

Volatile Soils Only:

														Date and Time in Freezer																		
												CHAIN OF CUSTODY													Client:							
COMPLETE ENVIRONMENTAL TESTING, INC.										C													CE	ET:	S.	10						
80 Lupes Drive Tel:	Matrix	Time	Turnaround Time** (check one)				S			soics	4							M	etal	s				Ad	ditio	nal A	Analy	sis				
Stratford CT 06615 Fax: (203) 377-9952		A= Air S= Soil W=Water						Organics		_	8270 Semi-Volatile Organics	5						als	200		e										OF CONT.	
e-mail: cetservices@cetlabs.com e-mail: bottleorders@cetlabs.com							_	O	Sics	IIS R26(latile	AH					als	Priority Poll. 13 Metals	letals		Field Filter ☐ Lab Filter ☐										8	
			* yE	*	*	*	*	atile	mat	ane	S	As/F		SS	es	СТ ЕТРН	Met	13	15 N	Total	_ [a										Ö	0000
Sample ID/Sample Depths Collection			Same Day *	Next Day *	Two Day *	Three Day *	Standard ***	8260 Volatile	8260 Aromatics	8260 Halogens 1.4 Dioxane 826	1,4 Dioxane 8260	8270 PNAs/PAH	SS	Pesticides	Herbicides		RCRA 8 Metals	ity Po	CT DEEP 15 Metals Total		-ilter	ے ا	_								TOTAL # (NOTE #
(include Units for any sample depths provided)	Date/Time	Other - (Specify)	San	Ne	ž	Thre	Star	826	826	1.4	8270	827	PCBs	Pest	Hert	CT	5	Prior	CT DE	Diss	ield	SPLP	TCLP								[2]	9
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PRESERVATIVE (CI-HCI, N-HNO ₃ , S-H ₂ SO ₄ ,	Na-NaOH, C=Cool, C)–Other)		_					\top		†			\vdash			Н		\dashv	\top		\vdash	1	П	\top	1			\neg	\Box		
CONTAINER TYPE (P-Plastic, G-Glass, V-Vial, O-Other)								+	1	†									+		t			-				_				
Soil VOCs Only (M=MeOH S=Stir Bar W=Water E=Encore)								1	1	//	+					_					_	_		Н								
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SEPO MUNICIPAL MINING MENTAL M									Project Information																							
Client / Reporting Information							Project: PO #:															-8										
Company Name							Location: Project #:																									
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Address								CE	T Qu	iote #	#									_	Colle	ector	(s):									<u>—</u> ;:
City State Zip								_	VQC					Std	_				Spec	10071		- 00			□R	CP P	kg		DQA	W		
Secretary Secretary Secretary								Da	ta Re	eport	t [] PD	F] E	DD -	- Spe	ecify	Form	at _						_	Othe	er				_
Report To: E-mail								Re	porti	ng Li	imits	s:								D	ispos	sal F	acilit	y:								=8_
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Phone # Tax Status:									mp				0/				Evid	lenc	e of	Y	N	1		PAGE				OF				