

**APPENDIX C**

**Chain of Custody Forms**



# CHAIN OF CUSTODY

PROJECT NAME <i>SEE PG 1 of 3</i>					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 (*see below) Gas <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/>	Fuel Fingerprint (FIQ) Oil & Grease/TFPH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/>	PCBs Aroclors <input type="checkbox"/> Congeners <input type="checkbox"/>	Pesticides/Herbicides 608 <input type="checkbox"/> 8081A <input type="checkbox"/>	Chlorophenolics - 8141A <input type="checkbox"/> 8151A <input type="checkbox"/>	Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PCP <input type="checkbox"/>	PAHS 8310 <input type="checkbox"/> SIM <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	Hex-Chrom <input type="checkbox"/>	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-25	5/8	1510		Soil	3																																				
PS-1A-21		1520																																							
PS-1A-20		1525																																							
PS-1A-15		1452																																							
PS-1A-13		1453																																							
PS-1A-10		1500																																							
PS-1A-7	5/9	0750		GW	3																																				
PS-1A-6		0830																																							

<b>REPORT REQUIREMENTS</b> ___ 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 <input checked="" type="checkbox"/> V. EDD <i>NIRIS Geotracker</i>	<b>INVOICE INFORMATION</b> P.O. # _____ Bill To: _____ _____ _____	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)
	<b>TURNAROUND REQUIREMENTS</b> ___ 24 hr. ___ 48 hr. <input checked="" type="checkbox"/> 5 Day ___ Standard (10-15 working days) ___ Provide FAX Results Requested Report Date <u>5/16/2008</u>	<b>SPECIAL INSTRUCTIONS/COMMENTS:</b> <i>Report VOC full suite</i>

<b>RELINQUISHED BY:</b> Signature <u>[Signature]</u> Date/Time _____ Printed Name <u>R. Wensing</u> Firm <u>Bathke</u>	<b>RECEIVED BY:</b> Signature _____ Date/Time _____ Printed Name _____ Firm _____	<b>RELINQUISHED BY:</b> Signature _____ Date/Time _____ Printed Name _____ Firm _____	<b>RECEIVED BY:</b> Signature _____ Date/Time _____ Printed Name _____ Firm _____
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# CHAIN OF CUSTODY

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"/> Diesel <input type="checkbox"/> Oil <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]* *5/9 1307*

Signature *R. Wensink* Date/Time *5/16/08*

Printed Name *R. Wensink* Firm *Earth/16*

**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

<b>Project Info:</b> P.O. # <u>217488</u> Project # <u>9601518</u> Project Name <u>DODHF Novato</u>	<b>Turn Around Time:</b> <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 <sub>2</sub> 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-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		28	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		28	0		

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

<b>Lab Use Only</b>	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

<b>Project Info:</b> P.O. # <u>217488</u> Project # <u>DoDHF Novato</u> Project Name <u>9601518</u>	<b>Turn Around Time:</b> <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 <sub>2</sub> 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