

(Please Print Clearly)

UPPER MIDWEST REGION

MN: 612-607-1700 WI: 920-469-2436

Page 1 of

Company Name: CHICAGO CENTRAL PACIFIC
Branch/Location: CCPR Perryville
Project Contact: Brian Hayden
Phone: 847-294-4112
Project Number:
Project Name: Perryville IL
Project State: IL
Sampled By (Print): IDNR
Sampled By (Sign): see attached
PO #: Regulatory Program:

FACE Analytical®
www.facelabs.com

CHAIN OF CUSTODY

Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

FILTERED?
(YES/NO)
PRESERVATION
(CODE)*

Y/N
Pick
Label

Analyses Requested

VOC 8260
Herb
Full list 8151
Pest OP 8081
Nitrate/Nitrite
ammonia

CLIENT
COMMENTS

LAB COMMENTS
(Lab Use Only)

Profile #

ALL ANALYSES 1-11-11 11:44 AM 8-250M1C 5-40M1B
8-40M1B

Data Package Options
(billable)
☐ EPA Level III
☐ EPA Level IV
MS/MSD
☐ On your sample (billable)
☐ NOT needed on your sample
A = Air B = Biot
C = Charcoal O = Oil
S = Soil SI = Sludge
W = Water DW = Drinking Water
GW = Ground Water SW = Surface Water
WP = Waste Water

PAGE LAB # CLIENT FIELD ID DATE TIME MATRIX

001 RTD-DNR-09854 6/21/030 SW

002 TB*

Rush Turnaround Time Requested - Prelims
(Rush TAT subject to approval/surcharge)
Date Needed:

Transmit Prelim Rush Results by (complete what you want):

Email #1:
Email #2:
Telephone:
Fax:

Samples on HOLD are subject to special pricing and release of liability

Relinquished By: Don B. Muller US EPA
Date/Time: 6/25/09 1740

Received By: [Signature]
Date/Time: 6/25/09 9:45

Receipt Temp = 1 °C
Sample Receipt pH OK / Adjusted
Cooler Custody Seal Present / Not Present
Intact / Not Intact

Relinquished By:
Date/Time:

Received By:
Date/Time:

Relinquished By:
Date/Time:

Received By:
Date/Time:



Sample Condition Upon Receipt

Client Name: CCPRR Project # 4019142

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other Pyder

Tracking #: _____

Custody Seal on Cooler/Box Present: ☒ yes ☐ no Seals intact: ☒ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used _____

Type of Ice: Wet Blue None ☐ Samples on ice, cooling process has begun

Cooler Temperature _____

Biological Tissue is Frozen: Yes No

Temp should be above freezing to 6°C

Comments:

Date and Initials of person examining contents: 6/25/09 AE

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4. <u>see attached</u>
Samples Arrived within Hold Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6. <u>Nitrate/Nitrate</u>
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. <u>24 hr.</u>
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>W</u>		
All containers needing preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial when completed <u>AE</u> Lot # of added preservative _____
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	15.
Trip Blank Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16. <u>Added to COC by lab.</u>
Trip Blank Custody Seals Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<u>rec'd in shipment.</u>
Pace Trip Blank Lot # (if purchased): _____		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____

Date: 6-25-09

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)