

Field Copy

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|----------------------|---|-----------------------|
| Page: _____ of _____ | GEL Chain of Custody and Analytical Request **See www.gel.com for GEL's Sample Acceptance SOP** | GBL Laboratories, LLC |
| Project #: | | 2040 Savage Road |
| GEL Quote #: | | Charleston, SC 29407 |
| COC Number (1): | | Phone: (843) 556-8171 |
| PO Number: | GEL Work Order Number: | Fax: (843) 766-1178 |

| | | | | | | | | | | | | | | |
|--------------------|------------------|--|-----------------|--|--|--|--|--|--|--|--|--|---|--|
| Client Name: | Phone #: | Sample Analysis Requested (5) (Fill in the number of containers for each test) | | | | | | | | | | | | |
| Project/Site Name: | Fax #: | Should this sample be considered | | | | | | | | | | | <-- Preservative Type (6) | |
| Address: | | | | | | | | | | | | | Comments Note: extra sample is required for sample specific QC | |
| Collected by: | Send Results To: | Radiation | TSC A Regulated | | | | | | | | | | | |

| Sample ID <small>* For composites - indicate start and stop date/time</small> | *Date Collected (mm-dd-yy) | *Time Collected (Military) (hhmm) | QC Code (3) | Field Filtered (1) | Sample Matrix (2) | Radiation | TSC A Regulated | ber of | | | | | | | | | | |
|--|-------------------------------|--------------------------------------|-------------|--------------------|-------------------|-----------|-----------------|--------|--|--|--|--|--|--|--|--|--|--|
| ✓ 2.1.1.R.1 | 10-23-15 | 13:20 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.1.R.2 | 10-23-15 | 13:30 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.1.R.3 | 10-23-15 | 14:20 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.1.R.5 | 10-23-15 | 13:25 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.2.R.1 | 10-23-15 | 13:50 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.2.R.2 | 10-23-15 | 14:00 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.3.R.1 | 10-23-15 | 14:15 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.3.R.2 | 10-23-15 | 14:25 | N | | | | | | | | | | | | | | | |
| ✓ 2.1.3.R.5 | 10-23-15 | 14:25 | FD | | | | | | | | | | | | | | | |
| ✓ 2.1.4.R.1 | 10-23-15 | 14:40 | N | | | | | | | | | | | | | | | |

TAT Requested: Normal / Rush: _____ Specify (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

| Sample Collection Time Zone | |
|-----------------------------|-------------|
| Eastern | Pacific |
| Central | Other _____ |
| Mountain | |

| Chain of Custody Signatures | | | | | | Sample Shipping and Delivery Details | | | |
|-----------------------------|------|------|----------------------|------|------|--------------------------------------|--|---------------|--|
| Relinquished By (Signed) | Date | Time | Received by (signed) | Date | Time | GEL PM: | | | |
| 1 | | | 1 | | | Method of Shipment: | | Date Shipped: | |
| 2 | | | 2 | | | Airbill # | | | |
| 3 | | | 3 | | | Airbill # | | | |

1) Chain of Custody Number - Client Determined
 2) QC Codes: N = Nonnal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3) Field Filtered: For liquid matrices, indicates with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
 4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Settlement, SL=Sludge, SS=Solid Waste, O=Oil, F=Fiber, P=Wipe, U=Urine, F=Fecal, N=No
 5) Sample Analysis Requested Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added = leave field blank

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

| For Lab Receiving Use Only | |
|----------------------------|----|
| Custody Seal Intact? | |
| YES | NO |
| Cooler Temp | |
| C | |

Entered COC 10-23

Field Copy

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| Project #: | | GEL Work Order Number: |
| GEL Quote #: | | |
| COC Number (1): | | |
| PO Number: | | |

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| Client Name: | Phone #: | Sample Analysis Requested (5) (Fill in the number of containers for each test) |
| Project/Site Name: | Fax #: | |
| Address: | | |

| Sample ID <i>* For composites - indicate start and stop date/time</i> | *Date Collected (mm-dd-yy) | *Time Collected (Military) (hhmm) | QC Code (3) | Field Filtered (3) | Sample Matrix (6) | Radiocative | TSC A Regulated | ber of | Should this sample be considered | Preservative Type (6) | Comments Note: extra sample is required for sample specific QC |
|--|-------------------------------|---|-------------|--------------------|-------------------|-------------|-----------------|--------|----------------------------------|-----------------------|---|
| | | | | | | | | | | | |
| ✓ 2.1.4.R.2 | 10-23-15 | 14:50 | N | | | | | | | | |
| ✓ 2.1.4.R.6 | 10-23-15 | 15:50 | EB | | | | | | | | |
| ✓ 2.1.4.R.7 | 10-23-15 | 16:00 | EB | | | | | | | | |
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| Chain of Custody Signatures | | | Sample Shipping and Delivery Details | | |
|-----------------------------|------|------|--------------------------------------|------|------|
| Relinquished By (Signed) | Date | Time | Received by (signed) | Date | Time |
| 1 | | | 1 | | |
| 2 | | | 2 | | |
| 3 | | | 3 | | |

| | |
|---------------------|---------------|
| GEL PM: | |
| Method of Shipment: | Date Shipped: |
| Airbill #: | |
| Airbill #: | |

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| For Lab Receiving Use Only | |
| Custody Seal Intact? | YES / NO |
| Cooler Temp | C |

Entered
 20C 10-27