6701 Aberdeen Avenue, Ste. 9
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Tel (806) 794-1296
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TraceAnalysis, Inc.

155 McCutcheon, Suite H
El Paso, Texas 79932
Tel (915) 585-3443
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1 (888) 588-3443

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

LAB Order ID #

Company Name: Eco-logical Environmental
Phone #: (915) 520 7535
Address: (Street, City, Zip) 2200 Market Street Midland Tx 79703
Fax #: (915) 520-7737
Contact Person: Hank Jones
Invoice to: (If different from above)
Project #: 731-1910
Project Name: Alto State #2 Clean-Up
Project Location: Alto State #2, Chaves Co. New Mexico
Sampler Signature: Hank Jones

ANALYSIS REQUEST
(Circle or Specify Method No.)

LAB # (LAB USE ONLY)	FIELD CODE	# CONTAINERS	Volume/Amount	MATRIX: WATER	SOIL	AIR	SLUDGE	PRESERVATIVE METHOD: HCl	HNO_3	H_2SO_4	NaOH	ICE	NONE	SAMPLING: DATE	TIME	MTBE 8021B/602	BTEX 8021B/602	TPH 418.1/TX1005	PAH 8270C	Total Metals Ag As Ba Cd Cr Pb Se Hg 6010B/200.7	TCLP Metals Ag As Ba Cd Cr Pb Se Hg	TCLP Volatiles	TCLP Semi Volatiles	TCLP Pesticides	RCI	GC/MS Vol. 8260B/624	GC/MS Semi. Vol. 8270C/625	PCB's 8082/608	Pesticides 8081A/608	BOD, TSS, pH	Chlorides				Turn Around Time if different from standard	Hold
	Soil Pile #1	1	4oz		✓							✓		5/24/02	2:10		✓	✓																		
	Soil Pile #2	1	4oz		✓							✓		5/24/02	2:15		✓	✓																		
	Soil Pile #3	1	4oz		✓							✓		5/24/02	2:30		✓	✓																		
	Soil Pile #4	1	4oz		✓							✓		5/24/02	2:45		✓	✓																		
	Bottom Excavated Pit	1	4oz		✓							✓		5/24/02	3:15		✓	✓													✓					
	Location @ Surface	1	4oz		✓							✓		5/24/02	2:55		✓	✓																		
	Location @ 1' depth	1	4oz		✓							✓		5/24/02	3:00		✓	✓																		
	North Wall - Pit	1	4oz		✓							✓		5/24/02	3:20		✓	✓																		
	West Wall - Pit	1	4oz		✓							✓		5/24/02	3:30		✓	✓																		
	South Wall - Pit	1	4oz		✓							✓		5/24/02	3:45		✓	✓																		
	East Wall - Pit	1	4oz		✓							✓		5/24/02	3:55		✓	✓																		

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Hank Jones	6-4-02	1600	Helen Shelton	6/04/02	1600
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received at Laboratory by:	Date:	Time:

LAB USE ONLY
Intact Y / N
Headspace Y / N
Temp °
Log-in Review

REMARKS:
MAKE NOTE OF SAMPLING DATE. HK

☐ Check If Special Reporting Limits Are Needed

Submittal of samples constitutes agreement to Terms and Conditions listed on reverse side of C.O.C.

Carrier # Hand Delivered