

APPENDIX F
CHAINS OF CUSTODY

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Chain of Custody Form

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COC ID: **59913**

Houston, TX
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+1 801 266 7700

South Charleston, WV
+1 304 356 3168

York, PA
+1 717 505 5280

ALS Project Manager: _____ ALS Work Order #: _____

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL											
Work Order		Project Number		B	VOC (5035/8260) TCL											
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL											
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	GRO (8280-GRO)											
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)											
				F	ORO (8270-DRO)											
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G	Total Metals (6020/7000) RCRA B											
Phone	(816) 412-1741	Phone	(816) 412-1741	H	Moisture											
Fax		Fax		I	Pesticides / Herbicides											
e-Mail Address		e-Mail Address		J	PCB congeners (Method 1668A)											

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-1	4-30-12	1445	Soil	Yes	5		X	X	X	X	X		X			
2	DPTS-2	4-30-12	1555	Soil	Yes	5		X	X	X	X	X		X			
3	DPTS-3	4-30-12	1640	Soil	Yes	5		X	X	X	X	X		X			
4	DPTS-4	5-1-12	0913	Soil	Yes	5		X	X	X	X	X		X			
5	DPTS-5	5-1-12	0949	Soil	Yes	5		X	X	X	X	X		X			
6	DPTS-6	5-1-12	1032	Soil	Yes	6		X	X	X	X	X		X	X		
7	DPTS-7	5-1-12	1200	Soil	Yes	6		X	X	X	X	X		X	X		
8	DPTS-4	5-1-12	1255	Soil	None	1			X	X	X	X					
9	DPTS-5	5-1-12	1317	Soil	None	1			X	X	X	X					
10	DPTS-8	5-1-12	1355	Soil	Yes	6		X	X	X	X	X		X	X	X	

Sampler(s) Please Print & Sign		Shipment Method		Required Turnaround Time: (Check Box)				Results Due Date:			
(b) (6)				<input checked="" type="checkbox"/> Std 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> Other _____ <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour							
Relinquished by:	Date: 5-3-12	Time: 2000	Received by:	Notes: 10 Day TAT. DOD Level IV reporting							
Relinquished by:	Date:	Time:	(b) (6)	Cooler ID: 3944	Cooler Temp:	QC Package: (Check One Box Below)					
Logged by (Laboratory):	Date: 5-7-12	Time: 1552/1552	Checked by (Laboratory):	7017		<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP CheckList <input type="checkbox"/> Level III Std QC/Raw Data <input type="checkbox"/> TRRP Level IV <input checked="" type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other / EDD					
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035											



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COC ID: **59912**

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Salt Lake City, UT
+1 801 266 7700

South Charleston, WV
+1 304 356 3168

York, PA
+1 717 505 5280

ALS Project Manager:

ALS Work Order #: 1705224

Customer Information

Project Information

Parameter/Method Request for Analysis

Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL
Work Order		Project Number		B	VOC (5035/8260) TCL
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	GRO (8260-GRO)
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)
				F	ORO (8270-DRO)
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G	Total Metals (6020/7000) RCRA 8
Phone	(816) 412-1741	Phone	(816) 412-1741	H	Moisture
Fax		Fax		I	<i>PCB congeners (Method 1668 A)</i> <i>Pesticides/Herbicides</i>
e-Mail Address		e-Mail Address		J	

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-9	5-1-12	1444	Soil	Yes	6		X	X	X	X	X		X	X		
2	DPTS-10	5-1-12	1532	Soil	Yes	5		X	X	X	X	X		X		X	
3	DPTS-12	5-2-12	0900	Soil													JH
4	DPTS-12-FD	5-2-12	0900	Soil													JH
5	DPTS-8-FD	5-1-12	1355	Soil	Yes	6		X	X	X	X	X		X	X	X	
6	DPTS-13	5-2-12	0926	Soil													JH
7	DPTS-14	5-2-12	1052	Soil	Yes	5		X	X	X	X	X		X			
8	DPTS-15	5-2-12	1137	Soil	Yes	5		X	X	X	X	X		X			
9	DPTS-16	5-2-12	1212	Soil	Yes	5		X	X	X	X	X		X			
10	DPTS-17	5-2-12	1345	Soil	Yes	5		X	X	X	X	X		X			

Sampler(s) Please Print & Sign: **(b) (6)** Shipment Method: _____ Required Turnaround Time: (Check Box) Std 10 WK Days 5 WK Days Other 2 WK Days 24 Hour Results Due Date: _____

Relinquished by: **(b) (6)** Date: 5-3-12 Time: 2000 Received by: H. F. Fox Notes: 10' Day TAT. DOD Level IV reporting
 Relinquished by: _____ Date: _____ Time: _____ Received by (Laboratory): **(b) (6)** Cooler ID: _____ Cooler Temp.: _____ QC Package: (Check One Box Below)
 Logged by (Laboratory): **(b) (6)** Date: 5-2-12 Time: 1352/1552 Checked by (Laboratory): _____ Level II Std QC TRRP Check List
 Level III Std QC/Raw Data TRRP Level IV
 Level IV SW846/CLP Other / EDD



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+1 304 356 3168

York, PA
+1 717 505 5280

ALS Project Manager:

ALS Work Order #: 12052211

Customer Information		Project Information		Parameter/Method Request for Analysis													
Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL												
Work Order		Project Number		B	VOC (5035/8260) TCL												
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL												
Send Report To	Keth Brown	Invoice Attn	Keith Brown	D	GRO (8260-GRO)												
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)												
				F	ORO (8270-DRO)												
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G	Total Metals (6020/7000) RCRA 8												
Phone	(816) 412-1741	Phone	(816) 412-1741	H	Moisture												
Fax		Fax		I	PCB Congeners (Method 1668A)												
e-Mail Address		e-Mail Address		J													

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-18	5-2-12	1417	Soil	Yes	5		X	X	X	X	X		X			
2	DPTS-19	5-2-12	1445	Soil													JH
3	DPTS-20	5-2-12	1531	Soil	None	1							X				
4	DPTS-21	5-3-12	0951	Soil	None	1							X				
5	DPTS-22	5-3-12	1022	Soil	Yes	5		X	X	X	X	X		X			
6	DPTS-23	5-3-12	1055	Soil	Yes	5		X	X	X	X	X		X			
7	DPTS-24	5-3-12	1154	Soil	Yes	5		X	X	X	X	X		X			
8	DPTS-25	5-3-12	1320	Soil	Yes	5		X	X	X	X	X		X			
9	DPTS-26	5-3-12	1354	Soil													JH
10	DPTS-27	5-3-12	1439	Soil	Yes	5		X	X	X	X	X		X	X		

Sampler(s) Please Print & Sign		Shipment Method		Required Turnaround Time: (Check Box)				Results Due Date:			
				<input checked="" type="checkbox"/> Std 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> Other <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour							
Relinquished by: (b) (6)	Date: 5-3-12	Time: 2000	Received by: VA FedEx	Notes: 10 Day TAT. DOD Level IV reporting							
Relinquished by:	Date:	Time:	Received by (Laboratory): (b) (6)	Cooler ID:	Cooler Temp.:	QC Package: (Check One Box Below)					
Logged by (Laboratory): (b) (6)	Date:	Time:	Checked by (Laboratory):			<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP CheckList <input type="checkbox"/> Level III Std QC/Raw Data <input type="checkbox"/> TRRP Level IV <input checked="" type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other / EDD					
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035											



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COC ID: **59915**

ALS Project Manager:

ALS Work Order #: 1705274

Environmental

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL										
Work Order		Project Number		B	VOC (5035/8260) TCL										
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL										
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	GRO (8260-GRO)										
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)										
				F	ORO (8270-DRO)										
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G	Total Metals (6020/7000) RCRA 8										
Phone	(816) 412-1741	Phone	(816) 412-1741	H	Moisture										
Fax		Fax		I	Lead										
e-Mail Address		e-Mail Address		J											

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-28	5-3-12	1517	Soil	Yes	5		X	X	X	X	X		X			
2	DPTS-29	5-3-12	1657	Soil	Yes	5		X	X	X	X	X		X			
3	DPTS-20-FO Dup	5-2-12	1531	Soil	None	1							X				
4	Top Blank 042412-88	NA			HCL	2											
5	Top Blank 042412-84	NA			HCL	2											
6	102E-IS1	5-2-12	1115	Soil	None	1										X	
7	102E-IS2	5-2-12	1130	Soil	None	1										X	
8	104F-IS1	5-3-12	1310	Soil	None	1										X	
9	104F-IS2	5-3-12	1315	Soil	None	1										X	
10	105E-IS1	5-3-12	1045	Soil		1										X	

Sampler(s) Please Print & Sign		Shipment Method		Required Turnaround Time: (Check Box)				Results Due Date:			
				<input checked="" type="checkbox"/> Std 10 W/K Days <input type="checkbox"/> 5 W/K Days <input type="checkbox"/> 2 W/K Days <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other							
Relinquished by: (b) (6)	Date: 5-3-12	Time: 7000	Received by: Fed-Ex		Notes: 10 Day TAT. DOD Level IV reporting						
Relinquished by:	Date:	Time:	Received by (Laboratory): (b) (6)		Cooler ID	Cooler Temp.	QC Package: (Check One Box Below)				
Logged by (Laboratory):	Date:	Time:	Laboratory:				<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP CheckList <input type="checkbox"/> Level III Std QC/Raw Data <input type="checkbox"/> TRRP Level IV <input checked="" type="checkbox"/> Level IV SW346/CLP <input type="checkbox"/> Other / EDD				
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035											

E1200509

110 of 1414

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.
2. Unless otherwise agreed in a formal contract, services provided by ALS Environmental are expressly limited to the terms and conditions stated on the reverse.
3. The Chain of Custody is a legal document. All information must be completed accurately.

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Chain of Custody Form

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 Holland, MI 49424-9263
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Page 5 of 5

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	Goodfellow Federal Center	A	PCB Congeners (Method 1668A)											
Work Order		Project Number		B	Lead											
Company Name	Tetra Tech Inc.	Bill To Company	Tetra Tech Inc.	C												
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D												
Address	415 Oak St.	Address	415 Oak St.	E												
				F												
City/State/Zip	Kansas City, MO 64106	City/State/Zip	Kansas City, MO 64106	G												
Phone	(816) 412-1741	Phone	(816) 412-1741	H												
Fax		Fax		I												
e-Mail Address		e-Mail Address		J												

Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
105E-TS2	5-3-12	1655	Soil	None	1		X									
101-C1	5-3-12	1400	Concrete	None	1	X										
101-C2		1445	Concrete	None	1	X										
101-C2-FD		1445	Concrete	None	1	X										
101-C3		1456	Concrete	None	1	X										
104F-C1	5-2-12	1345	Concrete	None	1	X										
105E-C1	5-2-12	1426	Concrete	None	1	X										
105E-C2	5-3-12	1010	Concrete	None	1	X										
Tip Blank 092412-85	NA			HCL	2											

Sampler(s) Please Print & Sign _____ Shipment Method _____ Required Turnaround Time: (Check Box) Other _____ STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour Results Due Date: _____

Relinquished by: (b) (6) Date: 5-3-12 Time: 7:00 Received by: HCL-EX Notes: Cooler ID Cooler Temp QC Package: (Check One Box Below)

Relinquished by: (b) (6) Date: _____ Time: _____ Received by (Laboratory): (b) (6) 4.12.0910. Checked by (Laboratory): _____

QC Package: (Check One Box Below)

Level II Std QC TRRP Checklist

Level III Std QC/Raw Date TRRP Level IV

Level IV SW846/CLP

Other _____



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Page 1 of 4

Customer Information		Project Information		ALS Project Manager:												ALS Work Order #:		
Customer Information		Project Information		Parameter/Method Request for Analysis														
Purchase Order		Project Name	Goodfellow	A	VOCS, SVOCs, TPH TH													
Work Order		Project Number		B	VOCS (SOCS)													
Company Name	TETRA TECH INC.	Bill To Company	Tetra Tech Inc.	C	TPH (DRO, ORO)													
Send Report To	KEITH BROWN	Invoice Attn	Keith Brown	D	SVOCs (8270)													
Address	415 OAK STREET	Address	415 Oak St.	E	Total metals													
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip	Kansas City, MO 64106	F	Moisture													
Phone	816-412-1741	Phone	816-412-1741	G	PCBs													
Fax	816-410-1748	Fax	816-410-1748	H														
e-Mail Address		e-Mail Address		I														
				J														

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-30	5-4-12	0921	Soil	6	5		X	X	X		X	X				
2	DPTS-31	5-4-12	0947	Soil	6	5		X	X	X		X	X				
3	DPTS-32	5-4-12	1027	Soil	6	5		X	X	X		X					
4	DPTS-35 (MS/MSD)	5-4-12	1317	Soil	6	815		X	X	X		X					
5	DPTS-37	5-4-12	1448	Soil	6	5		X	X	X		X					
6	DPTS-38	5-7-12	0855	Soil	6	5		X	X	X		X					
7	DPTS-39	5-7-12	0921	Soil	6	5		X	X	X		X					
8	DPTS-40	5-7-12	1012	Soil	6	5		X	X	X		X					
9	DPTS-41	5-7-12	1036	Soil	6	5		X	X	X		X					
10	DPTS-42	5-7-12	1216	Soil	6	5		X	X	X		X					

Sampler(s) Please Print & Sign: (b) (6)
 Shipment Method: _____ Required Turnaround Time: (Check Box) Other _____ STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour
 Results Due Date: _____

Relinquished by: (b) (6) Date: 5-7-12 Time: 2:00 Received by: Fed-Ex
 Relinquished by: (b) (6) Date: 5/9/12 Time: 09:05 Received by (Laboratory): (b) (6)
 Logged by (Laboratory): _____ Date: _____ Time: _____ Checked by (Laboratory): _____
 Notes: _____
 Cooler ID: _____ Cooler Temp: _____
 QC Package: (Check One Box Below)
 Level II Std QC TRRP Checklist
 Level III Std QC/Raw Date TRRP Level IV
 Level IV SW846/CLP
 Other _____



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ALS Project Manager: _____ ALS Work Order #: 1205391

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name		A	VOCs (S035)										
Work Order		Project Number		B	TPH (D0200)										
Company Name	Tetra Tech Inc.	Bill To Company		C	Site (820)										
Send Report To	Keith Brown	Invoice Attn		D	Total TPH 5										
Address	415 Oak St.	Address		E	Phase										
				F	Pass Log										
City/State/Zip	Kansas City, MO 64106	City/State/Zip		G											
Phone	816-417-1741	Phone		H											
Fax	816-415-1748	Fax		I											
e-Mail Address		e-Mail Address		J											

o.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-42-DUP	5-7-12	1216	Soil	6	5	X	X	X								
2	DPTS-43	5-7-12	1241	Soil	6	5	X	X	X								
3	105-C1	5-6-12	1005	Concrete	None	1											
4	105-C2	5-6-12	1032	Concrete	None	1											
5	105-C3	5-6-12	1109	Concrete	None	1											
6	105-C4	5-6-12	1129	Concrete	None	1											
7	105-C5	5-6-12	1206	Concrete	None	1											
8	105-C6	5-6-12	1252	Concrete	None	1											
9	105-C7	5-5-12	1530	Concrete	None	1											
10	110-C1	5-7-12	1320	Concrete	None	1											

Sampler(s) Please Print & Sign: **(b) (6)** Shipment Method: _____ Required Turnaround Time: (Check Box) STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour Other _____ Results Due Date: _____

Relinquished by: (b) (6)	Date: 5-7-12	Time: 2000	Received by: (b) (6)	Notes:
Relinquished by: _____	Date: 5/15/12	Time: 08:05	Received by (Laboratory): (b) (6)	QC Package: (Check One Box Below)
Logged by (Laboratory): _____	Date: _____	Time: _____	Checked by (Laboratory): _____	<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist
				<input type="checkbox"/> Level III Std QC/Raw Data <input type="checkbox"/> TRRP Level IV
				<input type="checkbox"/> Level IV SW846/CLP
				<input type="checkbox"/> Other _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

Note: 1. Any chain of custody made in writing once samples and COC Form have been submitted to ALS Laboratory Group. 2. Unless otherwise agreed in a formal contract, services provided by ALS Laboratory Group are expressly limited to the terms and conditions stated on the reverse. 3. The Chain of Custody is a legal document. All information must be completed accurately.

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Customer Information		Project Information		ALS Project Manager:												ALS Work Order #: <u>1205391</u>											
Purchase Order		Project Name	<u>GOODFELLOW FEDERAL CENTER</u>	A <u>LEAD, MOISTURE</u>																							
Work Order		Project Number		B <u>PCB & CONGENERS (CONCRETE)</u>																							
Company Name	<u>TETRA TECH INC.</u>	Bill To Company		C																							
Send Report To	<u>KEITH BROWN</u>	Invoice Attn		D																							
Address	<u>415 OAK STREET</u>	Address		E																							
City/State/Zip	<u>KANSAS CITY, MO 64106</u>	City/State/Zip		F																							
Phone	<u>816-412-1741</u>	Phone		G																							
Fax	<u>816-410-1748</u>	Fax		H																							
e-Mail Address	<u>KEITH.BROWN@TETRA TECH.COM</u>	e-Mail Address		I																							
				J																							

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	103D-ISI	5-4-2012	1705	SOIL	NA	1	X										
2	103D-ISI-FD	5-4-2012	1705	SOIL	NA	1	X										
3	103D-ISZ	5-4-2012	1715	SOIL	NA	1	X										
4	103E-ISI	5-4-2012	1615	SOIL	NA	1	X										
5	103E-ISZ	5-4-2012	1620	SOIL	NA	1	X										
6	103D-C1	5-4-2012	0945	CONCRETE	NA	1		X									
7	103D-CZ	5-4-2012	1000	CONCRETE	NA	1		X									
8	103E-C1	5-4-2012	1455	CONCRETE	NA	1		X									
9	103E-SI-FD	5-4-2012	1455	CONCRETE	NA	1		X									
10	103E-CZ	5-4-2012	1505	CONCRETE	NA	1		X									

Sampler(s) Please Print & Sign: (b) (6) **Shipment Method:** _____ **Required Turnaround Time: (Check Box)** Other _____ STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour **Results Due Date:** _____

Relinquished by: (b) (6) **Date:** 5-7-12 **Time:** 2:00 **Received by:** _____ **Notes:** _____

Relinquished by: _____ **Date:** 5/9/12 **Time:** 09:05 **Received by (Laboratory):** (b) (6) **Cooler ID:** _____ **Cooler Temp:** _____ **QC Package: (Check One Box Below)**

Logged by (Laboratory): _____ **Date:** _____ **Time:** _____ **Checked by (Laboratory):** _____ Level II Std QC TRRP Checklist

Level III Std QC/Raw Date TRRP Level IV

Level IV SW846/CLP Other _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035



ALS Laboratory Group
 10450 Stancliff Rd., Suite 210
 Houston, Texas 77099
 Tel. +1 281 530 5656
 Fax. +1 281 530 5887

Chain of Custody Form

ALS Laboratory Group
 3352 128th Ave.
 Holland, MI 49424-9263
 Tel: +1 616 399 6070
 Fax: +1 616 399 6185

Page 4 of 4

ALS Work Order #: 1205391

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	GOODFELLOW FEDERAL CENTER	A	PCB & CONCRETES (CONCRETE)											
Work Order		Project Number		B	METALS											
Company Name	TETRA TECH	Bill To Company		C	TRIP BLANK											
Send Report To	KEITH BROWN	Invoice Attn		D												
Address	415 OAK STREET	Address		E												
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip		F												
Phone	816-412-1741	Phone		G												
Fax	816-410-1748	Fax		H												
e-Mail Address	KEITH.BROWN@TETRATECH.COM	e-Mail Address		I												
				J												

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	103E-C3	5-4-2012	1547	CONCRETE	NA	1	X										
2	108B-C1	5-5-2012	1504	CONCRETE	NA	1	X										
3	103B-C2	5-5-2012	1516	CONCRETE	NA	1	X										
4	108B-C3	5-5-2012	1532	CONCRETE	NA	1	X										
5	DPTS-33	5-4-2012	1237	SOIL	NA	1		X									
6	DPTS-34	5-4-2012	1250	SOIL	NA	1		X									
7	042412-49 / 042412-13	5-7-2012	1830	WATER	HCl	74			X								
8	110-C2	5-7-12	1325	Concrete	None	1	X										
9	110-C3	5-7-12	1343	Concrete	None	1	X										
10	110-C4	5-7-12	1427	Concrete	None	1	X										

Sampler(s) Please Print & Sign: (b) (6) Shipment Method: _____ Required Turnaround Time: (Check Box) STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour Other _____ Results Due Date: _____

Relinquished by: (b) (6) Date: 5-7-12 Time: 2:00 Received by: FedEx Notes: _____
 Relinquished by: _____ Date: 5/7/12 Time: 3:00 Received by (Laboratory): (b) (6) Cooler ID: _____ Cooler Temp: _____
 Logged by (Laboratory): _____ Date: _____ Time: _____ Checked by (Laboratory): _____

QC Package: (Check One Box Below)
 Level II Std QC TRRP Checklist
 Level III Std QC/Raw Date TRRP Level IV
 Level IV SW846/CLP
 Other _____



Subcontractor:

Columbia Analytical
19408 Park Row
Suite 320
Houston, TX 77084

TEL: (713) 266-1599
FAX: (713) 266-0130
Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 10-May-12
COC ID: 11866
Due Date: 21-May-12

Salesperson **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	1205391	A	PCB Congeners											
Work Order		Project Number		B												
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C												
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D												
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E												
				F												
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G												
Phone	(281) 530-5656	Phone	(281) 530-5656	H												
Fax	(281) 530-5887	Fax	(281) 530-5887	I												
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J												

Sample ID	Matrix	Collection Date	24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205391-01A (DPTS-30)	Soil	4/May/2012	9:20	(1) 4OZGNEAT	X									
1205391-02A (DPTS-31)	Soil	4/May/2012	9:47	(1) 4OZGNEAT	X									
1205391-03A (105-C1)	Solid	6/May/2012	10:05	(1) 8OZAGNEAT	X									
1205391-04A (105-C2)	Solid	6/May/2012	10:32	(1) 8OZAGNEAT	X									
1205391-05A (105-C3)	Solid	6/May/2012	11:09	(1) 8OZAGNEAT	X									
1205391-06A (105-C4)	Solid	6/May/2012	11:29	(1) 8OZAGNEAT	X									
1205391-07A (105-C5)	Solid	6/May/2012	12:06	(1) 8OZAGNEAT	X									
1205391-08A (105-C6)	Solid	6/May/2012	12:52	(1) 8OZAGNEAT	X									
1205391-09A (105-C7)	Solid	6/May/2012	15:30	(1) 8OZAGNEAT	X									
1205391-10A (110-C1)	Solid	6/May/2012	13:20	(1) 8OZAGNEAT	X									
1205391-11A (103D-C1)	Solid	4/May/2012	9:45	(1) 8OZAGNEAT	X									
1205391-12A (103D-C2)	Solid	4/May/2012	10:00	(1) 8OZAGNEAT	X									
1205391-13A (103E-C1)	Solid	4/May/2012	14:55	(1) 8OZAGNEAT	X									
1205391-14A (103E-C1-FD)	Solid	4/May/2012	14:55	(1) 8OZAGNEAT	X									

Comments:

Please analyze for PCB Congeners. Report is due on 5/21/12. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

(b) (6)

5/10/12

(b) (6)

5/10/12

Relinquished by:

Date/Time

Received by:

Date/Time

Cooler IDs

Report/QC Level

Std

Relinquished by:

Date/Time

Received by:

Date/Time



Subcontractor:

Columbia Analytical
19408 Park Row
Suite 320
Houston, TX 77084

TEL: (713) 266-1599
FAX: (713) 266-0130
Acct #:

CHAIN-OF-CUSTODY RECORD

Date: **10-May-12**
COC ID: **11866**
Due Date: **21-May-12**

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205391	A	PCB Congeners										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
				F											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G											
Phone	(281) 530-5656	Phone	(281) 530-5656	H											
Fax	(281) 530-5887	Fax	(281) 530-5887	I											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J											

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205391-15A (103E-C2)	Solid	4/May/2012 15:05	(1) 8OZAGNEAT	X									
1205391-16A (103E-C3)	Solid	4/May/2012 15:47	(1) 8OZAGNEAT	X									
1205391-17A (108B-C1)	Solid	5/May/2012 15:04	(1) 8OZAGNEAT	X									
1205391-18A (108B-C2)	Solid	5/May/2012 15:16	(1) 8OZAGNEAT	X									
1205391-19A (108B-C3)	Solid	5/May/2012 15:32	(1) 8OZAGNEAT	X									
1205391-20A (110-C2)	Solid	7/May/2012 13:25	(1) 8OZAGNEAT	X									
1205391-21A (110-C3)	Solid	7/May/2012 13:43	(1) 8OZAGNEAT	X									
1205391-22A (110-C4)	Solid	7/May/2012 14:27	(1) 8OZAGNEAT	X									

Comments:

Please analyze for PCB Congeners. Report is due on 5/21/12. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

(b) (6)	5/10/12	(b) (6)	5/10/12	Cooler IDs	Report/QC Level
Relinquished by:	Date/Time	Received by:	Date/Time		Std
Relinquished by:	Date/Time	Received by:	Date/Time		



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 10450 Stancliff Rd., Suite 210
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Chain of Custody Form

ALS Laboratory Group
 3352 128th Ave.
 Holland, MI 49424-9263
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 Fax: +1 616 399 6185

Page 3 of 8

ALS Project Manager: _____ ALS Work Order #: 705522-P01

Customer Information		Project Information				Parameter/Method Request for Analysis									
Purchase Order		Project Name	<u>GOODFELLOW FEDERAL CENTER</u>		A	<u>PCBs</u>									
Work Order		Project Number			B										
Company Name	<u>TETRA TECH INC.</u>	Bill To Company			C										
Send Report To	<u>KEITH BROWN</u>	Invoice Attn			D										
Address	<u>415 OAK STREET</u>	Address			E										
			F												
City/State/Zip	<u>KANSAS CITY, MO 64106</u>	City/State/Zip			G										
Phone	<u>816-412-1741</u>	Phone			H										
Fax	<u>816-410-1748</u>	Fax			I										
e-Mail Address	<u>KEITH.BROWN@TETRATECH.COM</u>	e-Mail Address			J										

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	<u>103-C1</u>	<u>5-7-12</u>	<u>1516</u>	<u>CONCRETE</u>	<u>NA</u>	<u>1</u>	X												
2	<u>103-C2</u>	<u>5-7-12</u>	<u>1530</u>	↓	↓	↓	X												
3	<u>103-C3</u>	<u>5-7-12</u>	<u>1543</u>				X												
4	<u>103-C4</u>	<u>5-10-12</u>	<u>1337</u>				X												
5	<u>103-C5</u>	<u>5-10-12</u>	<u>1411</u>				X												
6	<u>103-C6</u>	<u>5-10-12</u>	<u>1620</u>				X												
7	<u>103-C7</u>	<u>5-10-12</u>	<u>1638</u>				X												
8	<u>105-C8</u>	<u>5-9-12</u>	<u>1528</u>				X												
9	<u>115-C1</u>	<u>5-8-12</u>	<u>0955</u>				X												
10	<u>122B-C1</u>	<u>5-8-12</u>	<u>0925</u>				X												

Sampler(s) Please Print & Sign: _____ Shipment Method _____ Required Turnaround Time: (Check Box) Other _____ Results Due Date: _____
 STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour

Relinquished by: (b) (6) Date: 5-10-12 Time: 2000 Received by: _____ Date: _____ Time: _____ Notes: _____
 Relinquished by: _____ Date: _____ Time: _____ Cooler ID _____ Cooler Temp _____ QC Package: (Check One Box Below)
 Level II Std QC TRRP Checklist
 Level III Std QC/Raw Date TRRP Level IV
 Level IV SW846/CLP
 Other _____
 Logged by (Laboratory): _____ Date: _____ Time: _____
 Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Laboratory Group.
 2. Unless otherwise agreed in a formal contract, services provided by ALS Laboratory Group are expressly limited to the terms and conditions stated on the reverse.
 3. The Chain of Custody is a legal document. All information must be completed accurately.
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ALS Project Manager: _____ ALS Work Order #: _____

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	GOODFELLOW FEDERAL CENTER	A	PCBs											
Work Order		Project Number		B												
Company Name	TETRA TECH INC.	Bill To Company		C												
Send Report To	KEITH BROWN	Invoice Attn		D												
Address	415 OAK STREET	Address		E												
				F												
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip		G												
Phone	816-412-1741	Phone		H												
Fax	816-410-1748	Fax		I												
e-Mail Address	KEITH.BROWN@TETRA TECH.COM	e-Mail Address		J												

no.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	103F-C1 MS/MSD	5-10-12	1540	CONCRETE	NA	1	X										
2	107-C1	↓	1740	↓	↓	↓	X										
3	107-C2	↓	1750	↓	↓	↓	X										
4	105F-C1	5-9-12	1040	↓	↓	↓	X										
5	104E-C1	5-8-12	1704	↓	↓	↓	X										
6	208B-C1	↓	1250	↓	↓	↓	X										
7	208B-C2	↓	1256	↓	↓	↓	X										
8	208B-C3	↓	1301	↓	↓	↓	X										
9	105L-C1	5-9-12	1723	↓	↓	↓	X										
10	105L-C2	5-9-12	1739	↓	↓	↓	X										

Sampler(s) Please Print & Sign: (b) (6) Shipment Method: _____ Required Turnaround Time: (Check Box) STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour Other _____ Results Due Date: _____

Relinquished by: (b) (6) Date: 5-10-12 Time: 7:00 AM Received by: FedEx Date: 5/11/12 Time: 9:00 AM Notes: _____
 Relinquished by: (b) (6) Date: _____ Time: _____ Received by: (b) (6) Date: _____ Time: _____ Cooler ID: _____ Cooler Temp: _____ QC Package: (Check One Box Below)
 Level II Std QC TRRP Check 1st
 Level III Std QC/Raw Date TRRP Level IV
 Level IV SW846/CLP Other _____



Subcontractor:
 Columbia Analytical
 19408 Park Row
 Suite 320
 Houston, TX 77084

TEL: (713) 266-1599
 FAX: (713) 266-0130
 Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 12-May-12
 COC ID: 11884
 Due Date: 23-May-12

Salesperson: Bruce C. Schlatter

Customer Information		Project Information		Parameter/Method Request for Analysis							
Purchase Order		Project Name	1205523	A	PCB Congeners						
Work Order		Project Number		B							
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C							
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D							
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E							
				F							
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G							
Phone	(281) 530-5656	Phone	(281) 530-5656	H							
Fax	(281) 530-5887	Fax	(281) 530-5887	I							
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J							

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-15A (104-C3)	Solid	10/May/2012 9:30	(1) 16OZGNEAT	X									
1205523-16A (104-C4)	Solid	10/May/2012 9:50	(1) 16OZGNEAT	X									
1205523-17A (104-C5)	Solid	10/May/2012 10:00	(1) 16OZGNEAT	X									
1205523-18A (104-C6)	Solid	10/May/2012 10:25	(1) 16OZGNEAT	X									
1205523-19A (108A-C1)	Solid	5/May/2012 12:32	(1) 16OZGNEAT	X									
1205523-20A (108A-C2)	Solid	5/May/2012 12:45	(1) 16OZGNEAT	X									
1205523-21A (108A-C3)	Solid	5/May/2012 12:57	(1) 16OZGNEAT	X									
1205523-22A (108A-C4)	Solid	5/May/2012 13:11	(1) 16OZGNEAT	X									
1205523-23A (103F-C1)	Solid	10/May/2012 15:40	(1) 16OZGNEAT	X									
1205523-24A (107-C1)	Solid	10/May/2012 17:40	(1) 16OZGNEAT	X									
1205523-25A (107-C2)	Solid	10/May/2012 17:50	(1) 16OZGNEAT	X									
1205523-26A (105F-C1)	Solid	9/May/2012 10:40	(1) 16OZGNEAT	X									
1205523-27A (104E-C1)	Solid	8/May/2012 17:04	(1) 16OZGNEAT	X									
1205523-28A (208B-C1)	Solid	8/May/2012 12:50	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*bubble wrap opened @ 1039
 no seals
 ambient temp (23°C)*

*Client contacted
 advised to continue analysis
 ah 5/14/12*

(b) (6)

5/14/12 1030
 Date/Time

(b) (6)

5/14/12 1031
 Date/Time

Cooler IDs

Report/QC Level

Std

Relinquished by:

Date/Time

Received by:

Date/Time



Subcontractor:
 Columbia Analytical
 19408 Park Row
 Suite 320
 Houston, TX 77084

TEL: (713) 266-1599
 FAX: (713) 266-0130
 Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 12-May-12
 COC ID: 11884
 Due Date 23-May-12

Salesperson **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205523	A	PCB Congeners										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
				F											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G											
Phone	(281) 530-5656	Phone	(281) 530-5656	H											
Fax	(281) 530-5887	Fax	(281) 530-5887	I											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J											

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-01A (DPTS-45)	Soil	9/May/2012 10:04	(1) 4OZGNEAT	X									
1205523-02A (DPTS-47)	Soil	9/May/2012 10:47	(1) 4OZGNEAT	X									
1205523-03A (103-C1)	Soil	7/May/2012 15:16	(1) 16OZGNEAT	X									
1205523-04A (103-C2)	Solid	7/May/2012 15:43	(1) 16OZGNEAT	X									
1205523-05A (103-C3)	Solid	7/May/2012 15:43	(1) 16OZGNEAT	X									
1205523-06A (103-C4)	Solid	10/May/2012 13:37	(1) 16OZGNEAT	X									
1205523-07A (103-C5)	Solid	10/May/2012 14:11	(1) 16OZGNEAT	X									
1205523-08A (103-C6)	Solid	10/May/2012 16:20	(1) 16OZGNEAT	X									
1205523-09A (103-C7)	Solid	10/May/2012 16:38	(1) 16OZGNEAT	X									
1205523-10A (105-C8)	Solid	9/May/2012 15:28	(1) 16OZGNEAT	X									
1205523-11A (115-C1)	Solid	8/May/2012 9:55	(1) 16OZGNEAT	X									
1205523-12A (122B-C1)	Solid	8/May/2012 9:25	(1) 16OZGNEAT	X									
1205523-13A (104-C1)	Solid	10/May/2012 8:45	(1) 16OZGNEAT	X									
1205523-14A (104-C2)	Solid	10/May/2012 9:10	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*buttle caps
 no seals
 ambient temp (23°C)*

opened @ 1039

*client contacted
 alternate
 continue analysis at 5/11/12*

(b) (6)

5-14-12 1030

(b) (6)

Date/Time
 1031 5/14/12

Cooler IDs

Report/QC Level
 Std

Relinquished by:

Date/Time

Received by:

Date/Time



Subcontractor:
 Columbia Analytical
 19408 Park Row
 Suite 320
 Houston, TX 77084

TEL: (713) 266-1599
 FAX: (713) 266-0130
 Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 12-May-12
 COC ID: 11884
 Due Date: 23-May-12

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205523	A	PCB Congeners										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	F											
Phone	(281) 530-5656	Phone	(281) 530-5656	G											
Fax	(281) 530-5887	Fax	(281) 530-5887	H											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	I											
				J											
Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J		
1205523-29A (208B-C2)	Solid	8/May/2012 12:56	(1) 16OZGNEAT	X											
1205523-30A (208B-C3)	Solid	8/May/2012 13:01	(1) 16OZGNEAT	X											
1205523-31A (105L-C1)	Solid	9/May/2012 17:23	(1) 16OZGNEAT	X											
1205523-32A (105L-C2)	Solid	9/May/2012 17:59	(1) 16OZGNEAT	X											

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*bulb de wrap
 No seals
 ambient temp (23°C)
 opened @ 1039
 client contacted
 allowed to
 continue analysis ok 5/14/12*

(b) (6)

5-K-12 1036

(b) (6)

Relinquished by:	Date/Time	Received by:	Date/Time	Cooler IDs	Report/QC Level
			5/14/12 1031		Std: [redacted]
Relinquished by:	Date/Time	Received by:	Date/Time		



Customer Information		Project Information				ALS Project Manager:										ALS Work Order #:		
Purchase Order		Project Name	GOODFELLOW FEDERAL CENTER			A	PCDS											
Work Order		Project Number				B												
Company Name	TETRA TECH INC.	Bill To Company				C												
Send Report To	KEITH BROWN	Invoice Attn				D												
Address	415 OAK STREET	Address				E												
						F												
City/State/Zip	KANSAS CITY MO 64106	City/State/Zip				G												
Phone	816-412-1741	Phone				H												
Fax	816-410-1748	Fax				I												
e-Mail Address	KEITH.BROWN@TETRATECH.COM	e-Mail Address				J												

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold			
1	104-C1	5-10-12	0845	CONCRETE	NA	1	X													
2	104-C2	5-10-12	0910	↓	↓	↓	X													
3	104-C3		0930				X													
4	104-C4		0950				X													
5	104-C5		1000				X													
6	104-C6		1025				X													
7	108A-C1	5-5-12	1232				X													
8	108A-C2		1245	X																
9	108A-C3		1257	X																
10	108A-C4		1311	X																

Sample(s) Please Print & Sign (b) (6)		Shipment Method		Required Turnaround Time: (Check Box) <input type="checkbox"/> Other _____ <input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour				Results Due Date:												
Relinquished by: (b) (6)	Date: 5/10/12	Time: 2:00	Received by: (b) (6)		Notes:				Cooler ID				Cooler Temp				QC Package: (Check One Box Below)			
Relinquished by:	Date:	Time:	Checked by (Laboratory):										<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____							
Logged by (Laboratory):	Date:	Time:	Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035																	



Environmental

Cincinnati, OH +1 513 733 5336
Everett, WA +1 425 356 2600

Fort Collins, CO +1 970 490 1511
Holland, MI +1 616 399 6070

Chain of Custody Form

Houston, TX +1 281 530 5656
Middletown, PA +1 717 944 5541

Spring City, PA +1 610 948 4903
Salt Lake City, UT +1 801 266 7700

South Charleston, WV +1 304 356 3168
York, PA +1 717 505 5280

Page 2 of 8

COC ID: 59681

ALS Project Manager:

ALS Work Order #:

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL											
Work Order		Project Number		B	VOC (5035/8260) TCL											
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL											
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	GRO (8260-GRO)											
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)											
					F	ORO (8270-DRO)										
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G	Total Metals (6029/7000) Hg only PCB & Congeners											
Phone	(816) 412-1741	Phone	(816) 412-1741	H	Total Metals (6029/7000) Pb only Pesticides											
Fax		Fax		I	Total Metals (6020/7000) RCRA 8											
e-Mail Address		e-Mail Address		J	Herbicides (8151)											

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTGW-24	5-8-12	1627	Water	1	4	X		X	X	X	X					
2	DPTS-44	5-9-12	0901	Soil	5	5		X	X	X	X	X					
3	DPTS-45	5-9-12	1609	Soil	5	5		X	X	X	X	X	X		X		
4	DPTS-46, DPTS-47, DPTS-47	5-9-12	1617	Soil	5	5		X	X	X	X	X	X		X		
5	Rinsate Blank	5-9-12	1100	Water	1	8	X		X	X	X	X	X	X			X
6	042612-36	NA															

Sampler(s) Please Print & Sign: (b) (6)

Shipment Method: Fed-Ex

Required Turnaround Time: (Check Box)
 Std 10 WK Days 5 WK Days Other 2 WK Days 24 Hour

Results Due Date:

Relinquished by: (b) (6) Date: 5-10-12 Time: 1:00

Received by: (b) (6) Date: 5/10/12 Time: 9:00

Notes: 10 Day TAT. DOD Level IV reporting

Relinquished by: (b) (6) Date: 5/10/12 Time: 9:00

Logged by (Laboratory): (b) (6) Date: 5/10/12 Time: 9:00

QC Package: (Check One Box Below)
 Level II Std QC TRRP CheckList
 Level III Std QC/Raw Data TRRP Level IV
 Level IV SW346/CLP
 Other / EDD

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.
 2. Unless otherwise agreed in a formal contract, services provided by ALS Environmental are expressly limited to the terms and conditions stated on the reverse.
 3. The Chain of Custody is a legal document. All information must be completed accurately.

Copyright 2011 by ALS Environmental.



Subcontractor:

Columbia Analytical
19408 Park Row
Suite 320
Houston, TX 77084

TEL: (713) 266-1599
FAX: (713) 266-0130
Acct #:

CHAIN-OF-CUSTODY RECORD

Date: **12-May-12**
COC ID: **11884**
Due Date: **23-May-12**

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205523	A	PCB Congeners										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
				F											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G											
Phone	(281) 530-5656	Phone	(281) 530-5656	H											
Fax	(281) 530-5887	Fax	(281) 530-5887	I											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J											

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-29A (208B-C2)	Solid	8/May/2012 12:56	(1) 16OZGNEAT	X									
1205523-30A (208B-C3)	Solid	8/May/2012 13:01	(1) 16OZGNEAT	X									
1205523-31A (105L-C1)	Solid	9/May/2012 17:23	(1) 16OZGNEAT	X									
1205523-32A (105L-C2)	Solid	9/May/2012 17:59	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*bottle wrap
no seals
ambient temp (23°C)
opened @ 1039
client contacted
allowed to
continue analysis on 5/14/12*

(b) (6)

5-14-12 1036
Date/Time

(b) (6)

5/14/12 1031
Date/Time

Cooler IDs

Report/QC Level

Std

Relinquished by:

Date/Time

Received by:

Date/Time



Subcontractor:
 Columbia Analytical
 19408 Park Row
 Suite 320
 Houston, TX 77084

TEL: (713) 266-1599
 FAX: (713) 266-0130
 Acct #:

CHAIN-OF-CUSTODY RECORD

Page 1 of 3

Date: 12-May-12
 COC ID: 11884
 Due Date: 23-May-12

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis								
Purchase Order		Project Name	1205523	A	PCB Congeners							
Work Order		Project Number		B								
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C								
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D								
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E								
				F								
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G								
Phone	(281) 530-5656	Phone	(281) 530-5656	H								
Fax	(281) 530-5887	Fax	(281) 530-5887	I								
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J								

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-01A (DPTS-45)	Soil	9/May/2012 10:04	(1) 4OZGNEAT	X									
1205523-02A (DPTS-47)	Soil	9/May/2012 10:47	(1) 4OZGNEAT	X									
1205523-03A (103-C1)	Soil	7/May/2012 15:16	(1) 16OZGNEAT	X									
1205523-04A (103-C2)	Solid	7/May/2012 15:43	(1) 16OZGNEAT	X									
1205523-05A (103-C3)	Solid	7/May/2012 15:43	(1) 16OZGNEAT	X									
1205523-06A (103-C4)	Solid	10/May/2012 13:37	(1) 16OZGNEAT	X									
1205523-07A (103-C5)	Solid	10/May/2012 14:11	(1) 16OZGNEAT	X									
1205523-08A (103-C6)	Solid	10/May/2012 16:20	(1) 16OZGNEAT	X									
1205523-09A (103-C7)	Solid	10/May/2012 16:38	(1) 16OZGNEAT	X									
1205523-10A (105-C8)	Solid	9/May/2012 15:28	(1) 16OZGNEAT	X									
1205523-11A (115-C1)	Solid	8/May/2012 9:55	(1) 16OZGNEAT	X									
1205523-12A (122B-C1)	Solid	8/May/2012 9:25	(1) 16OZGNEAT	X									
1205523-13A (104-C1)	Solid	10/May/2012 8:45	(1) 16OZGNEAT	X									
1205523-14A (104-C2)	Solid	10/May/2012 9:10	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*butyldeurup
 no seals
 ambient temp (23°C)
 opened @ 1039*

*client contracted
 all methods
 continue analysis ab 5/14/12*

(b) (6)

5-14-12 1030

(b) (6)

Relinquished by:	Date/Time	Received by:	Date/Time	Cooler IDs	Report/QC Level
			<i>1031 5/14/12</i>		Std



Subcontractor:
Columbia Analytical
19408 Park Row
Suite 320
Houston, TX 77084

TEL: (713) 266-1599
FAX: (713) 266-0130
Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 12-May-12
COC ID: 11884
Due Date: 23-May-12

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205523	A	PCB Congeners										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
				F											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G											
Phone	(281) 530-5656	Phone	(281) 530-5656	H											
Fax	(281) 530-5887	Fax	(281) 530-5887	I											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J											

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-15A (104-C3)	Solid	10/May/2012 9:30	(1) 16OZGNEAT	X									
1205523-16A (104-C4)	Solid	10/May/2012 9:50	(1) 16OZGNEAT	X									
1205523-17A (104-C5)	Solid	10/May/2012 10:00	(1) 16OZGNEAT	X									
1205523-18A (104-C6)	Solid	10/May/2012 10:25	(1) 16OZGNEAT	X									
1205523-19A (108A-C1)	Solid	5/May/2012 12:32	(1) 16OZGNEAT	X									
1205523-20A (108A-C2)	Solid	5/May/2012 12:45	(1) 16OZGNEAT	X									
1205523-21A (108A-C3)	Solid	5/May/2012 12:57	(1) 16OZGNEAT	X									
1205523-22A (108A-C4)	Solid	5/May/2012 13:11	(1) 16OZGNEAT	X									
1205523-23A (103F-C1)	Solid	10/May/2012 15:40	(1) 16OZGNEAT	X									
1205523-24A (107-C1)	Solid	10/May/2012 17:40	(1) 16OZGNEAT	X									
1205523-25A (107-C2)	Solid	10/May/2012 17:50	(1) 16OZGNEAT	X									
1205523-26A (105F-C1)	Solid	9/May/2012 10:40	(1) 16OZGNEAT	X									
1205523-27A (104E-C1)	Solid	8/May/2012 17:04	(1) 16OZGNEAT	X									
1205523-28A (208B-C1)	Solid	8/May/2012 12:50	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*bubble wrap
no seals
ambient temp (23°C)
opened @ 1039*

*Client contacted
advised to continue analysis
at 5/14/12*

(b) (6)

5/14/12 1030

(b) (6)

5/14/12 1031

Cooler IDs

Report/QC Level

Std

Relinquished by:

Date/Time

Received by:

Date/Time



Subcontractor:
 Columbia Analytical
 19408 Park Row
 Suite 320
 Houston, TX 77084

TEL: (713) 266-1599
 FAX: (713) 266-0130
 Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 12-May-12
 COC ID: 11884
 Due Date 23-May-12

Salesperson **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	1205523	A	PCB Congeners											
Work Order		Project Number		B												
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C												
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D												
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E												
				F												
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G												
Phone	(281) 530-5656	Phone	(281) 530-5656	H												
Fax	(281) 530-5887	Fax	(281) 530-5887	I												
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J												

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-15A (104-C3)	Solid	10/May/2012 9:30	(1) 16OZGNEAT	X									
1205523-16A (104-C4)	Solid	10/May/2012 9:50	(1) 16OZGNEAT	X									
1205523-17A (104-C5)	Solid	10/May/2012 10:00	(1) 16OZGNEAT	X									
1205523-18A (104-C6)	Solid	10/May/2012 10:25	(1) 16OZGNEAT	X									
1205523-19A (108A-C1)	Solid	5/May/2012 12:32	(1) 16OZGNEAT	X									
1205523-20A (108A-C2)	Solid	5/May/2012 12:45	(1) 16OZGNEAT	X									
1205523-21A (108A-C3)	Solid	5/May/2012 12:57	(1) 16OZGNEAT	X									
1205523-22A (108A-C4)	Solid	5/May/2012 13:11	(1) 16OZGNEAT	X									
1205523-23A (103F-C1)	Solid	10/May/2012 15:40	(1) 16OZGNEAT	X									
1205523-24A (107-C1)	Solid	10/May/2012 17:40	(1) 16OZGNEAT	X									
1205523-25A (107-C2)	Solid	10/May/2012 17:50	(1) 16OZGNEAT	X									
1205523-26A (105F-C1)	Solid	9/May/2012 10:40	(1) 16OZGNEAT	X									
1205523-27A (104E-C1)	Solid	8/May/2012 17:04	(1) 16OZGNEAT	X									
1205523-28A (208B-C1)	Solid	8/May/2012 12:50	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*bubble wrap
 no seals
 ambient temp (23°C)
 opened @ 1039*

*Client contacted
 advised to continue analysis
 aka 5/14/12*

(b) (6)

5/14/12 1030

(b) (6)

5/14/12 1031

Cooler IDs

Report/QC Level

Std

Relinquished by: _____ Date/Time _____

Received by: _____ Date/Time _____



Subcontractor:
 Columbia Analytical
 19408 Park Row
 Suite 320
 Houston, TX 77084

TEL: (713) 266-1599
 FAX: (713) 266-0130
 Acct #:

CHAIN-OF-CUSTODY RECORD

Date: 12-May-12
 COC ID: 11884
 Due Date: 23-May-12

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis								
Purchase Order		Project Name	1205523	A	PCB Congeners							
Work Order		Project Number		B								
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C								
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D								
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E								
				F								
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G								
Phone	(281) 530-5656	Phone	(281) 530-5656	H								
Fax	(281) 530-5887	Fax	(281) 530-5887	I								
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J								

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-01A (DPTS-45)	Soil	9/May/2012 10:04	(1) 4OZGNEAT	X									
1205523-02A (DPTS-47)	Soil	9/May/2012 10:47	(1) 4OZGNEAT	X									
1205523-03A (103-C1)	Soil	7/May/2012 15:16	(1) 16OZGNEAT	X									
1205523-04A (103-C2)	Solid	7/May/2012 15:43	(1) 16OZGNEAT	X									
1205523-05A (103-C3)	Solid	7/May/2012 15:43	(1) 16OZGNEAT	X									
1205523-06A (103-C4)	Solid	10/May/2012 13:37	(1) 16OZGNEAT	X									
1205523-07A (103-C5)	Solid	10/May/2012 14:11	(1) 16OZGNEAT	X									
1205523-08A (103-C6)	Solid	10/May/2012 16:20	(1) 16OZGNEAT	X									
1205523-09A (103-C7)	Solid	10/May/2012 16:38	(1) 16OZGNEAT	X									
1205523-10A (105-C8)	Solid	9/May/2012 15:28	(1) 16OZGNEAT	X									
1205523-11A (115-C1)	Solid	8/May/2012 9:55	(1) 16OZGNEAT	X									
1205523-12A (122B-C1)	Solid	8/May/2012 9:25	(1) 16OZGNEAT	X									
1205523-13A (104-C1)	Solid	10/May/2012 8:45	(1) 16OZGNEAT	X									
1205523-14A (104-C2)	Solid	10/May/2012 9:10	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*butyldeurup
 no seals
 ambient temp (23°C)
 opened @ 1039*

*client contracted
 all methods
 continue analysis ab 5/14/12*

(b) (6)

5-14-12 1030

(b) (6)

Relinquished by:	Date/Time	Received by:	Date/Time	Cooler IDs	Report/QC Level
					Std



Subcontractor:

Columbia Analytical
19408 Park Row
Suite 320
Houston, TX 77084

TEL: (713) 266-1599
FAX: (713) 266-0130
Acct #:

CHAIN-OF-CUSTODY RECORD

Date: **12-May-12**
COC ID: **11884**
Due Date: **23-May-12**

Salesperson: **Bruce C. Schlatter**

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205523	A	PCB Congeners										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
				F											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G											
Phone	(281) 530-5656	Phone	(281) 530-5656	H											
Fax	(281) 530-5887	Fax	(281) 530-5887	I											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J											

Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J
1205523-29A (208B-C2)	Solid	8/May/2012 12:56	(1) 16OZGNEAT	X									
1205523-30A (208B-C3)	Solid	8/May/2012 13:01	(1) 16OZGNEAT	X									
1205523-31A (105L-C1)	Solid	9/May/2012 17:23	(1) 16OZGNEAT	X									
1205523-32A (105L-C2)	Solid	9/May/2012 17:59	(1) 16OZGNEAT	X									

Comments:

Please analyze for PCB Congeners. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

*bubble wrap
no seals
ambient temp (23°C)
opened @ 1039
client contacted
allowed to
continue analysis on 5/14/12*

(b) (6)

5-14-12 1036
Date/Time

(b) (6)

5/14/12 1031
Date/Time

Cooler IDs

Report/QC Level

Std

Relinquished by:

Date/Time

Received by:

Date/Time



Environmental

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Everett, WA
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Chain of Custody Form

Houston, TX
+1 281 530 5656

Spring City, PA
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South Charleston, WV
+1 304 356 3168

Middletown, PA
+1 717 944 5541

Salt Lake City, UT
+1 801 266 7700

York, PA
+1 717 505 5280

Page 2 of 8

COC ID: **59681**

Customer Information		Project Information		ALS Project Manager:		ALS Work Order #:	
Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL		
Work Order		Project Number		B	VOC (6035/8260) TCL		
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL		
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	GRO (8290-GRO)		
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)		
					F	ORO (8270-DRO)	
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G	Total Metals (6020/7000) Hg only	<i>Asbestos</i>	
Phone	(816) 412-1741	Phone	(816) 412-1741	H	Total Metals (6020/7000) Pb only	<i>Pesticides</i>	
Fax		Fax		I	Total Metals (6020/7000) RCRA 8		
e-Mail Address		e-Mail Address		J	Herbicides (8151)		

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTGW-24	5-8-12	1627	Water	1	4	X		X	X	X	X					
2	DPTS-44	5-9-12	0901	Soil	5	5		X	X	X	X	X					
3	DPTS-45	5-9-12	1001	Soil	5	5		X	X	X	X	X	X		X		
4	DPTS-46, DPTS-47	5-9-12	1017	Soil	5	5		X	X	X	X	X	X		X		
5	Kinstate Blank	5-9-12	1100	Water	1	8	X		X	X	X	X	X	X		X	
6	012612-36	NA															
7																	
8																	
9																	
10																	

ALS-HRMS Houston
 * Opened @ 1301
 * Client-delivered; No TK#
 * Wet ice
 * No COC seals
 * 0/0c (SN 101915976)

Sampler(s) Please Print & Sign: (b) (6)		Shipment Method	Required Turnaround Time: (Check Box) <input checked="" type="checkbox"/> Std 10 WK Days <input type="checkbox"/> 5 WK Days <input type="checkbox"/> Other <input type="checkbox"/> 2 WK Days <input type="checkbox"/> 24 Hour		Results Due Date:
Relinquished by: (b) (6)	Date: 5-10-12	Time: 1:00	Received by: (b) (6)	Notes: 10 Day TAT, DOD Level IV reporting	
Relinquished by:	Date:	Time:		Cooler ID	Cooler Temp.
Logged by (Laboratory):	Date:	Time:		QC Package: (Check One Box Below)	
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035				<input type="checkbox"/> Level II Std QC	<input type="checkbox"/> TRRP Checklist
				<input type="checkbox"/> Level III Std QC/Row Data	<input type="checkbox"/> TRRP Level IV
				<input checked="" type="checkbox"/> Level IV SW346/CLP	
				<input type="checkbox"/> Other / EOD	

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.
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Chain of Custody Form

Page 1 of 8

COC ID: 59679

1205487

TETRATECH-KS CITY, MO: Tetra Tech, Inc.

Project: Goodfellow Federal Center



ALS Project Manager:

Customer Information

Project Information

Purchase Order		Project Name	Goodfellow Federal Center	A	VOC (8260) TCL
Work Order		Project Number		B	VOC (5035/8260) TCL
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	GRO (8260-GRO)
Address	415 Oak Street	Address	415 Oak Street	E	DRO (8270-DRO)
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	F	ORO (8270-DRO)
Phone	(816) 412-1741	Phone	(816) 412-1741	G	Total Metals (6020/7000) Hg only <i>Pesticides</i>
Fax		Fax		H	Total Metals (6020/7000) Pb only <i>PCBs</i>
e-Mail Address		e-Mail Address		I	Total Metals (6020/7000) RCRA 8
				J	Herbicides (8151)

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTGW-1 (MS/MSD)	5-8-12	1022	Water	I	12	X		X	X	X	X					
2	DPTGW-1-DUP	5-8-12	1022	Water	I	4	X		X	X	X	X					
3	DPTGW-6	5-8-12	1343	Water	I	4	X		X	X	X	X					
4	DPTGW-10	5-8-12	1406	Water	I	6	X		X	X	X	X					
5	DPTGW-37	5-8-12	1454	Water	I	4	X		X	X	X	X	X				X
6	CH2412-72 (Trip Blank)	NA		Water	I	2			X	X	X	X					
7	CH261247 (Trip Blank)	NA		Water	I	2											
8	DPTGW-27	5-8-12	1516	Water	I	5	X		X	X	X	X					
9	DPTGW-25	5-8-12	1539	Water	I	4	X		X	X	X	X					X
10	DPTGW-16	5-8-12	1607	Water	I	4	X		X	X	X	X					

Sampler(s) Please Print & Sign: (b) (6)

Shipment Method: _____

Required Turnaround Time: (Check Box)
 Std 10 WK Dvs 5 WK Dvs Other _____
 2 WK Dvs 24 Hour

Results Due Date: _____

Relinquished by: (b) (6) Date: 5-10-12 Time: 2000

Received by: (b) (6) Date: 5/11/12 Time: 1354

Relinquished by: (b) (6) Date: _____ Time: _____

Notes: 10 Day TAT. DOD Level IV reporting

Logged by (Laboratory): (b) (6) Date: 5/15/12 Time: 1354

QC Package: (Check One Box Below)
 Level II Std QC TRRP CheckList
 Level III Std QC/Raw Data TRRP Level IV
 Level IV SW846/CLP
 Other / EDD

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.
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 10450 Stancliff Rd., Suite 210
 Houston, Texas 77099
 Tel. +1 281 530 5656
 Fax. +1 281 530 5887

Chain of Custody Form

ALS Laboratory Group
 3352 128th Ave.
 Holland, MI 49424-9263
 Tel: +1 616 399 6070
 Fax: +1 616 399 6185

Page 1 of 1

Customer Information		Project Information				Parameter/Method Request for Analysis											
Purchase Order		Project Name	Good fellow Federal Center			B	TPH-GRO (SW8260 Modified)										
Work Order		Project Number				C	TCL Volatiles (SW8260)										
Company Name	Tetra Tech Inc.	Bill To Company	Tetra Tech Inc.			D	Low-level SVOCs (SW8270)										
Send Report To	Keith Brown	Invoice Attn	Keith Brown			E	TPH-DRO/GRO (SW8270)										
Address	415 Oak Street	Address	415 Oak Street			F	PCBs										
City/State/Zip	Kansas City MO 64106	City/State/Zip	Kansas City MO 64106			G											
Phone	(816)412-1741	Phone				H											
Fax		Fax				I											
e-Mail Address		e-Mail Address				J											

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPT GW-9	05/8/12	1430	water	1	4	X	X	X	X	X						
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

Sampler(s) Please Print & Sign (b) (6)	Shipment Method Fed EX	Required Turnaround Time: (Check Box) <input checked="" type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour	Results Due Date:
Delivered by: (b) (6)	Date:	Time:	Received by:
Requisitioned by:	Date:	Time:	Received by (Laboratory):
Logged by (Laboratory): (b) (6)	Date: 5/15/12	Time: 1354	Checked by (Laboratory): (b) (6)
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035		Notes:	QC Package: (Check One Box Below) <input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input checked="" type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____

Note: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Laboratory Group.
 2. Unless otherwise agreed in a formal contract, services provided by ALS Laboratory Group are expressly limited to the terms and conditions stated on the reverse.
 3. The Chain of Custody is a legal document. All information must be completed accurately.



ANALYTICAL REQUEST FORM

REGULAR Status

RUSH Status Required - **ADDITIONAL CHARGE**

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-3-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name TETRA TECH INC.

Address 415 OAK STREET

KANSAS CITY MO 64106

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site GOODFELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection SEE LABELS

Fax Telephone () _____

1205173

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
01	102E-ID1	DUST	NA	LEAD
02	102E-ID2	DUST	NA	LEAD
03	102E-ID3	DUST	NA	LEAD
04	102E-ID4	DUST	NA	LEAD
05	102E-ID5	DUST	NA	LEAD
06	104F-ID1	DUST	NA	LEAD
07	104F-ID2	DUST	NA	LEAD
08	105E-ID1	DUST	NA	LEAD
09	105E-ID2	DUST	NA	LEAD
10	104F-ID3	DUST	NA	LEAD
11	104F-ID4	DUST	NA	LEAD
12	105E-ID3	DUST	NA	LEAD
13	105E-ID4	DUST	NA	LEAD
14	103D-ID1	DUST	NA	LEAD
15	103D-ID2	DUST	NA	LEAD
16	Media Blank	—	NA	LEAD

Failure to complete all portions of this form may delay analysis. Please fill in this form **LEGIBLY**.

CHAIN OF CUSTODY

Relinquished by: (Signature) <u>(b) (6)</u>	Date / Time <u>5-4-12/1000</u>	Received by: (Signature) <u>Fed Ex</u>	Date / Time
Relinquished by: (Signature) _____	Date / Time _____	Received by: (Signature) <u>(b) (6)</u>	Date / Time <u>5-7-12</u>



ANALYTICAL REQUEST FORM

REGULAR Status

RUSH Status Required - **ADDITIONAL CHARGE**

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-3-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name Tetra Tech Inc.

Address 415 Oak St

Kansas City MO 64106
City State Zip

Person to Contact Keith Brown

Quote No. _____

Email Address Keith.Brown@tetratech.com

Sampling Site Good Fellow Federal Center

Telephone (816) 412-1741

Date/Time of Collection See Labels

Fax Telephone () _____

1205 174

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
01	DPTS-1	Soil	NA	Asbestos (SOP ENV 004)
02	DPTS-2	Soil	NA	Asbestos " "
03	DPTS-3	Soil	NA	Asbestos " "
04	DPTS-12	Soil	NA	Asbestos " "
05	DPTS-12-FD	Soil	NA	Asbestos " "
06	DPTS-13	Soil	NA	Asbestos " "
07	DPTS-19	Soil	NA	Asbestos " "
08	DPTS-20	Soil	NA	Asbestos " "
09	DPTS-21	Soil	NA	Asbestos " "
10	DPTS-24	Soil	NA	Asbestos " "
11	DPTS-26	Soil	NA	Asbestos " "
12	102E-IS1	SOIL	NA	ASBESTOS " "
13	102E-IS2	SOIL	NA	ASBESTOS " "
14	104F-IS1	SOIL	NA	ASBESTOS " "
15	104F-IS2	SOIL	NA	ASBESTOS " "
16	105E-IS1	SOIL	NA	ASBESTOS " "
17	105E-IS2	SOIL	NA	ASBESTOS " "

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY.

CHAIN OF CUSTODY

Relinquished by: (Signature) (b) (6)	Date / Time <u>5-4-12/1000</u>	Received by: (Signature) <u>FED EX</u>	Date / Time
Relinquished by: (Signature) (b) (6)	Date / Time	Received by: (Signature) (b) (6)	Date / Time <u>5-7-12 9:4</u>



ANALYTICAL REQUEST FORM

REGULAR Status

RUSH Status Required - **ADDITIONAL CHARGE**

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-7-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name TETRA TECH, INC.

Address 415 OAK STREET

KANSAS CITY MO 64106
City State Zip

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site 6000 FELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection _____

Fax Telephone (816) 410-1748

1205218

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
01	103D-ID3	DUST	NA	LEAD
02	103D-ID4	DUST	NA	LEAD
03	103E-ID5	DUST	NA	LEAD
04	103E-ID1	DUST	NA	LEAD
05	103E-ID2	DUST	NA	LEAD
06	103E-ID3	DUST	NA	LEAD
07	103E-ID4	DUST	NA	LEAD
08	105-ID1	DUST	NA	LEAD
09	105-ID2	DUST	NA	LEAD
10	105-ID3	DUST	NA	LEAD
11	105-ID4	DUST	NA	LEAD
12	105-ID5	DUST	NA	LEAD
13	105-ID6	DUST	NA	LEAD
14	105-ID7	DUST	NA	LEAD
15	105-ID8	DUST	NA	LEAD
16	105-ID9	DUST	NA	LEAD

Failure to complete all portions of this form may delay analysis. Please fill in this form **LEGIBLY**.

CHAIN OF CUSTODY

Relinquished by: (b) (6)	Date / Time 5-7-12/2000	Received by: Fed Ex	Date / Time
Relinquished by: (b) (6)	Date / Time	Received by: (b) (6)	Date / Time 5/8/12 10:46

Fed-ex



ANALYTICAL REQUEST FORM

REGULAR Status

RUSH Status Required - **ADDITIONAL CHARGE**

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-7-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name TETRA TECH INC.

Address 415 OAK STREET

KANSAS CITY MO 64106
City State Zip

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site GOODFELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection _____

Fax Telephone (816) 410-1748

1205218

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
17	105-ID10	DUST	NA	LEAD
18	105-ID11	DUST	NA	LEAD
19	110-ID1	DUST	NA	LEAD
20	110-ID2	DUST	NA	LEAD
21	110-ID3	DUST	NA	LEAD
22	110-ID4	DUST	NA	LEAD
23	110-ID5	DUST	NA	LEAD
24	110-ID6	DUST	NA	LEAD
25	110-ID7	DUST	NA	LEAD
26	110-ID8	DUST	NA	LEAD
27	103-ID1	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
28	103-ID2	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
29	103-ID3	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
30	103-ID4	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
31	103-ID5	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
32	103-ID6	DUST	NA	LEAD, MERCURY (2 CONTAINERS)

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CHAIN OF CUSTODY

Relinquished by: (b) (6)	Date / Time <u>5-7-12/2200</u>	Received by: <u>Fed Ex</u>	Date / Time
Relinquished by: (b) (6)	Date / Time	Received by: (b) (6)	Date / Time <u>5/8/12</u> <u>10:46</u>

Fed Ex



ANALYTICAL REQUEST FORM

REGULAR Status

RUSH Status Required - **ADDITIONAL CHARGE**

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-7-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name TETRA TECH INC.

Address 415 OAK STREET

KANSAS CITY MO 64106
City State Zip

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site GOODFELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection _____

Fax Telephone (816) 410-1748

1205218

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
33	103-ID7	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
34	103-ID8	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
35	103D-IS1	SOIL	NA	ASBESTOS
36	103D-IS1-FD	SOIL	NA	ASBESTOS
37	103D-IS2	SOIL	NA	ASBESTOS
38	103E-IS1	SOIL	NA	ASBESTOS
39	103E-IS2	SOIL	NA	ASBESTOS
40	DPTS-32	SOIL	NA	ASBESTOS
41	DPTS-33	SOIL	NA	ASBESTOS
42	DPTS-34	SOIL	NA	ASBESTOS
43	DPTS-35	SOIL	NA	ASBESTOS
44	DPTS-36	SOIL	NA	ASBESTOS
45	DPTS-36-FD	SOIL	NA	ASBESTOS
46	DPTS-37	SOIL	NA	ASBESTOS
47	DPTS-38	SOIL	NA	ASBESTOS
48	DPTS-40	SOIL	NA	ASBESTOS

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CHAIN OF CUSTODY

Relinquished by: (b) (6)	Date / Time 5-7-12/2000	Received by: Fed Ex	Date / Time
Relinquished by: (b) (6)	Date / Time	Received by: (b) (6)	Date / Time 5/8/12 10:46

Fed-ex



ANALYTICAL REQUEST FORM

REGULAR Status

RUSH Status Required - **ADDITIONAL CHARGE**

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-7-12 Purchase Order No. _____

Billing Address (if different)

Company Name TETRA TECH INC.

Address 415 OAK STREET

KANSAS CITY MO 64106
City State Zip

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site GOODFELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection _____

Fax Telephone (816) 410-1748

1205218

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
49	DPTS-40-FD	SOIL	NA	ASBESTOS
50	DPTS-41	SOIL	NA	ASBESTOS
51	DPTS-42	SOIL	NA	ASBESTOS
52	DPTS-43	SOIL	NA	ASBESTOS
53	105-IS1	SOIL	NA	ASBESTOS
54	105-IS2	SOIL	NA	ASBESTOS
55	105-IS3	SOIL	NA	ASBESTOS
56	105-IS4	SOIL	NA	ASBESTOS
57	MEDIA BLANK 2	DUST	NA	LEAD
58	MEDIA BLANK 3	DUST	NA	MERCURY

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY.

CHAIN OF CUSTODY

Relinquished by: (b) (6)	Date / Time 5-7-12 / 2:00 PM	Received by: (b) (6)	Date / Time 5/8/12 10:46
Relinquished by: (b) (6)	Date / Time	Received by: (b) (6)	Date / Time

Fed-Ex



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Chain of Custody Form

Page 1 of 5

COC ID: 59913

12052224

TETRATECH-KS CITY, MO: Tetra Tech, Inc.

Project: Goodfellow Federal Center

Environmental

ALS Project Manager:

Customer Information				Project Information													
Purchase Order	Project Name	Goodfellow Federal Center	A	VOC (8260) TCL													
Work Order	Project Number		B	VOC (6035/8260) TCL													
Company Name	Bill To Company	Tetra Tech, Inc.	C	SVOC (8270) TCL													
Send Report To	Invoice Attn	Keith Brown	D	GRO (8260-GRO)													
Address	Address	415 Oak Street	E	DRO (8270-DRO)													
City/State/Zip	City/State/Zip	Kansas City, Mo 64106	F	ORO (8270-DRO)													
Phone	Phone	(816) 412-1741	G	Total Metals (6020/7000) RCRA 8													
Fax	Fax		H	Moisture													
e-Mail Address	e-Mail Address		I														
			J														
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-1	4-30-12	1445	Soil	Yes	5		X	X	X	X	X	X	X			
2	DPTS-2	4-30-12	1555	Soil	Yes	5		X	X	X	X	X	X	X			
3	DPTS-3	4-30-12	1640	Soil	Yes	5		X	X	X	X	X	X	X			
4	DPTS-4	5-1-12	0913	Soil	Yes	5		X	X	X	X	X	X	X			
5	DPTS-5	5-1-12	0949	Soil	Yes	5		X	X	X	X	X	X	X			
6	DPTS-6	5-1-12	1032	Soil	Yes	6		X	X	X	X	X	X	X			
7	DPTS-7	5-1-12	1200	Soil	Yes	6		X	X	X	X	X	X	X			
8	DPTS-4	5-1-12	1255	Soil	None	1											
9	DPTS-5	5-1-12	1317	Soil	None	1											
10	DPTS-8	5-1-12	1355	Soil	Yes	6		X	X	X	X	X	X	X			

*Petardes / Abogado
ALS Corexis (Method 1668A)*

Sampler(s) Please Print & Sign: _____

Shipment Method: _____

Received by: *Robey*

Received by (Laboratory): *65 5-4-12 0910*

Time: 2000

Date: 5-3-12

Time: _____

Date: _____

Time: _____

Date: _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

QC Package: (Check One Box Below)

Level # Bid QC Level # Bid OC/Rev Data TRRP Check/Let

Level # SW/MS/CLP Other ZEDD

Notes: 10 Day TAT, DOO Level IV reporting

Required Turnaround Time: (Check Box)

Std 10 WK Days 5 WK Days 2 WK Days 24 Hour

Other: _____

Results Due Date: _____

Reinquisitioned by: _____

Requisitioned by: _____

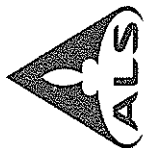
Logged by (Laboratory): _____

Cooler ID: 3904

Cooler Temp: 7017

Cooler Temp: 7001

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York, PA
+1 717 505 5280
South Charleston, WV
+1 304 356 3168

Page 2 of 5
COC ID: 59912

Customer Information				Project Information				ALS Project Manager: <u>ALS Work Order #:</u> <u>105224</u>											
Purchase Order	Project Name	Goodfellow Federal Center	Parameter/Method Request for Analysis																
Work Order	Project Number																		
Company Name	Bill To Company	Tetra Tech, Inc.																	
Send Report To	Invoice Attn	Keth Brown																	
Address	Address	415 Oak Street																	
City/State/Zip	City/State/Zip	Kansas City, Mo 64106																	
Phone	Phone	(816) 412-1741																	
Fax	Fax																		
e-Mail Address	e-Mail Address																		
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	DPTS-9	5-1-12	1444	Soil	1/6	6	X	X	X	X	X	X	X	X	X	X			
2	DPTS-10	5-1-12	1532	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
3	DPTS-12	5-2-12	0900	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
4	DPTS-12-FD	5-2-12	0900	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
5	DPTS-8-FD	5-1-12	1355	Soil	1/6	6	X	X	X	X	X	X	X	X	X	X			
6	DPTS-13	5-2-12	0926	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
7	DPTS-14	5-2-12	1052	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
8	DPTS-15	5-2-12	1137	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
9	DPTS-16	5-2-12	1212	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			
10	DPTS-17	5-2-12	1345	Soil	1/6	5	X	X	X	X	X	X	X	X	X	X			

PCB congeners (Method 1668A)
Pesticides & Herbicides

Shipment Method: _____
Required Turnaround Time: (Check Box)
 5 Wk Days
 10 Wk Days
 15 Wk Days
 2 Wk Days
 24 Hour
 Other

Results Due Date: _____

Relinquished by: (b) (6)
Date: 5-3-12
Time: 2:00

Relinquished by: (b) (6)
Date: 5-4-12
Time: 0910

Logged by (Laboratory): _____
Date: _____
Time: _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₃ 7-Other 8-4°C 9-5035

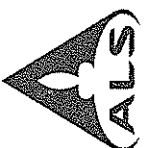
QC Package: (Check One Box Below)
 Level III Std OC
 Level III Std OC/Ret Date
 Level IV SW/MS/CLP
 Other / EDD

Notes: 10 Day TAT, DOD Level IV reporting

Received by: (b) (6)
Date: 5-4-12
Time: 0910

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Page 3 of 5

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+1 304 356 3168

York, PA
+1 717 505 5280

Environmental

ALS Project Manager: _____ ALS Work Order #: 1208224

Parameter/Method Request for Analysis

Customer Information		Project Information	
Purchase Order	Project Name	Goodfellow Federal Center	A
Work Order	Project Number		B
Company Name	Bill To Company	Tetra Tech, Inc.	C
Send Report To	Invoice Attn	Kelth Brown	D
Address	Address	415 Oak Street	E
City/State/Zip	City/State/Zip	Kansas City, Mo 64106	F
Phone	Phone	(816) 412-1741	G
Fax	Fax		H
e-Mail Address	e-Mail Address		I
			J

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-18	5-2-12	1417	Soil	Yes	5		X	X	X	X	X	X	X			
2	DPTS-19	5-2-12	1445	Soil													JH
3	DPTS-20	5-2-12	1531	Soil	None	1							X				
4	DPTS-21	5-3-12	0951	Soil	None	1							X				
5	DPTS-22	5-3-12	1022	Soil	Yes	5	X	X	X	X	X	X	X	X			
6	DPTS-23	5-3-12	1055	Soil	Yes	5	X	X	X	X	X	X	X	X			
7	DPTS-24	5-3-12	1154	Soil	Yes	5	X	X	X	X	X	X	X	X			
8	DPTS-25	5-3-12	1320	Soil	Yes	5	X	X	X	X	X	X	X	X			
9	DPTS-26	5-3-12	1354	Soil	Yes	5	X	X	X	X	X	X	X	X			
10	DPTS-27	5-3-12	1459	Soil	Yes	5	X	X	X	X	X	X	X	X			JH

Sampler(s) Please Print & Sign: _____

Shipment Method: _____

Required Turnaround Time: (Check Box)
 5 Wk. Days 10 Wk. Days 24 Hour

Results Due Date: _____

Relinquished by: _____ Date: 5-3-12 Time: 2:00

Relinquished by: _____ Date: _____ Time: _____

Logged by (Laboratory): _____ Date: _____ Time: _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

Received by: (b) (6) Laboratory: Fed-Ex

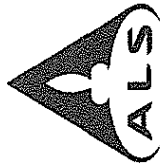
Checked by (Laboratory): _____ Date: 5-4-12 Time: 0910

Notes: 10 Day TAT, DOD Level IV reporting

OC Package: (Check One Box Below)
 Level II Std. OC TRRP Checklist
 Level III Std. OC/Rev Data TRRP Level IV
 Level IV SW/MS/CLP Other / EDD

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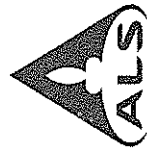
Page 5 of 5

Customer Information				Project Information				ALS Work Order #: <u>208224</u>											
Purchase Order				Project Name				Parameter/Method Request for Analysis											
Work Order				Project Number				A <u>PCB, Congeners C Method 1668A</u>											
Company Name				Bill To Company				B <u>Lead</u>											
Send Report To				Invoice Attn				C <u>Lead</u>											
Address				Address				D <u>Lead</u>											
City/State/Zip				City/State/Zip				E <u>Lead</u>											
Phone				Phone				F <u>Lead</u>											
Fax				Fax				G <u>Lead</u>											
e-Mail Address				e-Mail Address				H <u>Lead</u>											
								I <u>Lead</u>											
								J <u>Lead</u>											
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	105E-1S2	5-3-12	1055	Soil	None	1		X											
2	101-C1	5-3-12	1400	Concrete	None	1	X												
3	101-C2	5-3-12	1445	Concrete	None	1	X												
4	101-C2-FD	5-3-12	1445	Concrete	None	1	X												
5	101-C3	5-3-12	1456	Concrete	None	1	X												
6	104F-C1	5-2-12	1345	Concrete	None	1	X												
7	105E-C1	5-2-12	1426	Concrete	None	1	X												
8	105E-C2	5-3-12	1010	Concrete	None	1	X												
9	Top Blank 092412-85	NA			None	2													
10																			

Sampler(s) Please Print & Sign		Shipment Method		Required Turnaround Time: (Check Box)		Results Due Date:	
(b) (6)				<input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other _____			
Relinquished by	Date: 5-3-12	Time: 1000	Received by:	Notes:			
Relinquished by	Date: 5-3-12	Time: 1000	(b) (6)	5-4-12 0910			
Logged by (Laboratory):	Date:	Time:	(b) (6)				
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other		Cooler ID		Cooler Temp		QC Package: (Check One Box Below)	
9-5035						<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____	

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Page 4 of 5
COC ID: 59915

Customer Information

Purchase Order	Project Name	Goodfellow Federal Center	ALS Project Manager:	ALS Work Order #:	WSDH
Work Order	Project Number		Project Information	Parameter/Method Request for Analysis	
Company Name	Bill To Company	Tetra Tech, Inc.	Project Name	VOC (8260) TCL	
Send Report To	Invoice Attn	Kath Brown	Project Number	VOC (5035/8260) TCL	
Address	Address	415 Oak Street	Bill To Company	SVOC (8270) TCL	
City/State/Zip	City/State/Zip	Kansas City, Mo 64106	Invoice Attn	GRO (8280-GRO)	
Phone	Phone	(816) 412-1741	Address	DRO (8270-DRO)	
Fax	Fax		City/State/Zip	ORO (8270-DRO)	
e-Mail Address	e-Mail Address		Phone	Total Metals (60207000) RCRA 9	
				Moisture	
				Lead	

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-28	5-3-12	1517	Soil	Yes	5		X	X	X	X	X	X	X			
2	DPTS-29	5-3-12	1607	Soil	Yes	5		X	X	X	X	X	X	X			
3	DPTS-20-F0 DUF	5-2-12	1531	Soil	NONE	1											
4	Top Blank 042412-88	NA		Soil	HCL	2											
5	Top Blank 042412-84	NA		Soil	HCL	2											
6	102E-151	5-2-12	1115	Soil	NONE	1									X		
7	102E-152	5-2-12	1130	Soil	NONE	1									X		
8	104F-151	5-3-12	1310	Soil	NONE	1									X		
9	104F-152	5-3-12	1315	Soil	NONE	1									X		
10	105E-151	5-3-12	1045	Soil	NONE	1									X		

Sampler(s) Please Print & Sign	Shipment Method	Required Turnaround Time: (Check Box)	Results Due Date:
(b) (6)		<input checked="" type="checkbox"/> 5 Wk Days <input type="checkbox"/> 10 Wk Days <input type="checkbox"/> 15 Wk Days <input type="checkbox"/> Other	
Relinquished by	Date:	Time:	Notes: 10 Day TAT, DOD Level IV reporting
(b) (6)	5-3-12	2000	
Relinquished by	Date:	Time:	QC Packages: (Check One Box Below)
(b) (6)			<input type="checkbox"/> Level II Std OC <input type="checkbox"/> TRAP Check List
Logged by (Laboratory):	Date:	Time:	<input type="checkbox"/> Level III Std OC/Ray Data <input type="checkbox"/> TRAP Level IV
(b) (6)			<input checked="" type="checkbox"/> Level IV SW94/CLP <input type="checkbox"/> Other / EDD
Preservative Key:	1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035	Cooler ID	Cooler Temp.

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CUSTODY SEAL

DATE

5-3-12 2014

SIGNATURE

(b) (6)



(b) (6)

Quality Environmental Containers
800-255-3950 • 304-255-3900

CUSTODY SEAL

DATE

5-3-12 2017

SIGNATURE

(b) (6)



(b) (6)

Quality Environmental Con
800-255-3950 • 304-255-

CUSTODY SEAL

DATE

5-3-12 2011

SIGNATURE

(b) (6)



(b) (6)

Quality Environmental Containers
800-255-3950 • 304-255-3900

CUSTODY SEAL

DATE

5-3-12 2011

SIGNATURE

(b) (6)



(b) (6)

Quality Environmental Containers
800-255-3950 • 304-255-3900

JM This portion can be removed for Recipient's records.

DATE

5-3-12

FedEx Tracking Number

899652667199

Sender's Name

Keith Brown

Phone

913 909-5225

Company

Tetra Tech

Address

415 Oak

Dept./Floor/Suite/Room

City

KC

State

MO

ZIP

64106

Our Internal Billing Reference



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Page 1 of 5

1205376

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Fax: +1 616 399 6185

ALS Project Manager:

ALS Work Order #:

Customer Information		Project Information		Parameter/Method Request for Analysis			
Purchase Order		Project Name	GOODFELLOW FEDERAL CENTER	LEAD			
Work Order		Project Number		B			
Company Name	TETRA TECH INC.	Bill To Company		C			
Send Report To	KEITH BROWN	Invoice Attn		D			
Address	415 OAK STREET	Address		E			
				F			
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip		G			
Phone	816-412-1741	Phone		H			
Fax	816-410-1748	Fax		I			
e-Mail Address	KEITH.BROWN@TETRATECH.COM	e-Mail Address		J			

o.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	115-ID1	5-8-12	1005	DUST	NA	1	X						-01				
2	115-ID2	5-8-12	102817	DUST	NA	1	X						-02				
3	115-ID3	5-8-12	1030	DUST	NA	1	X						-03				
4	104E-ID1	5-8-12	1416	DUST	NA	1	X						-04				
5	104E-ID2	5-8-12	1425	DUST	NA	1	X						-05				
6	104E-ID3	5-8-12	1635	DUST	NA	1	X						-06				
7	104E-ID4	5-8-12	1645	DUST	NA	1	X						-07				
8	105F-ID1	5-9-12	1045	DUST	NA	1	X						-08				
9	105F-ID2	5-9-12	1100	DUST	NA	1	X						-09				
10	105F-ID3	5-9-12	1110	DUST	NA	1	X						-10				

Sampler(s) Please Print & Sign: _____ Shipment Method: _____ Required Turnaround Time: (Check Box) STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour Other _____ Results Due Date: _____

Relinquished by:	Date:	Time:	Received by:	Notes:
Relinquished by:	Date: 5/15/12	Time: 10:41	(b) (6)	Notes:
Collected by (Laboratory):	Date:	Time:	Checked by (Laboratory):	Notes:

reservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

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1205376

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ALS Project Manager: _____ ALS Work Order #: _____

Customer Information		Project Information		Parameter/Method Request for Analysis			
Purchase Order		Project Name	6000FELLOW FEDERAL CENTER	A	LEAD		
Work Order		Project Number		B			
Company Name	TETRA TECH INC.	Bill To Company		C			
Send Report To	KEITH BROWN	Invoice Attn		D			
Address	415 OAK STREET	Address		E			
				F			
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip		G			
Phone	816-412-1741	Phone		H			
Fax	816-410-1748	Fax		I			
e-Mail Address	KEITH.BROWN@TETRATECH.COM	e-Mail Address		J			

o.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	105F-ID4	5-9-12	1120	DUST	NA	1	X						-11				
2	105F-ID5	5-9-12	1137	DUST	NA	1	X						-12				
3	104-ID1	5-8-12	1438	DUST	NA	1	X						-13				
4	104-ID2	5-8-12	1445	DUST	NA	1	X						-14				
5	104-ID3	5-8-12	1451	DUST	NA	1	X						-15				
6	104-ID4	5-8-12	1459	DUST	NA	1	X						-16				
7	104-ID5	5-8-12	1505	DUST	NA	1	X						-17				
8	104-ID6	5-8-12	1513	DUST	NA	1	X						-18				
9	104-ID7	5-8-12	1615	DUST	NA	1	X						-19				
10	104-ID8	5-8-12	1623	DUST	NA	1	X						-20				

Sampler(s) Please Print & Sign _____ Shipment Method _____ Required Turnaround Time: (Check Box) STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour Other _____ Results Due Date: _____

Relinquished by:	Date:	Time:	Received by:	Notes:						
Relinquished by:	Date:	Time:	Received by (Laboratory):							
Accepted by (Laboratory):	Date:	Time:	Checked by (Laboratory):							
Reservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035				<table border="1"> <tr> <td>Cooler ID</td> <td>Cooler Temp</td> <td>QC Package: (Check One Box Below)</td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____ </td> </tr> </table>	Cooler ID	Cooler Temp	QC Package: (Check One Box Below)			<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____
Cooler ID	Cooler Temp	QC Package: (Check One Box Below)								
		<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____								

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Chain of Custody Form

CINCINNATI, OH

Page 3 of 5

1205376

ALS Laboratory Group

3352 128th Ave.
Holland, MI 49424-9263
Tel: +1 616 399 6070
Fax: +1 616 399 6185

ALS Project Manager: ALS Work Order #:

Customer Information		Project Information		Parameter/Method Request for Analysis			
Purchase Order		Project Name	GOODFELLOW FEDERAL CENTER	A	LEAD		
Work Order		Project Number		B	MERCURY		
Company Name	TETRA TECH INC.	Bill To Company		C			
Send Report To	KEITH BROWN	Invoice Attn		D			
Address	415 OAK STREET	Address		E			
				F			
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip		G			
Phone	816-412-1741	Phone		H			
Fax	816-410-1748	Fax		I			
e-Mail Address	KEITH.BROWN@TETRA TECH.COM	e-Mail Address		J			

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	104-ID9	5-9-12	1345	DUST	NA	1	X						-21				
2	104-ID10	5-9-12	1352	DUST	NA	1	X						-22				
3	104-ID11	5-9-12	1403	DUST	NA	1	X						-23				
4	104-ID12	5-10-12	0810	DUST	NA	1	X						-24				
5	103-ID9	5-8-12	1058	DUST	NA	2	X	X					-25				
6	103-ID10	5-8-12	1113	DUST	NA	2	X	X					-26				
7	103F-ID1	5-10-12	1300	DUST	NA	2	X	X					-27				
8	103F-ID2	5-10-12	1510	DUST	NA	2	X	X					-28				
9	MEDIA BLANK #5	5-10-12	1830	DUST	NA	1	X						-29				
10	MEDIA BLANK #6	5-10-12	1835	DUST	NA	1		X					-30				

Sampler(s) Please Print & Sign Shipment Method Required Turnaround Time: (Check Box) Other _____ Results Due Date:

STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour

Relinquished by:	Date:	Time:	Received by:	Notes:
Relinquished by:	Date:	Time:	Received by (Laboratory):	Cooler ID
Relinquished by (Laboratory):	Date:	Time:	Checked by (Laboratory):	Cooler Temp

QC Package: (Check One Box Below)

Level II Std QC TRRP Checklist

Level III Std QC/Raw Date TRRP Level IV

Level IV Std/CLP

Other _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

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COC ID: 59678

Houston, TX
+1 281 530 5656

Middletown, PA
+1 717 944 5541

Spring City, PA
+1 610 948 4903

Salt Lake City, UT
+1 801 266 7700

South Charleston, WV
+1 304 356 3168

York, PA
+1 717 505 5280

1205376

ALS Project Manager: _____ ALS Work Order #: _____

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	Goodfellow Federal Center	A	Acid Soluble Solids (ASD) ASBESTOS											
Work Order		Project Number		B	PCBs and Congeners (8082)											
Company Name	Tetra Tech, Inc.	Bill To Company	Tetra Tech, Inc.	C	PCBs and Congeners (Concrete) (8082)											
Send Report To	Keith Brown	Invoice Attn	Keith Brown	D	Organophos Pesticides (8141)											
Address	415 Oak Street	Address	415 Oak Street	E	Moisture											
				F												
City/State/Zip	Kansas City, Mo 64106	City/State/Zip	Kansas City, Mo 64106	G												
Phone	(816) 412-1741	Phone		H												
Fax		Fax		I												
e-Mail Address		e-Mail Address		J												

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	104-IS1	5-10-12	1046	SOIL	NA	1	X						-31				
2	104-IS2	↓	1054	↓	↓	↓	X						-32				
3	104-IS3		1058	↓	↓	↓	X						-33				
4	104-IS4		1104	↓	↓	↓	X						-34				
5	104-IS5		1110	↓	↓	↓	X						-35				
6	104-IS6	↓	1113	↓	↓	↓	X						-36				
7	104E-IS1	5-9-12	0905	↓	↓	↓	X						-37				
8	104E-IS2	5-9-12	0915	↓	↓	↓	X						-38				
9	103-IS1	5-10-12	1335	↓	↓	↓	X						-39				
10	103-IS2	5-10-12	1342	↓	↓	↓	X						-40				

Sampler(s) Please Print & Sign: _____ Shipment Method: _____ Required Turnaround Time: (Check Box) Std 10 WK Days 5 WK Days Other 2 WK Days 24 Hour Results Due Date: _____

Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Notes: 10 Day TAT, LOD Level IV reporting

Relinquished by: _____ Date: _____ Time: _____ Received by (Laboratory): _____ Cooler ID: _____ Cooler Temp: _____ QC Package: (Check One Box Below)

Logged by (Laboratory): _____ Date: _____ Time: _____ Checked by (Laboratory): _____ Level II Std QC TRRP CheckList Level III Std QC/Raw Data TRRP Level IV Level IV SW846/CLP Other / EDD

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035



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COC ID: 59683

Houston, TX
+1 281 530 5656

Middletown, PA
+1 717 944 5541

Spring City, PA
+1 610 948 4903

Salt Lake City, UT
+1 801 266 7700

South Charleston, WV
+1 304 356 3168

York, PA
+1 717 505 5280

1205376

ALS Project Manager:	ALS Work Order #:
----------------------	-------------------

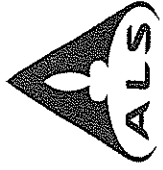
Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	Goodfellow Federal Center	A	ASBESTOS											
Work Order		Project Number		B												
Company Name	Tetra Tech Inc	Bill To Company	Tetra Tech Inc	C												
Send Report To	Kath Brown	Invoice Attn	Kath Brown	D												
Address	415 Oak Street	Address	415 Oak Street	E												
				F												
City/State/Zip	Kansas City, Mo 64108	City/State/Zip	Kansas City, Mo 64108	G												
Phone	(816) 412-1741	Phone	(816) 412-1741	H												
Fax		Fax		I												
e-Mail Address		e-Mail Address		J												

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	103F- IS1	5/10/12	1506	SOIL	NA	1	X						-41				
2	103F- IS2	5/10/12	1509	SOIL	NA	1	X						-42				
3	105 - ISS	5/9/12	1555	SOIL	NA	1	X						-43				
4	105 - IS6		1608	SOIL	NA	1	X						-44				
5	105F- IS1		1145	SOIL	NA	1	X						-45				
6	105F- IS2		1155	SOIL	NA	1	X						-46				
7	103 - ISS	5/10/12	1356	SOIL	NA	1	X						-47				
8																	
9																	
10																	

Sampler(s) Please Print & Sign		Shipment Method		Required Turnaround Time: (Check Box)				Results Due Date:			
				<input checked="" type="checkbox"/> Std 10 WK Days <input type="checkbox"/> 5 WK Days <input type="checkbox"/> Other _____							
Relinquished by:	Date:	Time:	Received by:	Notes:							
Relinquished by:	Date:	Time:	Received by (Laboratory):	Cooler ID	Cooler Temp.	QC Package: (Check One Box Below)					
Logged by (Laboratory):	Date:	Time:	Checked by (Laboratory):								
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035											

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1205405

TETRATECH-KS CITY, MO: Tetra Tech, Inc.
 Project: Goodfellow Federal Center

Page 1 of 4

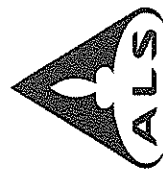


ALS Project Manager:

Customer Information				Project Information													
Purchase Order	Project Name	Project Number	Project Information	A	B	C	D	E	F	G	H	I	J	Hold			
Work Order	Tetra Tech Inc.	Goodfellow															
Company Name	Tetra Tech Inc.	Goodfellow															
Send Report To	Keith Brown	Goodfellow															
Address	415 Oak Street	Goodfellow															
City/State/Zip	Kansas City, MO 64106	Goodfellow															
Phone	816-412-1741	Goodfellow															
Fax	816-410-1748	Goodfellow															
e-Mail Address		Goodfellow															
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	DPTS-30	5-4-12	0921	Soil	6	5	X	X	X	X	X	X	X				
2	DPTS-31	5-4-12	0947	Soil	6	5	X	X	X	X	X	X	X				
3	DPTS-32	5-4-12	1027	Soil	6	5	X	X	X	X	X	X	X				
4	DPTS-35 (MS/MSD)	5-4-12	1317	Soil	6	5/5	X	X	X	X	X	X	X				
5	DPTS-37	5-4-12	1448	Soil	6	5	X	X	X	X	X	X	X				
6	DPTS-38	5-7-12	0855	Soil	6	5	X	X	X	X	X	X	X				
7	DPTS-39	5-7-12	0921	Soil	6	5	X	X	X	X	X	X	X				
8	DPTS-40	5-7-12	1012	Soil	6	5	X	X	X	X	X	X	X				
9	DPTS-41	5-7-12	1036	Soil	6	5	X	X	X	X	X	X	X				
10	DPTS-42	5-7-12	1216	Soil	6	5	X	X	X	X	X	X	X				
Shipment Method				Required Turnaround Time: (Check Box)				Results Due Date:									
				<input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour				<input type="checkbox"/> Other _____									
Date: 5-7-12 Time: 09:05 Date: 5/9/12 Time: 09:05 Date: _____ Time: _____				Received by: Fed-Ex Checked by (Laboratory): ALS				Notes:				QC Package: (Check One Box Below) <input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other _____					
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035																	

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Customer Information				Project Information				ALS Project Manager: [Blank]												ALS Work Order #: 1255405											
Project Information				Parameter/Method Request for Analysis																											
Purchase Order	Project Name	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold						
	Tetra Tech, Inc.				415 Oak St.	Stearns City, MO 63106				5-7-12	1216	Soil	6	5	X	X	X		X												
	Keth Brach									5-7-12	1241	Soil	6	5	X	X			X												
										5-6-12	1005	Concrete	None	1					X												
										5-6-12	1032	Concrete	None	1					X												
										5-6-12	1109	Concrete	None	1					X												
										5-6-12	1129	Concrete	None	1					X												
										5-6-12	1206	Concrete	None	1					X												
										5-6-12	1252	Concrete	None	1					X												
										5-6-12	1530	Concrete	None	1					X												
										5-7-12	1320	Concrete	None	1					X												

(b) (6)

Shipment Method: [Blank]
 Required Turnaround Time: (Check Box)
 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour
 Other

Results Due Date: [Blank]

Notes:

Received by: [Signature]
 Received: [Signature]
 Checked by (Laboratory): [Signature]

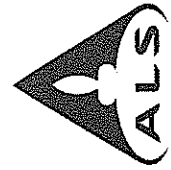
Time: 2:00
 Time: 09:05
 Time: [Blank]

QC Package: (Check One Box Below)
 Level II Std QC TRRP Checklist
 Level III Std QC/Raw Date TRRP Level IV
 Level IV SW846/CLP Other

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

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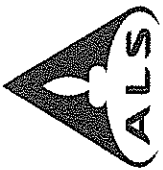
ALS Laboratory Group
 3352 128th Ave.
 Holland, MI 49424-9263
 Tel: +1 616 399 6070
 Fax: +1 616 399 6185

Page 3 of 7

Customer Information				Project Information				ALS Project Manager:				ALS Work Order #:					
Purchase Order	Project Name	GOODFELLOW FEDERAL CENTER	Parameter/Method Request for Analysis	A	B	C	D	E	F	G	H	I	J	Hold			
Work Order	Project Number																
Company Name	Bill To Company	TETRA TECH INC.	Invoice Attn														
Send Report To	Address	KEITH BROWN	Address														
	City/State/Zip	415 OAK STREET	City/State/Zip														
	Phone	KANSAS CITY, MO 64106	Phone														
	Fax	816-412-1741	Fax														
	e-Mail Address	816-410-1748	e-Mail Address														
		KEITH.BROWN@TETRA TECH.COM															
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	103D-ISI	5-4-2012	1705	SOIL	NA	1	X										
2	103D-ISI-FD	5-4-2012	1705	SOIL	NA	1	X										
3	103D-ISI	5-4-2012	1715	SOIL	NA	1	X										
4	103E-ISI	5-4-2012	1615	SOIL	NA	1	X										
5	103E-IS2	5-4-2012	1620	SOIL	NA	1	X										
6	103D-C1	5-4-2012	0945	CONCRETE	NA	1		X									
7	103D-C2	5-4-2012	1000	CONCRETE	NA	1		X									
8	103E-C1	5-4-2012	1455	CONCRETE	NA	1		X									
9	103E-C1-FD	5-4-2012	1455	CONCRETE	NA	1		X									
10	(b) (6)	5-4-2012	1505	CONCRETE	NA	1		X									
Sample	Shipment Method	Required Turnaround Time: (Check Box)		Results Due Date:													
		<input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour															
Relinquish	Received by:	Time: 7:12		Notes:													
Relinquish	Received by:	Time: 08:05		Cooler ID													
Relinquish	Checked by (Laboratory):	Time: 08:05		Cooler Temp													
Logged by (Laboratory):	Date:	Time:		QC Package: (Check One Box Below)													
				<input type="checkbox"/> Level II Std OC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std OC/Raw Date <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SWB46/CLP <input type="checkbox"/> Other													
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035																	

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ALS Project Manager: <u>ADSDS</u>		ALS Work Order #: <u>ADSDS</u>	
Project Information		Parameter/Method Request for Analysis	
Project Name	<u>GOODELLOW FEDERAL CENTER</u>	A	<u>PCB CONGENERS (CONCRETE)</u>
Project Number		B	<u>METALS</u>
Bill To Company		C	<u>TRIP BLANK</u>
Invoice Attn		D	
Address		E	
City/State/Zip		F	
Phone		G	
Fax		H	
e-Mail Address		I	
		J	

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	103E-C3	5-7-2012	1547	CONCRETE	NA	1	X										
2	108B-C1	5-5-2012	1504	CONCRETE	NA	1	X										
3	108B-C2	5-5-2012	1516	CONCRETE	NA	1	X										
4	108B-C3	5-5-2012	1532	CONCRETE	NA	1	X										
5	DPTS-33	5-4-2012	1237	SOIL	NA	1		X									
6	DPTS-34	5-4-2012	1256	SOIL	NA	1		X									
7	042412-49 / 042412-13	5-7-2012	1830	WATER	HCl	24			X								
8	110-C2	5-7-12	1325	Gravel	None	1											
9	110-C3	5-7-12	1343	Gravel	None	1											
10	110-C4	5-7-12	1427	Gravel	None	1											

Sampler(s) P		Shipment Method		Required Turnaround Time: (Check Box)	<input type="checkbox"/> Other	Results Due Date:
Relinquished by				<input type="checkbox"/> STD 10 Wk Days	<input type="checkbox"/> 5 Wk Days	<input type="checkbox"/> 24 Hour
Relinquished by	<u>[Redacted]</u>	Received by	<u>FedEx</u>	<input type="checkbox"/> 2 Wk Days		
Logged by (Laboratory):	<u>[Redacted]</u>	Time:	<u>2:00</u>			
		Time:	<u>09:05</u>			
		Time:				
Preservative Key:	1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035	Rechecked (Laboratory):	<u>[Redacted]</u>	Checked by (Laboratory):	<u>[Redacted]</u>	
		Cooler ID		Cooler Temp		

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ALS Laboratory Group-Cincinnati

4388 Glendale-Milford Road

TEL: (513) 733-5336

FAX: (513) 733-5347

Cincinnati, OH 45242

Acct #:

CHAIN-OF-CUSTODY RECORD

Page 1 of 1

Date: 15-May-12

COC ID: 11897

Due Date 23-May-12

1205416

Salesperson

Bruce C. Schlatter

Customer Information		Project Information		Parameter/Method Request for Analysis											
Purchase Order		Project Name	1205487	A	Asbestos										
Work Order		Project Number		B											
Company Name	ALS Group USA, Corp.	Bill To Company	ALS Group USA, Corp.	C											
Send Report To	Ed B. Fry	Inv Attn	Accounts Payable	D											
Address	10450 Stancliff Rd, Suite 210	Address	10450 Stancliff Rd, Suite 210	E											
				F											
City/State/Zip	Houston, Texas 77099-4338	City/State/Zip	Houston, Texas 77099-4338	G											
Phone	(281) 530-5656	Phone	(281) 530-5656	H											
Fax	(281) 530-5887	Fax	(281) 530-5887	I											
eMail Address	ed.fry@alsglobal.com	eMail CC	mary.knowles@alsglobal.com	J											
Sample ID	Matrix	Collection Date 24hr	Bottle	A	B	C	D	E	F	G	H	I	J		
-01 1205487-32B (103-IS3)	Soil	10/May/2012 13:49	(1) 4OZGNEAT	X											
-02 1205487-33B (103-IS4)	Soil	10/May/2012 13:53	(1) 4OZGNEAT	X											

Comments:

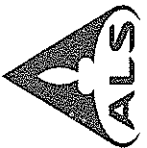
Please analyze for Asbestos. Report is due on 5/23/12. Send report to Ed Fry, ed.fry@alsglobal.com and CC: results to Mary Knowles, mary.knowles@alsglobal.com and Y-Van Ty, yvan.ty@alsglobal.com

(b) (6)

5.16.12 10:25

Relinquished by:	Date/Time	Received by:	Date/Time	Cooler IDs	Report/QC Level
				11.2°C	Std
Relinquished by:	Date/Time	Received by:	Date/Time		

False



Chain of Custody Form

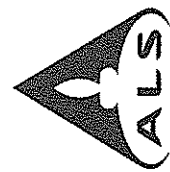
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 Fort Collins, CO +1 970 490 1511
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Page 2 of 8
 COC ID: 59681

Environmental

Customer Information				Project Information				ALS Work Order #:											
Purchase Order	Project Name	Goodfellow Federal Center	ALS Project Manager:	Parameter/Method Request for Analysis															
Work Order	Project Number			VOC (8260) TCL															
Company Name	Bill To Company	Tetra Tech, Inc.		VOC (5035/8260) TCL															
Send Report To	Invoice Attn	Kelth Brown		SVOC (8270) TCL															
Address	Address	415 Oak Street		GRO (8260-GRO)															
City/State/Zip	City/State/Zip	Kansas City, Mo 64106		DKO (8270-DRO)															
Phone	Phone	(816) 412-1741		ORO (8270-DRO)															
Fax	Fax			Total Metals (6020/7000) Hg only <i>PBS & Cognates</i> Total Metals (6020/7000) Pb only <i>Perchlorates</i>															
e-Mail Address	e-Mail Address			Total Metals (6020/7000) RCRA 6															
				Herbicides (8151)															
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	DPTGW-29	5-8-12	1627	Water	I	4	X	X	X	X	X	X	X						
2	DPTS-44	5-9-12	0901	Soil	S	5	X	X	X	X	X	X	X						
3	DPTS-45	5-9-12	1609	Soil	S	5	X	X	X	X	X	X	X						
4	DPTS-46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100	5-9-12	1817	Soil	S	5	X	X	X	X	X	X	X						
5	Resate Blank	5-9-12	1100	Water	I	8	X	X	X	X	X	X	X						
6	DY2612-36	NA																	
7																			
8																			
9																			
10																			

ALS Project Manager: [Redacted]
 Required Turnaround Time: (Check Box)
 5 Wk Days 2 Wk Days 24 Hour
 Notes: 10 Day TAT, DOD Level IV reporting
 Received by: [Redacted] 5/11/12 09:00
 Shipment Method: 6-NaHSO₄ 7-Other 8-4°C 9-5035
 Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035
 QC Package: (Check One Box Below)
 Level II Std QC TRRP Checklist
 Level III Std QC/Raw Data TRRP Level IV
 Level IV SMD/CLP
 Other / ESD



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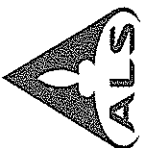
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Page 5 of 8

Customer Information			Project Information			ALS Project Manager:			ALS Work Order #:								
Purchase Order	Project Name	Project Information	Parameter/Method Request for Analysis	A	B	C	D	E	F	G	H	I	J	Hold			
Work Order	Project Number	GOODFELLOW FEDERAL CENTER	LEAD														
Company Name	Bill To Company																
Send Report To	Invoice Attn																
Address	Address																
City/State/Zip	City/State/Zip																
Phone	Phone																
Fax	Fax																
e-Mail Address	e-Mail Address																
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	104- IS1	5-10-12	1046	SOIL	NA	1	X										
2	104- IS2		1054				X										
3	104- IS3		1058				X										
4	104- IS4		1104				X										
5	104- IS65		1110				X										
6	104- IS6		1113				X										
7	107- IS1	5-10-12	1742				X										
8	105F- IS1	5-9-12	1145				X										
9	105F- IS2		1155				X										
10	104E- IS1		0905				X										
Sampler(s)	Shipment Method	Required Turnaround Time: (Check Box)	Results Due Date:														
Relinquish	Time: <u>12:00</u>	<input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour															
Relinquished by: <u>[Redacted]</u>	Date: <u>5/11/12</u>	Received by: <u>Fid-Ex</u>	Notes:														
Logged by (Laboratory):	Date:	Checked by (Laboratory):															
Preservative Key: 1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035																	

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Page 7 of
COC ID: **59682**

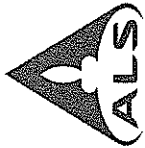
Environmental

Customer Information				Project Information				ALS Work Order #: <u>1205587</u>											
Project Name				Goodfellow Federal Center				Parameter/Method Request for Analysis											
Project Number				Tetra Tech, Inc.				LEAD											
Bill To Company				Tetra Tech, Inc.				MERCURY											
Invoice Attn				Keith Brown				SVOCs											
Address				415 Oak Street				Organophos Pesticides (0141)											
City/State/Zip				Kansas City, Mo 64106				Moisture											
Phone				(816) 412-1741															
Fax																			
e-Mail Address																			
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	103F-IS1	5-10-12	1506	SOIL	NA	2	X	X											
2	103F-IS2	5-10-12	1509			↓	X	X											
3	104E-IS2	5-9-12	0915			3	X	X	X										
4	103-IS1	5-10-12	1335			↓	X	X	X										
5	103-IS2		1342			↓	X	X	X										
6	103-IS3		1349			↓	X	X	X										
7	103-IS4		1353			↓	X	X	X										
8	103-IS5		1356			↓	X	X	X										
9	105-IS1	5-6-12	1142			1	X												
10	105-IS09	5-6-12	1239			1	X												

Sample	Shipment Method	Required Turnaround Time: (Check Box)	Results Due Date:
		<input type="checkbox"/> 5-10 Wks Days <input type="checkbox"/> 2 Wks Days <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other	
Relinquished by:	Received by:	Notes:	QC Package: (Check One Box Below)
Date: <u>2/20/06</u>	Date: <u>5/11/12</u>	10 Day TAT, DOD Level IV reporting	<input type="checkbox"/> Level II Std QC <input type="checkbox"/> Level III Std QC/Rev Data <input type="checkbox"/> Level IV SVOCs/CLP <input type="checkbox"/> Other / EDO
Relinquished by:	Checked by (Laboratory):	Cooler ID:	Cooler Temp:
Date:	Date:		
Preservative Key: 1-HCl 2-HNO3 3-H2SO4 4-NaOH 5-Na2S2O3 6-NaHSO4 7-Other 8-4°C 9-5035			

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York, PA
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Page 6 of 8
COC ID: 59680

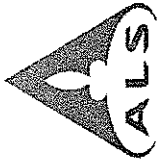
Customer Information

Purchase Order	Project Name	Goodfellow Federal Center	ALS Work Order #:	105487
Work Order	Project Number		Parameter/Method Request for Analysis	LEAD
Company Name	Bill To Company	Tetra Tech, Inc.		
Send Report To	Invoice Attn	Keith Brown		
Address	Address	415 Oak Street		
City/State/Zip	City/State/Zip	Kansas City, Mo 64108		
Phone	Phone	(816) 412-1741		
Fax	Fax			
e-Mail Address	e-Mail Address			

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	105-IES3	5-6-12	12:46	SOIL	NA	1	X										
2	105-IES4	5-6-12	13:13			1	X										
3	105-IES5	5-9-12	15:55			1	X										
4	105-IES6	5-9-12	16:08			1	X										
5																	
6																	
7																	
8																	
9																	
10																	

Shipment Method	Required Turnaround Time: (Check Box)	Results Due Date:
	<input type="checkbox"/> 1-10 Wks Days <input type="checkbox"/> 5 Wks Days <input type="checkbox"/> 2 Wks Days <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other	
Received by:	Time:	Notes:
Checked by (Laboratory):	Time:	10 Day TAT, DOD Level IV reporting
Preservative Key:	1-HCl 2-HNO ₃ 3-H ₂ SO ₄ 4-NaOH 5-Na ₂ S ₂ O ₃ 6-NaHSO ₄ 7-Other 8-4°C 9-5035	QC Package: (Check One Box Below)
		<input type="checkbox"/> Level II Std QC <input type="checkbox"/> Level III Std QC/Raw Data <input type="checkbox"/> Level IV SW846/CPL <input type="checkbox"/> Other / EDD

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Page 1 of 1

Customer Information				Project Information				ALS Work Order #											
Project Name				Parameter/Method Request for Analysis															
Project Number				Good fellow Federal Center				TPH-GRO (SW8260 Modified)											
Bill To Company				Tetra Tech Inc.				TCL Volatiles (SW8260)											
Invoice Attn				Keith Brown				Low-level SVOCs (SW8270)											
Address				415 Oak Street				TPH-DRO/GRO (SW8270)											
City/State/Zip				Kansas City MO 64106				PCBs											
Phone				(816)412-1741															
Fax																			
e-Mail Address																			
No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	DPTGW-9	05/8/12	1430	water	1	4	X	X	X	X	X	X							
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

ALS Project Manager: _____ ALS Work Order #: _____
 Required Turnaround Time: (Check Box) Other _____ STD 10 Wk Days 5 Wk Days 2 Wk Days 24 Hour
 Shipment Method: Fed EX
 Received by (Laboratory): _____
 Received by (Laboratory): _____
 Checked by (Laboratory): _____
 Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035
 QC Package: (Check One Box Below) Level II Std OC TRRP Checklist Level III Std OC/Raw Date TRRP Level IV Level IV SW846/CLP Other _____
 Notes: _____
 Cooler ID: _____ Cooler Temp: _____
 Logged by (Laboratory): _____ Date: _____
 Date: _____ Time: _____
 Date: _____ Time: _____
 Date: _____ Time: _____

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ANALYTICAL REQUEST FC

T1200731

5

Tetra Tech, Incorporated
GOODFELLOW FEDERAL CENTER

REGULAR Status



RUSH Status Required - ADDITIONAL CHARGE

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-7-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name TETRA TECH INC.

Address 415 OAK STREET

KANSAS CITY MO 64106
City State Zip

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site GOODFELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection _____

Fax Telephone (816) 410-1748

1205218

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
17	105-ID10	DUST	NA	LEAD
18	105-ID11	DUST	NA	LEAD
19	110-ID1	DUST	NA	LEAD
20	110-ID2	DUST	NA	LEAD
21	110-ID3	DUST	NA	LEAD
22	110-ID4	DUST	NA	LEAD
23	110-ID5	DUST	NA	LEAD
24	110-ID6	DUST	NA	LEAD
25	110-ID7	DUST	NA	LEAD
26	110-ID8	DUST	NA	LEAD
-001	27 103-ID1	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
.002	28 103-ID2	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
.003	29 103-ID3	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
.004	30 103-ID4	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
.005	31 103-ID5	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
.006	32 103-ID6	DUST	NA	LEAD, MERCURY (2 CONTAINERS)

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY.

CHAIN OF CUSTODY

Relinquished by: (b) (6)	Date / Time 5-7-12/2200	Received by: Fed Ex	Date / Time
Relinquished by: (b) (6)	Date / Time	Received by: (b) (6)	Date / Time 5/8/12 10:46

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ANALYTICAL REQUEST FORM

T1200731

5

Tetra Tech, Incorporated
GOODFELLOW FEDERAL CENTER

REGULAR Status

RUSH Status Required - ADDITIONAL CHARGE

RESULTS REQUIRED BY _____ DATE _____

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 5-7-12 Purchase Order No. _____

Billing Address (if different) _____

Company Name TETRA TECH INC.

Address 415 OAK STREET

KANSAS CITY MO 64106
City State Zip

Person to Contact KEITH BROWN

Quote No. _____

Email Address KEITH.BROWN@TETRATECH.COM

Sampling Site GOODFELLOW FEDERAL CENTER

Telephone (816) 412-1741

Date/Time of Collection _____

Fax Telephone (816) 410-1748

1205218

-007
-008

Laboratory Use Only	Client Sample Number	Media Type	Sample Volume (Liters)	ANALYSES REQUESTED - Use Method Number if Known
33	103-ID7	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
34	103-ID8	DUST	NA	LEAD, MERCURY (2 CONTAINERS)
35	103D-IS1	SOIL	NA	ASBESTOS -009 Blank (made in TX)
36	103D-IS1-FD	SOIL	NA	ASBESTOS
37	103D-IS2	SOIL	NA	ASBESTOS
38	103E-IS1	SOIL	NA	ASBESTOS
39	103E-IS2	SOIL	NA	ASBESTOS
40	DPTS-32	SOIL	NA	ASBESTOS
41	DPTS-33	SOIL	NA	ASBESTOS
42	DPTS-34	SOIL	NA	ASBESTOS
43	DPTS-35	SOIL	NA	ASBESTOS
44	DPTS-36	SOIL	NA	ASBESTOS
45	DPTS-36-FD	SOIL	NA	ASBESTOS
46	DPTS-37	SOIL	NA	ASBESTOS
47	DPTS-38	SOIL	NA	ASBESTOS
48	DPTS-40	SOIL	NA	ASBESTOS

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CHAIN OF CUSTODY

Relinquished by (Signature) <u>(b) (6)</u>	Date / Time <u>5-7-12/2000</u>	Received by (Signature) <u>Fed Ex</u>	Date / Time
Relinquished by (Signature) _____	Date / Time	Received by (Signature) <u>(b) (6)</u>	Date / Time <u>5/8/12 10:46</u>

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Customer Information		Project Information		ALS Project Manager: Parameter/Method Request for Analysis																			
Purchase Order	Project Name	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	A	B	C	D	E	F	G	H	I	J	Hold			
Work Order	Tetra Tech Inc.	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																
Company Name	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
Send Report To	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
Address	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
City/State/Zip	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
Phone	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
Fax	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
e-Mail Address	FEITH BROWN	415 OAK STREET	KANSAS CITY, MO 64106	816-412-1741	816-410-1748	KEITH.BROWN@TETRA TECH.COM																	
Sample Description	Time	Date	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold							
104-ID9	1345	5-9-12	DUST	NA	1	X											-21						
104-ID10	1352	5-9-12	DUST	NA	1	X												-22					
104-ID11	1400	5-9-12	DUST	NA	1	X												-23					
104-ID12	0810	5-10-12	DUST	NA	1	X												-24					
103-ID9	1058	5-8-12	DUST	NA	2	X												-25					
103-ID10	1113	5-8-12	DUST	NA	2	X												-26					
103F-ID1	1300	5-10-12	DUST	NA	2	X												-27					
103F-ID2	1510	5-10-12	DUST	NA	2	X												-28					
MEDIA BLANK #3	1800	5-10-12	DUST	NA	1	X												-29					
MEDIA BLANK #6	1835	5-10-12	DUST	NA	1	X												-30					

Utsalupa

ALS Project Manager: Parameter/Method Request for Analysis

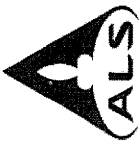
QC Package: (Check One Box Below)
 Level II Std QC
 Level III Std QC/Raw Date
 Level IV Std QC/CLP
 Other

Required Turnaround Time: (Check Box)
 STD 10 Wk Days
 5 Wk Days
 2 Wk Days
 24 Hour
 Other

Results Due Date:

Reservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

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COC ID: 59678

1205376

Environmental

ALS Project Manager: [Redacted]

ALS Work Order #: [Redacted]

Customer Information				Project Information				Parameter/Method Request for Analysis											
Purchase Order	Project Name	Goodfellow Federal Center	A	ASBESTOS															
Work Order	Project Number		B	PCBs and Congeners (8082)															
Company Name	Bill To Company	Tetra Tech, Inc.	C	PCBs and Congeners (Concrete) (8082)															
Send Report To	Invoice Attn	Keith Brown	D	Organophos Pesticides (8141)															
Address	Address	415 Oak Street	E	Moisture															
City/State/Zip	City/State/Zip	Kansas City, Mo 64106	F																
Phone	Phone	(816) 412-1741	G																
Fax	Fax		H																
e-Mail Address	e-Mail Address		I																
			J																
Lo.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold		
1	104-IS1	5-10-12	1046	SOIL	NA	1	X						-31						
2	104-IS2		1054				X						-32						
3	104-IS3		1058				X						-33						
4	104-IS4		1104				X						-34						
5	104-IS5		1110				X						-35						
6	104-IS6		1113				X						-36						
7	104E-IS1	5-9-12	0905				X						-37						
8	104E-IS2	5-9-12	0915				X						-38						
9	103-IS1	5-10-12	1335				X						-39						
10	103-IS2	5-10-12	1342				X						-40						

65

shuliz

Sampler(s) Please Print & Sign: [Redacted]

Shipment Method: [Redacted]

Required Turnaround Time: (Check Box)
 Std 10 Wk Days
 2 Wk Days
 24 Hour

Notes: 10 Day TAT, OGD Level IV reporting

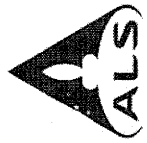
QC Package: (Check One Box Below)
 Level III Std OC
 Level III Std OC/Raw Date
 Level IV SW/646/CLP
 Other / EDD

Received by: [Redacted] Time: 5/22/12 1500
 Received by (Laboratory): [Redacted] Time: [Redacted]
 Checked by (Laboratory): [Redacted] Time: [Redacted]

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

ote: 1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.
 2. Unless otherwise agreed in a formal contract, services provided by ALS Environmental are expressly limited to the terms and conditions stated on the reverse.
 3. The Chain of Custody is a legal document. All information must be completed accurately.

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Environmental

Customer Information

Project Information

ALS Project Manager:

ALS Work Order #:

Parameter/Method Request for Analysis

Cincinnati, OH +1 513 733 5336
Everett, WA +1 425 356 2600

Fort Collins, CO +1 970 490 1511
Holland, MI +1 616 399 6070

Chain of Custody Form

Page 5 of 5

COC ID: 59683

1205376

Houston, TX +1 281 530 5656
Middletown, PA +1 717 944 5541

Spring City, PA +1 610 948 4903
Salt Lake City, UT +1 801 266 7700

South Charleston, WV +1 304 356 3168
York, PA +1 717 505 5280

Purchase Order	Project Name	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address
Work Order	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
Company Name	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
Send Report To	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
Address	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
City/State/Zip	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
Phone	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
Fax	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	
e-Mail Address	Project Number	Bill To Company	Invoice Attn	Address	City/State/Zip	Phone	Fax	e-Mail Address	

Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
103F-ISS1	5/10/12	1506	SOIL	NA	1	X						-41				
103F-ISS2	5/10/12	1509	SOIL	NA	1	X						-42				
105-ISS	5/9/12	1559	SOIL	NA	1	X						-43				
105-ISS6	1608		SOIL	NA	1	X						-44				
105F-ISS1	1145		SOIL	NA	1	X						-45				
105F-ISS2	1155		SOIL	NA	1	X						-46				
103-ISS	5/10/12	1356	SOIL	NA	1	X						-47				

Sampler(s) Please Print & Sign

Shipment Method

Required Turnaround Time: (Check Box)

5 WK Days
 10 WK Days
 15 WK Days
 Other: _____

Notes:

Received by: Fed ex

Received by (Laboratory):

Checked by (Laboratory):

Time: 5/22/12 Time: 1500

Date: _____ Date: _____

Time: _____ Time: _____

Date: _____ Date: _____

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NaOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

QC Package: (Check One Box Below)

None
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

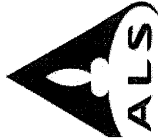
Results Due Date:

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1. Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.

2. Unless otherwise agreed in a formal contract, services provided by ALS Environmental are expressly limited to the terms and conditions stated on the reverse.

3. The Chain of Custody is a legal document. All information must be completed accurately.



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 10450 Stanhoff Rd., Suite 210
 Houston, Texas 77099
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Chain of Custody Form

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 3352 128th Ave.
 Holland, MI 49424-9263
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 Fax +1 616 399 6185

CINCINNATI, OH

1205376

Page 1 of 5

Customer Information		Project Information		ALS Project Manager:		ALS Work Order #:										
Purchase Order	Project Name	Project Number	Matrix	Pres.	# Bottles	A	B									
Work Order	GOODFELLOW FEDERAL CENTER	LEAD														
Company Name	TETRA TECH INC.	Bill To Company														
Send Report To	KEITH BROWN	Invoice Attn														
Address	415 OAK STREET	Address														
City/State/Zip	KANSAS CITY, MO 64106	City/State/Zip														
Phone	816-412-1741	Phone														
Fax	816-410-1748	Fax														
E-Mail Address	KEITH.BROWN@TETRATECH.COM	E-Mail Address														
Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
115-IDI	5-8-12	1005	DUST	NA	1	X										
115-ID2	5-8-12	1017	DUST	NA	1	X						-01				
115-ID3	5-8-12	1030	DUST	NA	1	X						-02				
104E-IDI	5-8-12	1410	DUST	NA	1	X						-03				
104E-ID2	5-8-12	1425	DUST	NA	1	X						-04				
104E-ID3	5-8-12	1635	DUST	NA	1	X						-05				
104E-ID4	5-8-12	1645	DUST	NA	1	X						-06				
105F-IDI	5-9-12	1045	DUST	NA	1	X						-07				
105F-ID2	5-9-12	1100	DUST	NA	1	X						-08				
105F-ID3	5-9-12	1110	DUST	NA	1	X						-09				
												-10				

Required Turnaround Time: (Check Box)
 STD 10 Wk Days
 5 Wk Days
 2 Wk Days
 24 Hour

Results Due Date:

Shipment Method

Received by:

Date:

Time:

Date:

Time:

Date:

Time:

QC Package: (Check One Box Below)

QC Package: (Check One Box Below)

Level II Std QC

Level II Std QC

Level III Std OC/Raw Date

Level III Std OC/Raw Date

Level IV SWB46/CLP

Level IV SWB46/CLP

Other

Other

TRRP Checklist

TRRP Checklist

TRRP Level IV

TRRP Level IV

18.1 °C

18.1 °C

9-5035

9-5035

8-4°C

8-4°C

7-Other

7-Other

6-NaHSO₄

6-NaHSO₄

5-Na₂S₂O₃

5-Na₂S₂O₃

4-NaOH

4-NaOH

3-H₂SO₄

3-H₂SO₄

2-HNO₃

2-HNO₃

1-HCl

1-HCl

5/22/12 to Fed ex

5/22/12 to Fed ex

5/15/12

5/15/12

10:41

10:41

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Chain of Custody Form

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CINCINNATI, OH

Page 2 of 5

12053716

Customer Information		Project Information		ALS Work Order #:															
Purchase Order	Project Name	Parameter/Method Request for Analysis																	
Work Order	Project Number	LEAD																	
Company Name	Bill To Company																		
Send Report To	Invoice Attn																		
Address	Address																		
City/State/Zip	City/State/Zip																		
Phone	Phone																		
Fax	Fax																		
E-Mail Address	E-Mail Address																		
105F-ID4	5-9-12	1120	DUST	NA	1	X	A	X	B	C	D	E	F	G	-11	H	I	J	Hold
105F-ID5	5-9-12	1137	DUST	NA	1	X	A	X	B	C	D	E	F	G	-12	H	I	J	Hold
104-ID1	5-8-12	1438	DUST	NA	1	X	A	X	B	C	D	E	F	G	-13	H	I	J	Hold
104-ID2	5-8-12	1449	DUST	NA	1	X	A	X	B	C	D	E	F	G	-14	H	I	J	Hold
104-ID3	5-8-12	1451	DUST	NA	1	X	A	X	B	C	D	E	F	G	-15	H	I	J	Hold
104-ID4	5-8-12	1459	DUST	NA	1	X	A	X	B	C	D	E	F	G	-16	H	I	J	Hold
104-ID5	5-8-12	1505	DUST	NA	1	X	A	X	B	C	D	E	F	G	-17	H	I	J	Hold
104-ID6	5-8-12	1513	DUST	NA	1	X	A	X	B	C	D	E	F	G	-18	H	I	J	Hold
104-ID7	5-8-12	1615	DUST	NA	1	X	A	X	B	C	D	E	F	G	-19	H	I	J	Hold
104-ID8	5-8-12	1623	DUST	NA	1	X	A	X	B	C	D	E	F	G	-20	H	I	J	Hold

5/21/12

Sample(s) Please Print & Sign: **(b) (6)**

Required Turnaround Time: (Check Box) Other 5 Wk Days 24 Hr

Notes:

Received by: **Feed EX**

Received by (Laboratory):

Checked by (Laboratory):

Preservative Key: 1-HCl 2-HNO₃ 3-H₂SO₄ 4-NAOH 5-Na₂S₂O₃ 6-NaHSO₄ 7-Other 8-4°C 9-5035

QC Package: (Check One Box Below)
 Level II Std OC TRRP Checklist
 Level III Std OC/Raw Date TRRP Level IV
 Level IV SW846/CLP Other