

APPENDIX C

Chain of Custody Forms

PROJECT NAME: <u>DODHF Novato - TCRA Sampling</u>				
PROJECT NUMBER: <u>9661516</u>				
PROJECT MANAGER: <u>T. Williamson</u>				
COMPANY/ADDRESS: <u>Battelle</u>				
CITY/STATE/ZIP: <u>505 King Avenue Columbus OH 43201</u>				
E-MAIL ADDRESS: <u>wensink@battelle.org</u>				
PHONE #: <u>614 599-2179</u> FAX#: _____				
SAMPLER'S SIGNATURE: <u>[Signature]</u>				

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	NUMBER OF CONTAINERS	ANALYSIS METHODS																		REMARKS	
						Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/>	Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/>	Hydrocarbons Gas <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/>	Fuel Fingerprint (see below) <input type="checkbox"/> Diesel <input type="checkbox"/> Oil <input type="checkbox"/>	NW-HCID Screen Oil & Grease/TFPH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/>	Aroclors <input type="checkbox"/>	Congeners <input type="checkbox"/>	Pesticides/Herbicides 608 <input type="checkbox"/> 8081A <input type="checkbox"/>	Chlorophenolics Tri <input type="checkbox"/> 8141A <input type="checkbox"/> 8151A <input type="checkbox"/>	PAHS Tetra <input type="checkbox"/> 8151M <input type="checkbox"/> PCP <input type="checkbox"/>	Metals, Total or Dissolved (See list below)	Cyanide <input type="checkbox"/>	Hex-Chrom pH, Cond, Cl, SO4, PO4, F, NO2, NO3, BOD, TSS, TDS (circle)	13-N COD, Total-P, TKN, TOC, DOC (circle) NO2+NO3	AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>					
PS-1A-2	5/8	1515		A9	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-5		1515				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-3		1545				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-1		1640				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-1-DUP		1640				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-7S		1605		Soil		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-7E		1611				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-7D		1616				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS-1A-7YD		1623				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>REPORT REQUIREMENTS</p> <p><input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required</p> <p><input type="checkbox"/> II. Report Dup., MS, MSD as required</p> <p><input type="checkbox"/> III. Data Validation Report (includes all raw data)</p> <p><input type="checkbox"/> IV. CLP Deliverable Report</p> <p><input checked="" type="checkbox"/> V. EDD <u>Geotrocher NIRIS</u></p>	<p>INVOICE INFORMATION</p> <p>P.O. # _____</p> <p>Bill To: _____</p>	<p>Circle which metals are to be analyzed:</p> <p>Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg</p> <p>Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg</p> <p>*INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORTHWEST OTHER: _____ (CIRCLE ONE)</p>
<p>TURNAROUND REQUIREMENTS</p> <p>____ 24 hr. ____ 48 hr.</p> <p><input checked="" type="checkbox"/> 5 Day</p> <p>____ Standard (10-15 working days)</p> <p>____ Provide FAX Results</p> <p>Requested Report Date: <u>5/16/2008</u></p>	<p>SPECIAL INSTRUCTIONS/COMMENTS:</p> <p style="font-size: 1.2em; text-align: center;"><i>Report full suite of VOCs</i></p>	

<p>RELINQUISHED BY:</p> <p><u>[Signature]</u> Signature <u>R. Wensink</u> Printed Name</p> <p><u>Battelle</u> Date/Time Firm</p>	<p>RECEIVED BY:</p> <p>_____ Signature _____ Printed Name</p> <p>_____ Date/Time Firm</p>	<p>RELINQUISHED BY:</p> <p>_____ Signature _____ Printed Name</p> <p>_____ Date/Time Firm</p>	<p>RECEIVED BY:</p> <p>_____ Signature _____ Printed Name</p> <p>_____ Date/Time Firm</p>
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CHAIN OF CUSTODY

1317 South 13th Ave. • Kelso, WA 98626 • (360) 577-7222 • (800) 695-7222x07 • FAX (360) 636-1068

PAGE 3 OF 3 COC # _____

SR#: _____

PROJECT NAME					NUMBER OF CONTAINERS	Semi-volatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/>	Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/>	Hydrocarbons Gas <input type="checkbox"/> 8021 <input type="checkbox"/>	BTEX <input type="checkbox"/> Fuel Fingerprint <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/>	Oil & Grease/TFPH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/>	PCB's Aroclors <input type="checkbox"/>	Pesticides/Herbicides 608 <input type="checkbox"/> 8081A <input type="checkbox"/>	Chlorophenolics Tri <input type="checkbox"/> Tetra <input type="checkbox"/> 8141A <input type="checkbox"/> 8151A <input type="checkbox"/>	PAHS 8310 <input type="checkbox"/> SIM <input type="checkbox"/> PCP <input type="checkbox"/>	Metals, Total or Dissolved (See list below)	Cyanide <input type="checkbox"/>	pH Cond., Cl, SO4, PO4, F, NO2, NO3, BOD, TSS, TDS (circle) NH3-N, COD, Total-P, TKN, TOC, DOC (circle) NO2+NO3	AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>	REMARKS	
PROJECT NUMBER																				
PROJECT MANAGER																				
COMPANY/ADDRESS																				
CITY/STATE/ZIP																				
E-MAIL ADDRESS																				
PHONE #		FAX#																		
SAMPLER'S SIGNATURE																				
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX																
PS-1A-55	5/9	0815		Soil	3	<input checked="" type="checkbox"/>														
PS-1A-5I		0820				<input checked="" type="checkbox"/>														
PS-1A-5D		0822				<input checked="" type="checkbox"/>														
PS-1A-6S		0755				<input checked="" type="checkbox"/>														
PS-1A-6I		0800				<input checked="" type="checkbox"/>														
PS-1A-6D		0805				<input checked="" type="checkbox"/>														
PS-1A-3S		0740				<input checked="" type="checkbox"/>														
PS-1A-3I		0745				<input checked="" type="checkbox"/>														
PS-1A-3D		0750				<input checked="" type="checkbox"/>														

REPORT REQUIREMENTS

I. Routine Report: Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes all raw data)

IV. CLP Deliverable Report

V. EDD *NIRIS Geotracker*

INVOICE INFORMATION

P.O. # _____

Bill To: _____

TURNAROUND REQUIREMENTS

24 hr. 48 hr.

5 Day

Standard (10-15 working days)

Provide FAX Results

5/16/2008
Requested Report Date

Circle which metals are to be analyzed:

Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg

Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg

*INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORTHWEST OTHER: _____ (CIRCLE ONE)

SPECIAL INSTRUCTIONS/COMMENTS:

Report VOC full suite

RELINQUISHED BY:

[Signature]
Signature *5/9 1307*
Date/Time
R. Wensink
Printed Name
BoH/16
Firm

RECEIVED BY:

Signature _____ Date/Time _____

Printed Name _____ Firm _____

RELINQUISHED BY:

Signature _____ Date/Time _____

Printed Name _____ Firm _____

RECEIVED BY:

Signature _____ Date/Time _____

Printed Name _____ Firm _____



CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

Relinquishing signature on this document indicates that sample is being shipped in compliance with all applicable local, State, Federal, national, and international laws, regulations and ordinances of any kind. Air Toxics Limited assumes no liability with respect to the collection, handling or shipping of these samples. Relinquishing signature also indicates agreement to hold harmless, defend, and indemnify Air Toxics Limited against any claim, demand, or action, of any kind, related to the collection, handling, or shipping of samples. D.O.T. Hotline (800) 467-4922

**180 BLUE RAVINE ROAD, SUITE B
FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020**

Project Manager Ryan Wensink
 Collected by: (Print and Sign) Ryan Wensink
 Company Battelle Email wensinr@battelle.org
 Address 505 King Ave. City Columbus State OH Zip 43204
 Phone (614) 599-2179 Fax (614) 424-3667

Project Info:	P.O. # <u>217488</u> Project # <u>9601518</u> Project Name <u>DODHF Novato</u>	Turn Around Time:	Lab Use Only
		<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Rush <u>5 day</u> <small>specify</small>	Pressurized by: Date: Pressurization Gas: N ₂ He

Lab I.D.	Field Sample I.D. (Location)	Can #	Date of Collection	Time of Collection	Analyses Requested	Canister Pressure/Vacuum			
						Initial	Final	Receipt	Final (psi)
	PS-1A-1S	11824	5/11	1210	70-15	30	0		
	PS-1A-1D	2042		1203		30	0		
	PS-1A-2S	22968		1244		25	9		
	PS-1A-2D	21019		1237		23	10		
	PS-1A-3S	34133		1308		28	0		
	PS-1A-3D	34179		1318		26	17		
	PS-1A-5S	33412		1410		30	5		
	PS-1A-5D	1476		1422		30	12		
	PS-1A-6S	1445		1335		28	0		
	PS-1A-6D	24391		1331		26	0		

Relinquished by: (signature) <u>[Signature]</u> Date/Time <u>5/11 2100</u>	Received by: (signature) _____ Date/Time _____	Notes:
Relinquished by: (signature) _____ Date/Time _____	Received by: (signature) _____ Date/Time _____	
Relinquished by: (signature) _____ Date/Time _____	Received by: (signature) _____ Date/Time _____	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact?	Work Order #
					Yes No None	



CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

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**180 BLUE RAVINE ROAD, SUITE B
FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020**

Project Manager Ryan Wensink
 Collected by: (Print and Sign) Ryan Wensink
 Company Battelle Email wensinkr@battelle.com
 Address 505 King Ave. City Columbus State OH Zip 43201
 Phone (614) 599-2179 Fax (614) 424-3667

Project Info: P.O. # <u>217488</u> Project # <u>DoDHF Novato</u> Project Name <u>9601518</u>	Turn Around Time: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Rush <u>5 day</u> <small>specify</small>	<small>Lab Use Only</small> Pressurized by: Date: Pressurization Gas: N ₂ He
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Lab I.D.	Field Sample I.D. (Location)	Can #	Date of Collection	Time of Collection	Analyses Requested	Canister Pressure/Vacuum			
						Initial	Final	Receipt	Final (psi)
	PS-1A-7S	2205	5/11	1137	70-15	29	0		
	PS-1A-7I	34662	↓	1128	↓	17	0		
	PS-1A-7D	33388	↓	1112	↓	15	0		
	PS-1A-8	33717	↓	1453	↓	30	0		
	PS-1A-9	25202	↓	1430	↓	28	0		
	PS-1A-5S-DUP	30812	↓	1410	↓	25	0		

Relinquished by: (signature) <u>[Signature]</u> Date/Time <u>5/11 2100</u>	Received by: (signature) _____ Date/Time _____	Notes:
Relinquished by: (signature) _____ Date/Time _____	Received by: (signature) _____ Date/Time _____	
Relinquished by: (signature) _____ Date/Time _____	Received by: (signature) _____ Date/Time _____	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact?	Work Order #
					Yes No None	

Client: Ryan Wensink
Battelle Environmental Restoration
505 King Avenue Columbus, OH
(614) 599-2179 43201
wensinkr@battelle.org

Project Info: DoDHF Novato
G601518

Turn Around Time: Rush (5-day)

Sample ID	Date	Time	Analyses
Soil Core #1	5/8	1500	Fraction Organic Carbon (Walkley-Black) Total & Effective Porosity Moisture Content
Soil Core #2	5/8	1530	Fraction Organic Carbon (Walkley-Black) Total & Effective Porosity Moisture Content.

Relinquished By: [Signature] 5/11 2100

Received By: Crystal Krom 5/13/08

Attn: Joleen Hires
Daniel B. Stephens & Associates Laboratory
5840 Osuna Rd., NE
Albuquerque, NM 87109
(505) 889-7752