

* PLEASE E-MAIL REPORT TO: djchiusa@gw.dec.state.ny.us



314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

CHAIN OF CUSTODY RECORD

AES Work Order #

Experience is the solution

A full service analytical research laboratory offering solutions to environmental concerns

| Client Name: NYSDEC - DER | | Address: 625 BROADWAY 12th Floor ALBANY, NY 12233-7017 | | | | | |
|------------------------------------|---|--|--|-------------|------|------------------|---|
| Send Report To: David J. Chiusa | | Project Name (Location): MAESTRI SITE (Geddes, NY) | Samplers: (Names): DAVID CHIUSA | | | | |
| Client Phone No: (518) 402-9814 | Client Fax No: (518) 402-9819 | PO Number: Call at 116259 Contract: 200302 | Samplers: (Signature): <i>[Signature]</i> | | | | |
| AES Sample Number | Client Sample Identification & Location | Date Sampled | Time A.m. P.m. | Sample Type | | Number of Cont's | Analysis Required |
| | | | | Matrix | Cont | | |
| 9151-B1 | FORMER TEST PIT BORING 1 18-20' BGS | 11/19/07 | 2:50 | Soil | X | 1 | VOC'S 8260 + (TOLUIC ACID ISOMERS?) IF POSSIBLE |
| 9151-B2 | FORMER TEST PIT BORING 2 | 11/20/07 | 2:13 | Soil | X | 1 | VOC'S 8260 + (TOLUIC ACID ISOMERS?) IF POSSIBLE |
| 9151-B3 | FORMER TEST PIT BORING 3 | 11/20/07 | 12:35 | Soil | X | 1 | VOC'S 8260 + (TOLUIC ACID ISOMERS?) IF POSSIBLE |
| 9151-B4 | FORMER TEST PIT BORING 4 | 11/19/07 | 4:15 | Soil | X | 1 | VOC'S 8260 + (TOLUIC ACID ISOMERS?) IF POSSIBLE |
| 9151-MWGR | REPLACEMENT MWGR | | | Water | X | 2 | VOC'S 8260 + (TOLUIC ACID ISOMERS?) IF POSSIBLE |
| TRIP BLANK | TRIP BLANK | N/A | N/A | Water | X | 1 | VOC'S 8260 |

| | | | |
|--|--|---|--|
| Shipment Arrived Via: FedEx UPS Client AES <u>Other: IN PERSON</u> | | CC Report To / Special Instructions/Remarks: * PRIMARY CONTAMINANT IS XYLENE. IF POSSIBLE (AND IF YOU HAVE ENOUGH SAMPLE) PLEASE ALSO ANALYZE FOR TOLUIC ACID ISOMERS. PLEASE ALSO REPORT TIC'S | |
| Turnaround Time Request: <input type="checkbox"/> 1 Day <input type="checkbox"/> 3 Day <input checked="" type="checkbox"/> Normal <input type="checkbox"/> 2 Day <input type="checkbox"/> 5 Day | | | |
| Relinquished by: (Signature) <i>[Signature]</i> 11/19/07 3:00 PM | Received by: (Signature) <i>[Signature]</i> 11/19/07 | Date/Time 11/19/07 3:00 PM | |
| Relinquished by: (Signature) <i>[Signature]</i> 11/21/07 1:20 PM | Received by: (Signature) <i>[Signature]</i> 11/21/07 | Date/Time | |
| Relinquished by: (Signature) <i>[Signature]</i> 11/21/07 1:53 PM | Received for Laboratory by: <i>[Signature]</i> | Date/Time 11/21/07 1:53 PM | |
| TEMPERATURE Ambient or <u>Chilled</u> | PROPERLY PRESERVED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | RECEIVED WITHIN HOLDING TIMES <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
| Notes: | Notes: | Notes: | |

WHITE - Lab Copy YELLOW - Sampler Copy PINK - Generator Copy

