
TRENT
SERVICES

Severn Trent Laboratories, Inc.

STL-4124 (0700)

Client:
CIVIL CONTRACTORS

Project Manager:
G. Peters

Address:
41350 N. Fairfax, Suite 300

Project Name and Location (State) CIVIL CONTRACTORS, NV			Telephone Number (Area Code)/Fax Number	Project Manager G. Peters	Date Collected 5/22/01	Charged Copy Number 059922
City	State	Zip Code	Site Contact	Lab Contact	Page 2 of 2	Special Instructions/ Conditions of Receipt for P1 of 2
Carrier/Waybill Number			Analysis (Attach list if more space is needed)			

Contract/Purchase Order/Quote No.

ICP/ICPMS/Hg

Containers &
Preservatives

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Main	Preservatives
052101-WB01	5/21/01	15:40	X	ZnAC NaOH HCl HNO3 H2SO4 Upers. Sed Aqueous S01
052201-WB01	5/22/01	07:00	X	8 8 3 3 ZnAC NaOH HCl HNO3 H2SO4 Upers. Sed Aqueous S01

* Wet Chem = Cr (VI),
TDS, Turb., Conduct.,
Hard., Alk., Cl, F,
NO₃, SO₄, Orthopho:

Possible Hazard Identification	<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison A	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client	<input checked="" type="checkbox"/> Disposal By Lab	<input type="checkbox"/> Archive For _____ Months	(A fee may be assessed if samples are retained longer than 3 months)
Turn Around Time Required	<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input checked="" type="checkbox"/> 21 Days	<input type="checkbox"/> Other	QC Requirements (Specify)		
1. Relinquished By	Date 5/22/01 Time 10:00					1. Received By			
2. Relinquished By						2. Received By			
3. Relinquished By						3. Received By			
Comments									

DISTRIBUTION: WHITE - Stays with the Sample; CANARY - Returned to Client with Report; PINK - Field Copy

Chain of Custody record

**T R E N T
S E R V I C E S**

Severn Trent Labor..ries, Inc.

STL-4124 (0700)

Client *Entergy NJ*

Address

City

State / Zip Code

Project Name and Location (State)

Contract/Purchase Order/Quote No.

Project Manager
Gene Becker

Telephone Number (Area Code)/Fax Number
703 516-2300 / 703 516-2245

Site Contact

Carrier/Waybill Number
3/23/01 0900

Matrix

Containers & Preservatives

Sample I.D. No. and Description
(Containers for each sample may be combined on one line)

Date *3/23/01* Time *X*

Aqueous Sediment

Air Soil

Oil Other

Uptakes

HNO3

HCl

NaOH

ZnAc

HC1

HNO3

H2SO4

Uptakes

Water

Waste

CMA

Other

1. Received By *5/23/01 17:00*

2. Received By *_____*

3. Received By *_____*

Sample Disposal

Possible Hazard Identification Non-Hazard Flammable Skin Irritant Poison A Unknown Return To Client Disposal By Lab Archive For _____ Months _____

QC Requirements (Specify)

Turn Around Time Required

24 Hours

48 Hours

7 Days

14 Days

21 Days

Other _____

Comments _____

Special Instructions/
Conditions of Receipt

See Loc# 057739
for page 1 of 2

