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NAS KEY WEST  
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FINAL REMEDIAL INVESTIGATION REPORT PHASE 1 FOR SITE 1, SITE 3, SITE 4, SITE 5,  
SITE 7, SITE 8, SITE 9 AND SITE 10 APPENDIX F NAS KEY WEST FL  
5/1/1991  
IT CORPORATION

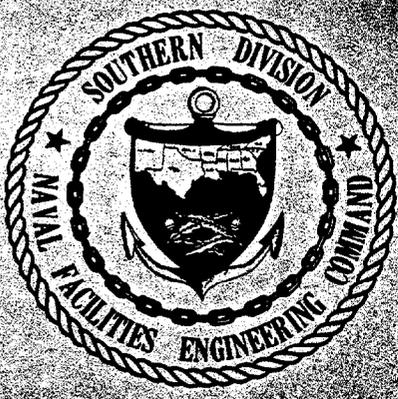
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# FINAL REPORT



## REMEDIAL INVESTIGATION - PHASE I FOR SITES 1, 3, 4, 5, 7, 8, 9, AND 10 APPENDIX F

NAVAL AIR STATION - KEY WEST  
KEY WEST, FLORIDA  
CONTRACT NO. N62467-88-C-0196  
MAY, 1991



Prepared by:  
IT CORPORATION  
8600 HIDDEN RIVER PARKWAY, SUITE 100  
TAMPA, FLORIDA 33637

REMEDIAL INVESTIGATION/PHASE I REPORT  
FOR SITES 1, 3, 4, 5, 7, 8, 9, AND 10  
NAVAL AIR STATION - KEY WEST  
KEY WEST, FLORIDA

APPENDIX F - SAMPLE COLLECTION LOGS

PREPARED FOR

SOUTHERN DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
CHARLESTON, SOUTH CAROLINA  
CONTRACT NUMBER N62467-88-C-0196

PREPARED BY

IT CORPORATION  
8600 HIDDEN RIVER PARKWAY  
SUITE 100  
TAMPA, FLORIDA 33637

IT PROJECT NUMBER 595392  
MAY 1991

SITE 1  
TRUMAN ANNEX REFUSE DISPOSAL AREA













DATE	07	10	90
TIME	11	40	
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-01-02-GW

SAMPLE LOCATION Site 1 well #2

SAMPLE TYPE GROUNDWATER

COMPOSITE YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER \_\_\_\_\_

CONTAINERS USED	AMOUNT COLLECTED
2 x Glass (40 ml)	80 ml
3 x Amber (1 L)	3000 ml
2 x Plastic (1 L)	2000 ml

COMMENTS:			
DTB	19.13		
DTW	8.51		
	10.62		
	2		
	21.24	liters	
	(22)		
Rusty Suspended particles 1st liter (1 liter)			
Black color 2nd liter. no odor salty			
	Temp	Cond	PH
12	29.5°C	41,000	6.90
15	29	40,500	6.91
20	29	40,500	7.13
22	29	42,000	7.01

PREPARED BY: C. Hamilton



DATE	0	7	10	90
TIME	10	30		7/16
PAGE	___ OF ___			
PAGE				
PROJECT NO. 595398				

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. SP# 01-03-6W  
 SAMPLE LOCATION Site 1 Well 3  
 SAMPLE TYPE GW  
 COMPOSITE     YES X NO  
 COMPOSITE TYPE N/A  
 DEPTH OF SAMPLE TBW  
 WEATHER rainy cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 x 1L plastic	2L
2 x 1L amber	3L
2 x 40 ml VOA	80 ml

COMMENTS:		16.65	6.67
	DTW - 9.98	9.98	x 2
	DTB - 16.65	6.67	334
		x 5	
		3335	
	3.335 gal		
	13 litres		
	Calibrated. PH to STD 7 Read 699		
Litres	Cond.	Temp.	PH
2	38,900	28.5	6.83
8	37000	29.0	7.01
10	35,200	29.0	7.05
13	36,100	29.0	7.08
Slight sulfuric odor - Grey/Brown silt			

PREPARED BY: K Reed





DATE	0	7	1	2	9	0
TIME	1	5	4	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595352					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP# 01-01-6M-6W

SAMPLE LOCATION Site 1 6m Well #1

SAMPLE TYPE GW

COMPOSITE     YES X NO

COMPOSITE TYPE    

DEPTH OF SAMPLE TDW

WEATHER hot-breezy

CONTAINERS USED	AMOUNT COLLECTED
2x 1L plastic	2L
3x 1L amber	3L
2x 40ml vials	80ml

COMMENTS:			
		1272	
		<del>6560</del>	
	NTW 7.02		
	DTB 17.80		
	3 vol = 22 Litres		
	5.360 gal		
	Calibrated pH- Read 7.01		
Litres	Cond.	Temp.	pH
3	30,500	29.0	7.80
11	31,900	28.5	7.74
17	32,000	28.5	7.72
22	32,000	28.5	7.71
	Water clear w/no odor		

PREPARED BY: K Red







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Aug 12, 95

DATE	07	12	90
TIME	1	2	35
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP# 01-04-6m-GWB <sup>REP 7/16/98</sup>

SAMPLE LOCATION Site 1 6m Well 4

SAMPLE TYPE GW

COMPOSITE \_\_\_ YES X NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER Sunny, hot 90s

CONTAINERS USED	AMOUNT COLLECTED
2 x 1L plastic	2L
3 x 1L amber	3L
2 x 40ml vials	80ml

COMMENTS:			
DTW	-	7.50	
DTB		18.02	
3 vol = 23.04 litres			
5.260 gal			
Calibrated PH - Read to 98 - Cal to 7.00			
Litres	Cond.	Temp.	PH
3	8000	29.5	7.26
12	7800	30.0	7.25
18	7500	30.0	7.26
24	7400	29.5	7.22
Water has rocky tan/white color - no odor			
DUP Labeled SP# 01-04-6m-GWB <sup>REP 7/16/98</sup>			

PREPARED BY: K. Reed



DATE	0	7	18	90
TIME	0	9	15	
PAGE	___ OF ___			
PAGE				
PROJECT NO.	595-392			

### SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West

SAMPLE NO. 01-MW01-SS

SAMPLE LOCATION site 1

SAMPLE TYPE surface sediment

COMPOSITE     YES X NO

COMPOSITE TYPE ~~Surface~~ se <sup>KFD 7/18/90</sup>

DEPTH OF SAMPLE NA

WEATHER partly cloudy - hot

CONTAINERS USED	AMOUNT COLLECTED
<u>1 @ 500ml amber glass</u>	<u>500ml</u>

COMMENTS: TOC sample taken at 0-6" depth next to MW-01 with gloves hand

PREPARED BY: Kevin Dany



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DATE	0	7	1	8	9	0
TIME	0	8	3	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 595-592						

SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West

SAMPLE NO. SP-01-01-Sed

SAMPLE LOCATION Site 01, Location -01 shoreline

SAMPLE TYPE surface sediment

COMPOSITE \_\_\_ YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA

WEATHER partly cldy, hot

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 500ml amber glass</u>	<u>1L</u>
<u>1 @ 120ml clear glass</u>	<u>120ml</u>

COMMENTS: sample taken ~ 4-5' below top of land, along bank.

PREPARED BY: Kevin Diney



DATE	0	7	18	90
TIME	0	8	45	
PAGE	___ OF ___			
PAGE				
PROJECT NO.	595-592			

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-01-02-Sed

SAMPLE LOCATION Site-01 location -01 shoreline

SAMPLE TYPE Surface sediment

COMPOSITE	YES	NO	CONTAINERS USED	AMOUNT COLLECTED
COMPOSITE TYPE		<u>X</u>	<u>2 @ 500ml amber glass</u>	<u>1L</u>
DEPTH OF SAMPLE		<u>NA</u>	<u>1 @ 120ml clear glass</u>	<u>120ml</u>
WEATHER	<u>partly cloudy - hot</u>			

COMMENTS: Sample taken at flag marker with gloved hand

PREPARED BY: Kari Dargatzis



SITE 3  
TRUMAN ANNEX DDT MIXING AREA







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CORPORATION**

DATE	6	1	90		
TIME	2:30				
PAGE	4 OF 6				
PAGE					
PROJECT NO. S95392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS site 3

SAMPLE NO. NAS site 3 plot 4 0-2'

SAMPLE LOCATION " "

SAMPLE TYPE 2:30 VDA, TAL Mats, Post/PCB

COMPOSITE	CONTAINERS USED	AMOUNT COLLECTED
<u>YES</u> <u>NO</u>	<u>80ml</u>	<u>80 ml</u>
COMPOSITE TYPE _____	<u>" Amber</u>	<u>"</u>
DEPTH OF SAMPLE <u>0-6"</u>	<u>" "</u>	<u>"</u>
WEATHER <u>Hot</u>		

COMMENTS:

See page 1 of 6

PREPARED BY: Chris J. Callan





















SITE 4  
BOCA CHICA OPEN DISPOSAL AREA











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DATE	0	7	1	7	9	0
TIME	1	2	1	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 595-392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-04-07-Sed

SAMPLE LOCATION site 4 loc. S-1

SAMPLE TYPE surface sediment

COMPOSITE YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA <sup>RFD 7/17/90</sup> 0-6"

WEATHER hot, humid

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 500ml amber glass</u>	<u>1 l</u>
<u>1 @ 120ml clear glass</u>	<u>120ml</u>

COMMENTS: used steel <sup>RFD 7/17/90</sup> ~~tray~~ <sup>gloved hand</sup> ~~to collect~~ <sup>7/17/90</sup> ~~samples~~ ~~decanted before use~~ <sup>RFD 7/17/90</sup>

PREPARED BY: Kevin Dorsey





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CORPORATION

DATE	0	7	1	5	9	6
TIME	1	3	4	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key west

SAMPLE NO. SP 04-04-6W

SAMPLE LOCATION Site 04 - well 04 Appendix 9

SAMPLE TYPE Ground water

COMPOSITE YES  NO

COMPOSITE TYPE n/a

DEPTH OF SAMPLE Top

WEATHER Hot humid very cloudy

CONTAINERS USED	AMOUNT COLLECTED
<u>1 x 12 Plastic</u>	<u>1 liter</u>

COMMENTS:					
DSB 20.00		32 liter			
DFW 4.20		8 gallons			
15.80					
volume	temp	cond	% salinity	pH	
3L	32		33%	7.17	
12L	31		34%	7.31	
24L	31		34%	7.27	
32L	31		34%	7.19	
SAMPLE FOR SOLIDS ONLY 8/16/99					
Water is Dark Gray amoxic					

PREPARED BY: C. [Signature]



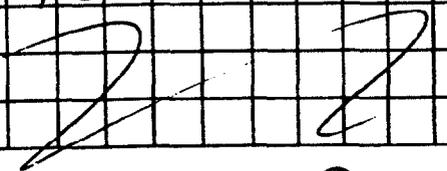


DATE	0	7	1	2	9	0
TIME	1	0	3	9		
PAGE	1 OF 1					
PAGE						
PROJECT NO.	895392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 04-10-6W  
 SAMPLE LOCATION SET 4 WELL 10  
 SAMPLE TYPE GW  
 COMPOSITE YES  NO   
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER SPANNY HOT

CONTAINERS USED	AMOUNT COLLECTED
30 gal ANOVA	3 L
20 gal PLASTIC	2 L
2 x 40 ml VOA	80 ML

COMMENTS:				
			0.1632	(8.0) 9 X 0.1632 = 1.47 gal/col
TOW 2.3 ft			9	1.47 X 3 = 4.38 GAL
NTW 11.6 ft			15.688	4.38 X 4 = 17.52
OC 8.6 ft				
Rft check 7.0 = 7.0				
2	pH	COND	TEMP	/
	STY	CMOXY	°C	
4	6.5	46,500	28	
9	7.0	43,000	28.5	
16	7.5	43,000	28	
18	7.0	43,000	28	
Black anoxic and lot of fine sediment				
Date <sup>1700</sup> 07/12/97				
A CEO BUREAU IN 404				
				

PREPARED BY: Danyel



DATE	07	12	90
TIME	08	42	
PAGE	1 OF 1		
PAGE			
PROJECT NO.	595392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 04-04-GW

SAMPLE LOCATION STEC4 WELL 4

SAMPLE TYPE GW

COMPOSITE  YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER SUNNY HOT & 92°

CONTAINERS USED	AMOUNT COLLECTED
2016AL	36AL
201L	2L
2040ml UOA	60ml

COMMENTS:				
		1.632		15.9 x 0.1632
	TOW	7.1 ft	+ 0.816	2.61 GAL
	BOU	2.0 ft	+ 0.168	7.83 GAL
	W COA	15.7 ft	2.611	31.32 L
1/2 CHECK 7.0 = 7.0				
	2	TOW	N/A	TEMP
		7.5	STC	71.5
	4	32.5	7.4	31.0
	15	35.0	7.6	31.0
	29	35.0	7.6	31.0
	31	35.0	7.6	31.0
<del>Point depth with</del> 07/12/90 ACCO BUBBLER IN UOA				
<del>Check with</del> 11/12/90				
Water block anaerobic + lots of sediment				
SAMPLE FOR APPENDIX 9				
NO SULFIDE SAMPLE				

PREPARED BY: Duffy





DATE 07/11/90  
 TIME 01:44 5  
 PAGE \_\_\_ OF \_\_\_  
 PAGE \_\_\_  
 PROJECT NO. 59539

KR  
7/11/90

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. SP#04-07-GW  
 SAMPLE LOCATION Site 4 Well 7  
 SAMPLE TYPE GW  
 COMPOSITE YES  NO  
 COMPOSITE TYPE         
 DEPTH OF SAMPLE TOW  
 WEATHER p. cloudy sunny

CONTAINERS USED	AMOUNT COLLECTED
2 x 1L plastic	2L
3 x 1L amber	3L
2 x 40ml VOA	80 ml

COMMENTS:					
Calibrated pH to 7.0					12.01
DTW - 3.50					1.0
DTB - 12.01					6.51
					1.0
					17.02
3 vol = 17 litres					
4.2 gal					
Sulfur odor (strong)					
Litres	Cond	Temp.	pH	Specific	
2L	0	31.5	6.72	33.5	
8L		31.0	6.72	33.0	
15L		31.0	6.74	33.0	
13L		31.0	6.79	33.0	
<p>5 SAMPLES          VOA TO PRESERVE          DATE HOLDING TANK          ON SITE          ADD 7/11/90</p>					

PREPARED BY: K. Reed



DATE	0	7	1	1	9	0
TIME	1	5	4	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	555-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 04-08-GW

SAMPLE LOCATION site 4 MW-08-

SAMPLE TYPE Water

COMPOSITE YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE T.O.W

WEATHER overcast, humid

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plect	2l
3 @ 1l glass	3l
2 @ 40ml vial	80ml

COMMENTS: 1520 DTW = 3.60' from TOC N side				
BOTW = 13.60' 8" " " "				
MTCOL = 10.00'				
∴ 1.65 gal / volume + 50 gal or 20l to be purged				
pH check 7.0 = 7.0				
Total Vol	pH	T°C	µMHQS	comments
4 l	6.85	30	40800	little odor
10 l	6.95	30	40000	light tan in color
18 l	7.00	30	40000	little fine sediment
20 l	7.00	30	40000	
closed well at 1545				
<p>SAMPLE NO. 04-08-GW          DATE 07/16/90          ON SITE 1700hrs          T. D. DORR          07/16/90</p>				

PREPARED BY: Kerri Doray

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY West  
 SAMPLE NO. 04-03-6W  
 SAMPLE LOCATION site 4 MW-#3  
 SAMPLE TYPE water Key West 7/11/90  
 COMPOSITE YES X NO  
 CONTAINERS USED | AMOUNT COLLECTED  
 COMPOSITE TYPE NA | 2 @ 1L plastic | 2L  
 DEPTH OF SAMPLE TOW | 3 @ 1L glass | 3L  
 WEATHER cloudy | 2 @ 40ml UOA | 40ml

COMMENTS:	1 4 5 5 DTW = 4.60' from TOC N side				
	BOTW = 18.60' " " " "				
	WT COL = 14.0				
	23 gal / vol + 6.9 gal or 28L tube purged				
	pH check 7.0-7.0				
Total Vol	pH	T(°F)	µMhos/cm	comments	
4L	6.75	80°	14000	Anoxic white/grey color	
14L	7.05	80°	14100	little Si Sed.	
26L	7.10	80°	14000		
28L	7.10	80°	14000		
Sampled at 1520		TCC UOA sample sized			
closed well at 1540					

PREPARED BY: Kevin Dorsey

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY West  
 SAMPLE NO. 04-05-GW  
 SAMPLE LOCATION site 4 MW-5  
 SAMPLE TYPE Water  
 COMPOSITE     YES X NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER cloudy drizzle

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1L glass	2L
3 @ 1L glass	3L
2 @ 40mlOVA	80ml

COMMENTS:				
DTW = 4.5P TOWN side				
BORW = 20.00 " " "				
WTCOL = 15.50				
∴ 2.53 gal / Volume + 7.6 gal or 32L purged				
pH check 7.0 = 7.0				
Total Vol	pH	T (°F)	µMHCs/cm	Comments
4L	6.90	80	4400	Anaerobic white/grey Little Sed
16L	7.15	80	4800	" " " " "
30L	7.20	80	4400	" " " " "
32L	7.20	80	5400	" " " " "
33L	7.20	80	7400	
34L	7.25	80	3400	
35L	7.15	80	8700	Note - well stabilization needed
36L	7.10	80	7400	recommended 100%
37L	7.15	80	6400	fluctuation like morning
38L	7.20	80	5500	Param for pressure
39L	7.10	80.5	6000	amount of morning
40L	7.15	80.5	4200	Rtc
41L	7.20	80.0	4700	07/18/90
42L	7.20	80	57	5200

PREPARED BY: Kevin Doney

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DATE	07	10	90
TIME	11	05	
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595-392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST  
 SAMPLE NO. 04-01-GW  
 SAMPLE LOCATION Site 4 MW 1  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO   
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER cloudy Hot

CONTAINERS USED	AMOUNT COLLECTED
2 @ 12 plast	2l
3 @ 12 glass	3l
2 @ 40 ml VOA	80ml

COMMENTS:	1035	DTW = 3.70'	From TOC	N side
		BOTW = 18.70	" "	" "
		WT COL = 15.00		
	2.45 gal / Volume or 7.3 gal or 30l purged			
	pH checks 7.0 = 7.0			
Total l	pH	T (°F)	µMhos/cm	Comments
4 l	6.70	80	14000	Anaerobic (t-BAN color little F.C.)
15 l	6.85	80	14000	
28 l	6.80	80	14000	
30 l	6.85	80	14000	
1105 hr sampled		- Note 40 ml VOA TCL foamed at sampling		
1115 closed well				

PREPARED BY: Kevin Dorsey



DATE	0	7	1	0	9	0
TIME	1	3	3	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 04-02-GWO + 04-02-SWD

SAMPLE LOCATION Site 4 MW-2

SAMPLE TYPE Water

COMPOSITE YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE TOW

WEATHER cloudy - windy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1 l glass	2 l
3 @ 1 l glass	3 l
2 @ 40 ml vial	80 ml

COMMENTS: 1305 DTW = 3.70 From TOC N side				
BOTW = 14.80				
WT COL = 11.1				
∴ 1.7 gal / 14l or 5.1 gal or 2 l to be purged				
pH check 7.0 = 7.0				
Total Vol	pH	TEMP	µMhos/cm	Comments
4 l	6.30	80°	8640	Anaerobic milky color little oxid
1 l	6.65	80°	9000	
19 l	6.75	80°	9200	
2 l	6.75	80°	9200	
Sampled 1330				
closed well 1440				

PREPARED BY: Gavin Dorsey



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CORPORATION**

DATE	0	7	1	0	9	0
TIME	1	4	4	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-372					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 04-03-ER

SAMPLE LOCATION site 4 MW-#3

SAMPLE TYPE Equipment RINSE <sup>KFD 7/11/90</sup>

COMPOSITE  YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA

WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1L plastic	2L
2 @ 1L glass	2L
2 @ 40ml VOA	80ml

COMMENTS:

1L glass jar broke in cooler during transport before sampling

PREPARED BY: Hani Dany





















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TECHNOLOGY  
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DATE	0	6	0	9	0
TIME	1	4	3	0	
PAGE	1 OF 1				
PAGE					
PROJECT NO. 595391					

**SAMPLE COLLECTION LOG**

PROJECT NAME Key West RI

SAMPLE NO. Site 4 / SB and MW 4

SAMPLE LOCATION Boca Chica open Disposal Site 4

SAMPLE TYPE Discrete + composite of Soil

COMPOSITE  YES  NO

COMPOSITE TYPE Field

DEPTH OF SAMPLE 0-2, 2-4

WEATHER Sunny

CONTAINERS USED	AMOUNT COLLECTED
GLASS	250 ml
Glass	250 ml
Glass	250 ml

COMMENTS: NOA sample Taken @ H<sub>2</sub>O Interface  
1' 3" Discrete  
Composite Samples from 0-2, 2-4'  
taken for PCB/Pesticides and Metals/  
CD-

PREPARED BY: G. Stephens









**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	07	17	90
TIME	1	3	15
PAGE	___ OF ___		
PAGE			
PROJECT NO. 575-392			

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-04-03-Sed

SAMPLE LOCATION Site 4 Loc. B-1

SAMPLE TYPE surface sediment

COMPOSITE     YES X NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA <sup>7/17/90</sup> 0-6"

WEATHER Hot, Humid

CONTAINERS USED	AMOUNT COLLECTED
<u>20 500ml amber glass</u>	<u>12</u>
<u>10 120ml clear glass</u>	

COMMENTS: samples collected by gloved hand

PREPARED BY: Kevin Dasey







**INTERNATIONAL  
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CORPORATION**

DATE	0	7	1	7	9	0
TIME	1	2	4	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-04-05-sed

SAMPLE LOCATION Site 4 B-3

SAMPLE TYPE surface sediment

COMPOSITE     YES X NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA 0-6"

WEATHER Hot Humid

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 500ml amber glass</u>	<u>1l</u>
<u>1 @ 120ml clear glass</u>	<u>120ml</u>

COMMENTS: Sample collected with steel Trowel. Decontam before & after use

PREPARED BY: Karin Dwyer



DATE	0	7	1	7	9	0
TIME	0	9	1	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

### SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West

SAMPLE NO. SP -04-01- Sed

SAMPLE LOCATION Site 4 location B-5

SAMPLE TYPE surface sediment

CONTAINERS USED	AMOUNT COLLECTED
4 @ 500ml amber glass	2 l
1 @ 120ml clear glass	120 ml

COMPOSITE  YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA

WEATHER hot, humid

COMMENTS: sediments were scraped from the surface with a decontaminate steel trowel

PREPARED BY: Kevin Dorsey



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TECHNOLOGY  
CORPORATION**

DATE	0	7	17	90
TIME	1	3	30	
PAGE	___ OF ___			
PAGE				
PROJECT NO	595-392			

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 04-05MW-SS  
 SAMPLE LOCATION site 4 ~10' into mangrove area behind well # 5  
 SAMPLE TYPE \_\_\_\_\_  
 COMPOSITE     YES     NO  
 COMPOSITE TYPE \_\_\_\_\_  
 DEPTH OF SAMPLE 0-1'  
 WEATHER Hot, Humid

CONTAINERS USED	AMOUNT COLLECTED
<u>4 @ 50ml amber</u>	<u>2L</u>
<u>1 @ 120ml clear</u>	<u>120ml</u>

COMMENTS: sample collected ~10' E of MW-05 in the mangrove area

PREPARED BY: Kevin Dorsey



DATE	0	7	1	7	9	0
TIME	0	8	5	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
SAMPLE NO. SP-04-01-SW  
SAMPLE LOCATION Site 4 Location 1 Debris pit  
SAMPLE TYPE surface water  
COMPOSITE     YES   X   NO  
COMPOSITE TYPE NA  
DEPTH OF SAMPLE TOW  
WEATHER Hot, humid & sunny

CONTAINERS USED	AMOUNT COLLECTED
<u>3 @ 1gal amber glass</u>	<u>3 gal</u>
<u>3 @ 1l plastic</u>	<u>3l</u>
<u>2 @ 40ml VOA</u>	<u>80ml</u>

COMMENTS:

PREPARED BY: Kevin Dorsey

SITE 5  
BOCA CHICA DDT MIXING AREA







































DATE	0	7	15	90
TIME	1	02	0	
PAGE	___ OF ___			
PAGE				
PROJECT NO.	595392			

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key west  
 SAMPLE NO. SP-05-03-6W  
 SAMPLE LOCATION Site 5 well # 3  
 SAMPLE TYPE Groundwater  
 COMPOSITE YES  NO   
 COMPOSITE TYPE N/A  
 DEPTH OF SAMPLE FW  
 WEATHER PTLY Cloudy Hot Exposed

CONTAINERS USED	AMOUNT COLLECTED
2x 40ml glass	80ml
3x 1L Naltes	3L
2x 1L Naltes	2L

COMMENTS:

DTB 12:40 15.2 L calibration P.H.  
 DTW 4:50 1.7 gallons for 7.0 in field.  
 7.60 feet

Volume	Temp	Cond	% Salinity	pH
2 L	30.5	12,500		7.22
8 L	30.5	12,500		7.17
14	30.0	11,500		7.30
10	30.0	11,500		7.32

Sample was milky with a pungent odor (most samples)

PREPARED BY: C. B. M.



DATE	0	7	1	3	9	0
TIME	1	0	0	0		
PAGE	OF					
PAGE						
PROJECT NO. 595392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAs Key West

SAMPLE NO. SP#05-Sed.-D

SAMPLE LOCATION Site 5 Sediment Downstream

SAMPLE TYPE Sediment

COMPOSITE YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE Bottom of water

WEATHER hst

CONTAINERS USED	AMOUNT COLLECTED
<u>1x 120ml vial</u>	<u>120 ml</u>
<u>2x 500ml can</u>	<u>1000 ml</u>

COMMENTS:

Using Disposable bucket we collected a sample from the bottom of water.

PREPARED BY: Karen Reed

DATE	0	7	/	3	9	0
TIME	1	0	0	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 595392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP# 05-SW-D

SAMPLE LOCATION Site 5 Surface Water Downstream

SAMPLE TYPE Surface Water

COMPOSITE     YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE Surface

WEATHER hot sunny

CONTAINERS USED	AMOUNT COLLECTED
3 x 1L canes	3L
2 x 1L plastic	2L
2 x 40ml vials	80 ml

COMMENTS:

8 Collected samples from the surface of the stream downstream, approx <sup>top</sup> 6" of water. Left site at 10:30.

PREPARED BY: Faren Reed



DATE	07/3/90
TIME	0905
PAGE	___ OF ___
PAGE	
PROJECT NO.	595352

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
SAMPLE NO. SP#05-Sed-U  
SAMPLE LOCATION Site 5 Sediment Upstream  
SAMPLE TYPE Sediment  
COMPOSITE    YES X NO  
COMPOSITE TYPE N/A  
DEPTH OF SAMPLE Bottom of water  
WEATHER hot-sunny

CONTAINERS USED	AMOUNT COLLECTED
<u>1 x 120 ml vials</u>	<u>120 ml</u>
<u>2 x 500 ml canisters</u>	<u>1000 ml</u>

COMMENTS:

Using disposable bawls, collected sediment from bottom of bawls water

PREPARED BY: Karen Reed



DATE	0	7	1	3	9	0
TIME	0	9	0	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595392					

### SAMPLE COLLECTION LOG

PROJECT NAME NAS KEY WEST  
SAMPLE NO. SP-05-SW-4  
SAMPLE LOCATION Site 05 Surface water upstream  
SAMPLE TYPE SURFACE WATER  
COMPOSITE YES  NO  
COMPOSITE TYPE N/A  
DEPTH OF SAMPLE Surface  
WEATHER Hot Humid

CONTAINERS USED	AMOUNT COLLECTED
<u>3 x 1.2 Amber</u>	<u>3 liters</u>
<u>2 x 40ml beas</u>	<u>80 ml</u>
<u>2 x 1.2 Plastic</u>	<u>2 liters</u>

COMMENTS:

Sampled surface water from the southern end of a ditch. Water was collected from the upper 12 inches of the water.

PREPARED BY: C. Hamilton



DATE	0	7	1	1	90
TIME	1	4	3	0	
PAGE	OF				
PAGE					
PROJECT NO. 595392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. SP#05-03-6W  
 SAMPLE LOCATION Site 5 Well 3  
 SAMPLE TYPE GW  
 COMPOSITE YES  NO   
 COMPOSITE TYPE N/A  
 DEPTH OF SAMPLE TOW  
 WEATHER hot-sunny

CONTAINERS USED	AMOUNT COLLECTED
2x 1L plastic	2L
3x 1L amber	3L
2x 40ml VOA	80ml

COMMENTS:			
DTW 40			
DTB 12.13			
3 vol = 16.26 Litres			
2.065 Gal			
Calculated pH - Read			
<del>3</del> Litres	Cond.	Temp.	pH.
3	12000	30.9	7.32
10	10,800	30.5	7.38
14	10,800	30.5	7.39
17 HOURS			

**NOTED**  
 DUE TO EXCESSIVE HOLDING TIME  
 ON SITE  
 ADD 02/16/90

PREPARED BY: K. Reed



DATE	07	11	19	0
TIME	09	30		
PAGE	___ OF ___			
PAGE				
PROJECT NO.	595392			

07/16

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP#05-01-6W

SAMPLE LOCATION Site 5 - Well 1

SAMPLE TYPE GW

COMPOSITE     YES X NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER Cloudy, breezy

CONTAINERS USED	AMOUNT COLLECTED
2x 1 L plastic	2L
3x 1 L amber	3L
2x 40ml vials	8ml

COMMENTS:				9.10
	DTW - 4.40			X
	DTB 12.50			4050
	3 vol = 16.2 litres			
	4.05 gallons			
	Calibrated pH - Read 7.0			
Litres	Cond	Temp	pH	
3	11,100	29.0	7.05	
9	10,900	29.0	6.85	
12.9	10,900	29.0	5.04	
17	10,900	29.5	5.11	
20			5.97	
21			6.17	

PREPARED BY: K. Reed <sup>RET</sup> 7/11/00



SITE 7  
FLEMING KEY NORTH LANDFILL























INTERNATIONAL  
TECHNOLOGY  
CORPORATION

DATE	0	7	1	6	9	0
TIME	1	4	2	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-07-02-SW

SAMPLE LOCATION Site 7 Tidal "greek" behind building

SAMPLE TYPE surface water

COMPOSITE     YES X NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE T.OW

WEATHER Hot, humid & sunny

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 1l plastic</u>	<u>2l</u>
<u>3 @ 1l glass</u>	<u>3l</u>
<u>2 @ 40ml vOA</u>	<u>80ml</u>

COMMENTS: surface water collect in mangrove tidal area  
surface water was 2"-3" max.

PREPARED BY: Kevin Dorsey





INTERNATIONAL  
TECHNOLOGY  
CORPORATION

DATE	0	7	1	5	9	0
TIME	1	5	0	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 395392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key WEST

SAMPLE NO. SP-07-03-SED

SAMPLE LOCATION Site 07 Loc 03 (East Near Main Building approx 2-3'

SAMPLE TYPE Soil

CONTAINERS USED	AMOUNT COLLECTED
<u>2 x 500ml Amber</u>	<u>10 soil</u>
<u>1 x 120ml Glass</u>	<u>120ml</u>

COMPOSITE     YES  NO

COMPOSITE TYPE n/a

DEPTH OF SAMPLE n/a

WEATHER Hot Humid Dry Cool

COMMENTS:

Surface soil sample collected by gloved hands and Record Stainless Steel Spoon. Soil mostly Carbonate Sands

PREPARED BY: C. [Signature]



9:00  
 8:30  
 8:00  
 7:30  
 7:00  
 6:30  
 6:00  
 5:30  
 5:00  
 4:30  
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INTERNATIONAL  
 TECHNOLOGY  
 CORPORATION

DATE	07	15	90
TIME	13	15	
PAGE	___ OF ___		
PAGE			
PROJECT NO.	585-392		

SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West  
 SAMPLE NO. 07-KWM09-GW  
 SAMPLE LOCATION site 7 MW-  
 SAMPLE TYPE water  
 COMPOSITE     YES X NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER Hot

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 1l plast</u>	<u>2l</u>
<u>3 @ 1l glass</u>	<u>3l</u>
<u>2 @ 40ml vial</u>	<u>80ml</u>

COMMENTS: 1 2 5 0 DTW = 5.2					
BOTW = 11.6'					
WTCOL 6.4					
: .106 gal volume + 3.2gal on 13l to be parsed					
no pH check					
Total Vol	pH	T°C	µMFS	comments	
4l	6.75	28.0	43000	gray/white	
2l	6.75	29.0	44500	color	
11l	6.75	28.5	44000	water	
13l	6.85	28.0	43800		
closed well at 1:20					

PREPARED BY: Kerin Dancy



DATE	07	13	90
TIME	09	10	
PAGE	___ OF ___		
PAGE			
PROJECT NO.	575-392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 07-KWM-11-GW  
 SAMPLE LOCATION site 7  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER Hot, cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 12 plast	2l
3	3l
2 @ 12	80ml

COMMENTS: 0835 DTW = 6.0" from TOC N side				
BOTW = 14.0				
WTCOL = 8.0				
∴ 1.3 gal/volume + 4 gal or 16l to be perged				
pH check 7.0 = 70				
Total Vol	pH	T°C	µMHO S	Comments
4 l	7.10	29.5	35% S	clear/gray color
8 l	7.40	29.0	35% S	no odor
12 l	7.45	29.0	35% S	
16 l	7.45	29.0	35% S	
closed well at 920 hrs				

PREPARED BY: Kevin Dorey



DATE	07	13	90
TIME	1	00	0
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595-392		

### SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West  
 SAMPLE NO. 07-KWM-12-GW  
 SAMPLE LOCATION Site 7 MW-  
 SAMPLE TYPE water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER Hot

CONTAINERS USED	AMOUNT COLLECTED
2 @ 12 plast	2 l
3 @ 12 glass	3 l
2 @ 40 ml VOA	80 ml

COMMENTS:					DTW = 4.0'	From T.O.C N side
					BOTW = 11.6'	
					WTCOL = 7.4	
					∴ 1.25 gal/Vol = 3.75 gal or 15 l to be purged	
Total Vol	pit	T°C	U.M.W.O.S	Comments		
4 l	7.30	29.0	31.0% S	gray color		
7 l	7.00	29.0	31.0% S	no color		
13 l	7.10	29.5	30.0% S	little fine sed		
16 l	7.25	29.5	30.0% S			
closed well at 10.0						

PREPARED BY: Kevin Dorsey



DATE	0	7	1	3	9	0
TIME	0	8	3	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-372					

### SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West

SAMPLE NO. 07-13-ER

SAMPLE LOCATION site 7

SAMPLE TYPE Equipment rinse-water

COMPOSITE  YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA

WEATHER Hot + cloudy

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 1l plast</u>	<u>2l</u>
<u>3 @ 1l glass</u>	<u>3l</u>
<u>2 @ 40 ml vial</u>	<u>80ml</u>

COMMENTS:

PREPARED BY: Kevin Dorsey



DATE	070890
TIME	1008
PAGE	1 OF
PAGE	1
PROJECT NO.	595-392-08

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 07-04-GW  
 SAMPLE LOCATION Site 7  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO   
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER Partly Cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1 l ples	2 l
3 @ 1 l glass	3 l
2 @ 40ml vOA	80ml

COMMENTS:	0935	DTW	9.75'	TOC	N	side
		BOTW	21.25'	TOC	N	side
		WTCOL	11.5			
		2 gal / volume + 6 gal purged				
Bal l #	TVOL	pH	T(°F)	µM#OS/cm		
2	3.5l	7.2	80	24000		
6	11.0l	7.35	80	28000		
10	19.0l	7.35	80	28000		
12	23.0l	7.35	80	28000		
1008 hrs sampled						
1035 hrs closed site						
/ / / / /						

PREPARED BY: Ken Dasing



**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 07-03-6W  
 SAMPLE LOCATION Site 7  
 SAMPLE TYPE Water  
 COMPOSITE YES X NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER partly cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plas	2l
3 @ 1l glass	3l
2 @ 40ml VOA	80ml

COMMENTS: 1050 hr DTW 3.15' TDC N side						
BOTW 22.15 " " "						
WTCOL 19.0'						
= 3.10 gal / volume, 9.3 gal to be purged or 37l						
pH check 7.0 = 7.0						
Barl #	TG Vol	pH	T (°F)	µM HOS/cm		
2	4l	6.3	none taken	36000		
9	18l	6.45	"	40000		
18	36l	6.55	"	39500		
20	40l	6.50	"	40,000		
1145 hr sampled						
1205 closed well						

PREPARED BY: Kerr Dacey





DATE	0	7	0	8	9	0
TIME	1	4	5	6		
PAGE	9 OF					
PAGE						9
PROJECT NO. 595 592-08						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 07-01-GW  
 SAMPLE LOCATION Site 7  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 12 plant	2 l
3 @ 12 glass	3 l
2 @ 40ml VOA	80 ml

COMMENTS:	1415	DTW	6.30'	TOC	N	Side
		BOTW	19.08	"	"	"
		WTCOL	12.78'			
	2.1 gal / volume - 6.3 gals to be purged on 26 l					
	pH check 70 = 7.0					
Bail #	Total Vol	pH	T (°F)	µMHOS / m		
4	4 l	6.70	80°	19200		
13	13 l	7.35	80°	19200		
24	24 l	7.40	80°	19200		
26	26 l	7.40	80°	19800		
1450 hr - sampled						
1500 hr - closed well						

PREPARED BY: Kevin Dorsey



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0	7	0	8	9	0
TIME	1	5	3	2		
PAGE	___ OF ___					
PAGE						
PROJECT NO.						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 07-02-GWD

SAMPLE LOCATION site 7 well 2

SAMPLE TYPE Groundwater

COMPOSITE  YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER Sunny Clear & Hot

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 12 Gallons</u>	<u>2 l</u>
<u>3 @ 12 Gallons</u>	<u>3 l</u>
<u>2 @ 40 Gall VOA</u>	<u>80 ml</u>

COMMENTS:

Sample is a duplicate of 07-02-GWD  
reference that collection before inspection

PREPARED BY: Dave Pegg





**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0	7	0	9	0
TIME	1	7	0	6	
PAGE	17 OF _____				
PAGE				17	
PROJECT NO.	595392-08				

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 07-08-FB

SAMPLE LOCATION NE NORTH EAST CORNER OF SPORTSMAN CLUB TAP

SAMPLE TYPE WATER

COMPOSITE YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE N/A

WEATHER \_\_\_\_\_

CONTAINERS USED	AMOUNT COLLECTED
<u>2 1L PLASTIC</u>	<u>2 L</u>
<u>2 40ML VIAL</u>	<u>80 ml</u>
<u>3 1L GLASS</u>	<u>3 L</u>

COMMENTS:

FIELD BLANK;  
SAMPLE OF TAP WATER USED FOR RECON  
COLLECTED AFTER RUNNING 5 GALL OF WATER  
FROM TAP OUTSIDE OF SPORTSMAN CLUB ON  
NORTH EAST CORNER OF BLDG

PREPARED BY Doug [Signature]

SITE 8  
FLEMING KEY SOUTH LANDFILL





























DATE	0	7	1	6	9	0
TIME	0	8	5	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 595-392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 08-01-SW

SAMPLE LOCATION Site 8 pit area

SAMPLE TYPE Surface water

COMPOSITE     YES X NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE T.O.W

WEATHER Hot, humid

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 1l plast</u>	<u>2l</u>
<u>3 @ 1l glass</u>	<u>3l</u>
<u>2 @ 40ml VOA</u>	<u>80ml</u>

COMMENTS: black sediment in sample  
used 3' bucket

PREPARED BY: Kevin Dorsey



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0	7	1	6	9	0
TIME	0	9	4	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 595-392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. SP-08-01-Sed  
 SAMPLE LOCATION site 8 along shoreline across from wharf  
 SAMPLE TYPE sediment  
 COMPOSITE     YES   X   NO  
 COMPOSITE TYPE   NA    
 DEPTH OF SAMPLE   NA    
 WEATHER hot, humid, sunny

CONTAINERS USED	AMOUNT COLLECTED
2 @ 500ml amberglass	1l
1 @ 120ml clear glass	120ml

COMMENTS: used stainless steel spo  
on to obtain sample or  
gloved hand

PREPARED BY: Kevin Doney





DATE	0	7	0	6	9	0
TIME	1	1	1	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO. 595-392						

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-08-03-Sed

SAMPLE LOCATION Site 08 ~200,dc NW of MW-03 along shoreline

SAMPLE TYPE surface sediment

COMPOSITE  YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE NA

WEATHER Hot humid sunny

CONTAINERS USED	AMOUNT COLLECTED
<u>20 <sup>500ml</sup> amber glass</u>	<u>1 l</u>
<u>1 @ 120ml clear glass</u>	<u>120 ml</u>

COMMENTS: Asbestos? shingles/plates above collection area

PREPARED BY: Karl Dasey







DATE	0	2	0	9	9	0
TIME	1	5	4	5		
PAGE	OF					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST  
 SAMPLE NO. 08-16R-6W  
 SAMPLE LOCATION site & behind Treatment plant  
 SAMPLE TYPE water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER cloudy, Hot & Humid

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plastic	2l
3 @ 1l glass	3l
2 40 ml VOA	8ml

COMMENTS: 1515 DTW 6.50' TOC N side				
BOTW 22.20				
WTCO 15.70'				
∴ 2.45 gal / volume + 7.35 gals on 30 liters to be purged				
pH check 7.0-7.0				
Total Vol	pH	T (F°)	µMHCs/cm	Comments
4l	6.50	81	47000	ANAerobic, gray/white f. sed
15l	6.90	80	47000	" " " "
28l	7.10	80	47000	
30l	7.10	80	46000	
1.545 sampled				
15.5 hr closed well				

PREPARED BY: Kevin Dorsey



DATE	070990
TIME	1525
PAGE	OF
PAGE	
PROJECT NO.	595392

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. SP#08 02-0GW  
 SAMPLE LOCATION Site 8 Well #2  
 SAMPLE TYPE GW  
 COMPOSITE YES  NO   
 COMPOSITE TYPE N/A  
 DEPTH OF SAMPLE TOW  
 WEATHER humid, hot 90's

CONTAINERS USED	AMOUNT COLLECTED
<u>2 x 1L plastic</u>	<u>2L</u>
<u>3 x 1L Amber</u>	<u>3L</u>
<u>2 x 40ml VOLS</u>	<u>80ml</u>

COMMENTS:			
	D.T.W.	5.04	11.91
	D.T.B.	16.95	7
		11.91	23.82 liters
	3 vol =	23.82	0
	Temp	ph	cond
81	→ 30	6.82	49,000
151	→ 29	6.93	49,000
201	→ 29	7.04	49,000
241	→ 29	7.02	49,500
Very strong sulfuric odor.			
Water grey-silty			

PREPARED BY: R Reed / C. [Signature]





**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0	7	09	90
TIME	1	3	40	
PAGE	2 OF 2			
PAGE				
PROJECT NO.	595 392			

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 08-~~08~~-GW D REP 07/08/90

SAMPLE LOCATION site 8

SAMPLE TYPE water

COMPOSITE YES  NO

COMPOSITE TYPE NA

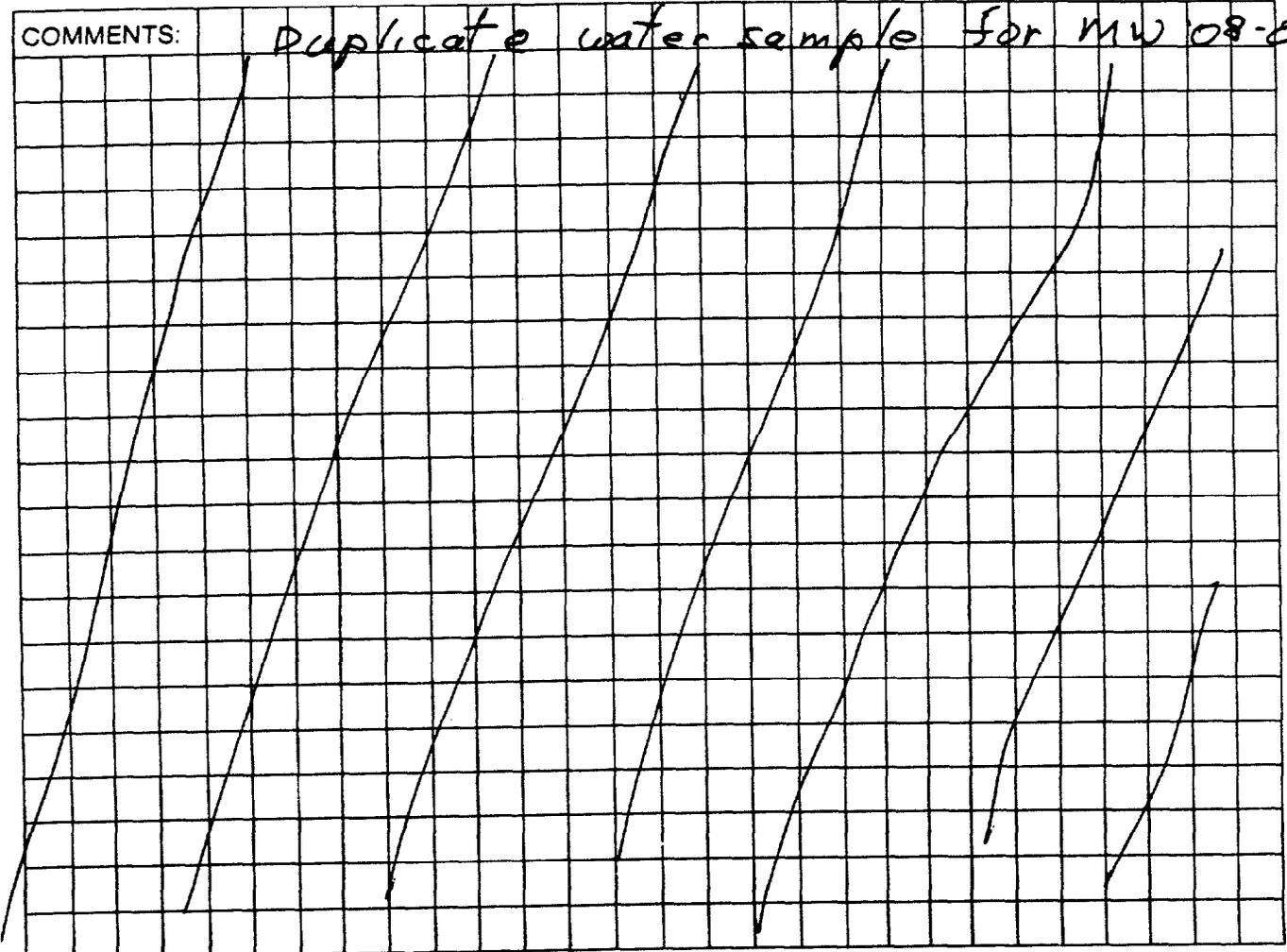
DEPTH OF SAMPLE TOW

WEATHER cloudy light rain

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 1l plast</u>	<u>2l</u>
<u>3 @ 1l glass</u>	<u>3l</u>
<u>2 @ 40ml OVA</u>	<u>80 ml</u>

COMMENTS:

Duplicate water sample for MW 08-06



PREPARED BY: Karen Doney

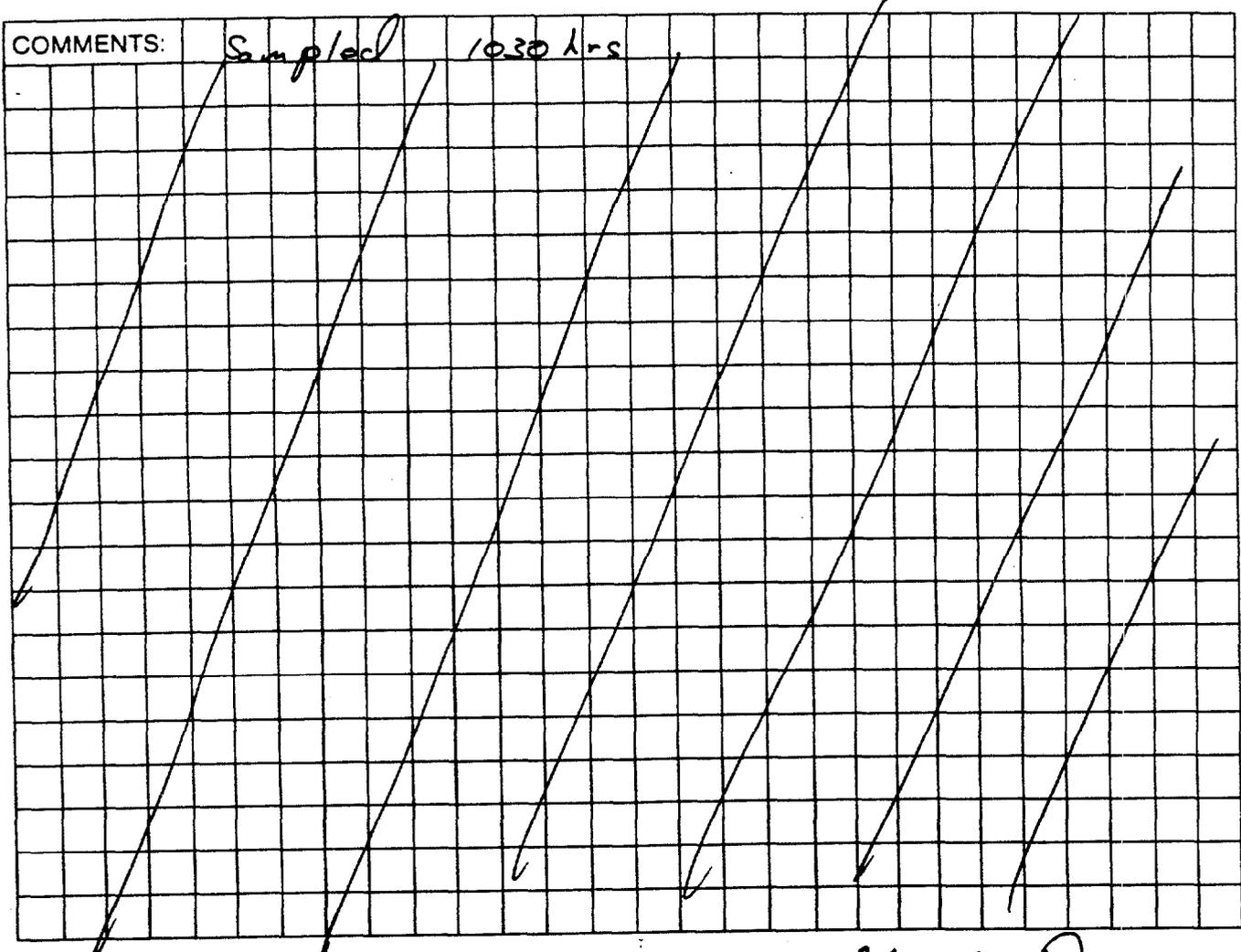


DATE	07	09	90
TIME	1	03	0
PAGE	2 OF 2		
PAGE			
PROJECT NO.	595-392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST  
SAMPLE NO. 08-03-GWMS + 08-03-GWMSD  
SAMPLE LOCATION site 8  
SAMPLE TYPE water  
COMPOSITE YES  NO  
COMPOSITE TYPE NA  
DEPTH OF SAMPLE TOW  
WEATHER cloudy light rain

CONTAINERS USED	AMOUNT COLLECTED
<u>4 @ 1 l glass</u>	<u>4 l</u>



PREPARED BY: Kevin Doney



DATE	0	7	0	9	9	0
TIME	1	0	0	0		
PAGE	1	OF	8	0		
PAGE						
PROJECT NO.	595392					

07/16

### SAMPLE COLLECTION LOG

PROJECT NAME NAS KEY West  
 SAMPLE NO. 08-03-GW  
 SAMPLE LOCATION Site  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO   
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER cloudy light rain

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plast	2l
3 @ 1l glass	3l
2 @ 40ml OVA	80ml

COMMENTS: 0930 DTW- 10.1' TOC N side					
BOTW = 2.09' " " "					
WLCOK = 11.8'					
= 1.93 gal per Volume = 5.8 gal on 24 l purged					
pH check 70 = 7.0					
Total Volume	pH	T(°F)	µMPOS/cm	Comments	
4 l	6.15	80°	40000	Anaerobic wh/gray	
12 l	6.45	80°	41000	" "	
22 l	6.65	80°	42000	" "	
24 l	6.60	80°	41000	" "	
1000 hrs sampled					
1045 closed well					

PREPARED BY: Kevin Dorsey



DATE	070890
TIME	1845
PAGE	19 OF
PAGE	19
PROJECT NO	58392-08

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 08-01-GW

SAMPLE LOCATION Site 8

SAMPLE TYPE Water

COMPOSITE      YES X NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE TOW

WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plast	2l
3 @ 1l glass	3l
2 @ 40ml VOA	80ml

Bail #	Total Vol.	pH	T (°F)	RLMHOS/cm
4	4l	6.25	80°	18000
9	9l	6.65	80	18000
17		6.70	80°	18000
18		6.75	80°	18000
1845 - sampled				
1910 - closed well				
NOT VOA 40ml sampled bubbled <sup>some</sup> water was added to Vials				

PREPARED BY: Jan Doney



INTERNATIONAL  
TECHNOLOGY  
CORPORATION

DATE	0	7	0	8	9	0
TIME		7	3	0		
PAGE	1 of 30					
PAGE						
PROJECT NO.	595392					

07/16

SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West  
 SAMPLE NO. 08-04-GW  
 SAMPLE LOCATION Site 8 well #4  
 SAMPLE TYPE Ground water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER hot, humid

CONTAINERS USED	AMOUNT COLLECTED
3 x 1L amber	3 L
2 x 1L plastic	2 L
2 x 40ml vial	80 ml

COMMENTS:						
DTB	26.92	7.3	5:30	Well	Sampled	dry out 1HL
DTW	12.39	4	8:47	"	"	dry of 22L
	14.53	21.2				liters
	T. 265 gallons					
	Temp	cond	PH	Time	Anaerobic?	
9 L	31°C	750,000	6.70		Anaerobic?	
16 L	81°F	42000	6.50	8:40	Anaerobic?	
28 L	80.5°F	39500	6.45	10:55	Anaerobic?	
30 L	80.0°F	39900	6.60	11:00	Anaerobic?	
31 L	81.0°F	42000	6.65		Anaerobic?	
32 L	81°F	42000	6.75	11:05	Anaerobic?	
33 L	81	38000	6.70	11:10	Anaerobic?	

PREPARED BY: C. Hamilton



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0	7	0	8	9	0
TIME	1	6	4	0		
PAGE	13 OF _____					
PAGE						13
PROJECT NO	595-392-08					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 08 - ER

SAMPLE LOCATION Site 8

SAMPLE TYPE Equipment rinseate

COMPOSITE        YES   X   NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE ER

WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plant	2l
3 @ 1l glass	3l
2 @ 40ml OVA	80ml

COMMENTS: Sample at 1640

PREPARED BY: Karin Dorsey



DATE	070890
TIME	1700
PAGE	15 OF
PAGE	15
PROJECT NO.	595-392

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY  
 SAMPLE NO. 08-05-GW  
 SAMPLE LOCATION Site 2  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plast.	2l
3 @ 1l glass	3l
2 @ 40ml OVA	80 ml

COMMENTS:	DTW	TOC	North side	
1615	8.55'			
	19.35'			
	10.80'			
1.8 gal / volume 5.4 gal or 22 l to be purged				
pH check 7.0 = 7.0				
Bail #	total Volume	pH	T (°F)	µMHOS / m
4	4L	6.15	80	2000
11	11L	7.20	80	1900
21	21L	7.30	80	1920
22	22L	7.25	80	1920
sampled 1700 hrs				
closed well 1720 hrs				

PREPARED BY: Kevin Dorsey

SITE 9  
TRUMBO POINT FUEL FARM AND PIERS









DATE	07/5/90
TIME	1150
PAGE	___ OF ___
PAGE	
PROJECT NO.	595-392

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 09-02GM-GW

SAMPLE LOCATION site 9 MW-05cm

SAMPLE TYPE water

COMPOSITE YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE TOW

WEATHER partly cloudy - hot

CONTAINERS USED	AMOUNT COLLECTED
1 @ 1 l pbast	1 l
1 @ 1 l glass	1 l
4 @ 40 ml	160 ml

COMMENTS:	1135	DTW = 5.00'	From TOC	
		BOTW = 12.4'	" "	
		WT COL = 7.4		
		∴ .58 gal / vol + 1.25 gal of 15 l to be purge		
		no pH check		
Total Vol	pH	T°C	MMHOS	comment
5 l	6.5	32	1800	Anaerobic
9 l	6.5	32	1900	clean / gray
13 l	6.45	31.5	1900	
15 l	6.45	31.5	1900	
closed well 1200 hrs				

PREPARED BY: Karin Dorsey

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 09-20-6W  
 SAMPLE LOCATION Site 9 MW-20  
 SAMPLE TYPE Water  
 COMPOSITE     YES X NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE TOW  
 WEATHER Hot humid

CONTAINERS USED	AMOUNT COLLECTED
<u>no sample collected</u>	

COMMENTS:	1300	DTW = 6.0'	from TOC N side	
		BOTW = 15'	" " " "	
		WT COL = 9.0'		
		∴ 1.16 gal / vol = 4 1/2 gal or 18 l to be purged		
Total Volume	pH	TC	UMHOS	comments
4 l	6.40	30°	4800	black "ash" in sample cup
9 l	6.50	30°	4700	"
<del>16 l</del>				- boiler has ~ 3/8" of free product on surface
<del>18 l</del>				- cannot sample
closed well at 1315				

7/16/90 KFD  
7/16/90 KFP

PREPARED BY: Kevin Perry









DATE	07	15	90
TIME	1	2	15
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595-392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 09-05 GM-GW  
 SAMPLE LOCATION site 9 KMW-10 KMW-05 (old 10/6/90)  
 SAMPLE TYPE water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE 7.01W  
 WEATHER Hot

CONTAINERS USED	AMOUNT COLLECTED
1 @ 12 plast	1l
1 @ 1l glass	1l
4 @ 40ml	160ml

COMMENTS:				
			DTW = 4.4	
			BOTW = 12.4'	
			WTCOL = 8.0	
∴ 1.3 gal/volume + 4 gal on 16 l to be purged				
Total Vol	pH	T°C	µMHOS	COMMENTS
4 l	6.85	31.5	2000	color - clear / gray
8 l	6.80	30.0	2000	
14 l	6.55	29.5	2000	
16 l	6.50	29.0	2000	
closed well at 1230 note used desorbable bailer to take samples due to odor in well				
- no pH check				

PREPARED BY: Kevin Dorsey



DATE	071090
TIME	1445
PAGE	___ OF ___
PAGE	___
PROJECT NO.	595392

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 09-06R-6W  
 SAMPLE LOCATION Site 9 Well 6R  
 SAMPLE TYPE GW  
 COMPOSITE     YES X NO  
 COMPOSITE TYPE      
 DEPTH OF SAMPLE TOW  
 WEATHER rainy

CONTAINERS USED	AMOUNT COLLECTED
2x 1L plastic	2L
3x 1L amber	3L
2x 40ml WA	80ml

COMMENTS:			
DTB = 12.45	4.17	calibrated AH - Read 7-0	
DTW = 8.28	.5		
4.17	2085	gallons	
8.34	liters	(9)	
Temp	28°C	cond	pH
2L	28°	28,500	6.55
6L	28°	28,500	6.58
8L	28°	32,000	6.57
11L	28°	32,000	6.50
15L	28°	31,000	6.49

PREPARED BY: Karen Reed *KER 7/10/90*



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	07	10	90
TIME	16	20	
PAGE	OF		
PAGE			
PROJECT NO. 595392			

07/10

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP# 09-11-6W

SAMPLE LOCATION Site 9 Well 11

SAMPLE TYPE GW

COMPOSITE YES  NO

COMPOSITE TYPE -

DEPTH OF SAMPLE TDW

WEATHER rainy

CONTAINERS USED	AMOUNT COLLECTED
2x 1L plastic	2L
3x 1L amber	3L
2x 40ml VDA's	80ml

COMMENTS:		13.08	3.81
DTW	9.27	9.27	3.81
DTB	13.08	3.81	19.05
3 vol = 7 litres		2	
1.9 gal		7.62	
Litres	Cond.	Temp.	pH
2	2580	27.0	6.69
5	2680	27.0	6.83
6	2580	27.0	6.87
7	2650	27.0	6.89
slight / slow recovery - Sulfur odor in water			
clear greyish color			
No lock			

PREPARED BY: L. Reed 07/10/90

SITE 10  
BOCA CHICA FIRE FIGHTING TRAINING AREA



























**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0	7	1	7	9	0
TIME	1	4	0	0		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 10-MW01-SS

SAMPLE LOCATION site 10, ~5' West of MW-01 at 0-6" Depth

SAMPLE TYPE soil

COMPOSITE \_\_\_ YES X NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE 0-6"

WEATHER Hot Humid

CONTAINERS USED	AMOUNT COLLECTED
4 @ 500ml amber	2 l
1 @ 120ml clear	120ml

COMMENTS: sample was collected with decont steel  
trawl at ~ 5' west of MW-01.

PREPARED BY: Keri Dorsey



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	0715920
TIME	1300
PAGE	___ OF ___
PAGE	___
PROJECT NO.	59592

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. SP-10-01-6W

SAMPLE LOCATION Site 10 well 01

SAMPLE TYPE Groundwater

COMPOSITE YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER Hot Humid Pr/Cy

CONTAINERS USED	AMOUNT COLLECTED
<u>1 x 1L Plastic</u>	<u>1L</u>

COMMENTS:

DTB = 11.60      78 L/min      Set RA Meter @ 7.00

DTW = 3.00      4.5 gal

8.60

Sampling for Sulfates

Volume	Temp	Cond	% Salinity	pH
3	32	11,000		6.80
9	30	11,000		7.00
16	30	11,000		6.90
18	29.5	11,000		6.94

Sample was with ~~the~~ 500 mL

PREPARED BY: C. [Signature]



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	071280
TIME	1220
PAGE	1 OF 1
PAGE	
PROJECT NO.	59592

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST

SAMPLE NO. 10-01-GW

SAMPLE LOCATION SITE 10 WELL

SAMPLE TYPE GW

COMPOSITE YES  NO

COMPOSITE TYPE N/A

DEPTH OF SAMPLE TOW

WEATHER SUNNY HOT

CONTAINERS USED	AMOUNT COLLECTED
30 1 GAL	3 GAL
20 1 L	2 L
2040 ml VOA	80 ml

COMMENTS:				
			0.163	(8.6) 8 x 0.163 = 1.27 gal/VOL
	TOW	3.0 ft	9	1.27 x 3 = 3.87 gal
	BOU	11.6 ft	1.27	3.87 x 4 = 16 L
	WC	8.6 ft		
	pH CHECK	7.0 = 7.0		
				Collected for appendix IX
				minus duplicate
1	TEMP	COND	pH	
	°C	µMHO/cm	STH	
5	30	17,000	7.6	Block, over-sieve
8	30	17,500	7.0	fine material
14	30	17,200	7.8	
16	30	17,000	7.8	

PREPARED BY: Doug Day



DATE	07	11	90
TIME	08	45	
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595-392		

### SAMPLE COLLECTION LOG

PROJECT NAME NAS Key West  
SAMPLE NO. 10-02-ER  
SAMPLE LOCATION Site 10 MW-2  
SAMPLE TYPE Water - equipment rinse  
COMPOSITE YES  NO  
COMPOSITE TYPE NA  
DEPTH OF SAMPLE T.O.W  
WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 1l plast</u>	<u>2l</u>
<u>3 @ 1l glass</u>	<u>3l</u>
<u>2 @ 40ml VOA</u>	<u>80ml</u>

COMMENTS: Note 40ml vials were taken in the evening at ~ 1700 because the original vials were lost. (REF 7-11-90)

PREPARED BY: Kevin Dorey



DATE	07	11	96
TIME	09	15	
PAGE	___ OF ___		
PAGE			
PROJECT NO.	595-392		

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 10-02-GW  
 SAMPLE LOCATION Site 10 MW-2  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER cloudy

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plast	2 l
3 @ 1l glass	3 l
2 @ 4ml VOA	80ml

COMMENTS: 0835 DTW = 2.60' from TOC N side				
BOTW = 11.80'				
WTCOL = 9.2				
∴ 1.65 gal / Volume + 5 gal @ 20l to be purged				
pH check 7.0 = 7.0				
Total Vol	pH	T°C	µM H O S	comments
4 l	7.20	29	26400	light tan color
0 l	7.10	29	30000	little fine sed
18 l	7.10	29	30500	no odor
20 l	7.15	29	31000	40ml VOA sample foamed when sampled
closed well at 0935 hrs				

PREPARED BY: Kevin Dorey



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

DATE	07	11	19	90
TIME	2	3	50	50
PAGE	OF			
PAGE				
PROJECT NO. 595-392				

KFO  
7/11/90

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West  
 SAMPLE NO. 10-03-GW  
 SAMPLE LOCATION Site 10 MW-3  
 SAMPLE TYPE Water  
 COMPOSITE YES  NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER \_\_\_\_\_

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1l plastic	2l
3 @ 1l glass	3l
2 @ 40ml VOA	80ml

COMMENTS:	0940	DTW = 3.0'	TOC	N	S	iche
		BOTW = 11.5'	"	"	"	"
		WT COL = 8.5'				
	∴ 14 gal/vol + 4.2 gal or 17l to be purged					
	pH check 7.0 = 7.0					
Total Vol	pH	TC	µM	H	O	S
4l	6.80	29	47000			light Tan Color
9l	6.90	29	46000			Anaerobic
15l	6.90	29	47000			little fine sed
17l	6.85	29	47800			
closed well at 1040						

PREPARED BY: Kevin Dorney



DATE	0	7	1	1	9	0
TIME	1	2	1	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS KEY WEST  
 SAMPLE NO. 10-19-GW  
 SAMPLE LOCATION Site 10 MW-19  
 SAMPLE TYPE Water  
 COMPOSITE     YES X NO  
 COMPOSITE TYPE NA  
 DEPTH OF SAMPLE T.O.W  
 WEATHER cloudy intermittent rain

CONTAINERS USED	AMOUNT COLLECTED
2 @ 1 l plastic	2 l
3 @ 1 l glass	3 l
2 @ 40 ml vial	8 ml

COMMENTS: 1155 DTW = 2.60' TOC N side				
BOTW = 10.50' " " "				
WTCOL = 7.70				
∴ 1.3 gal + 4 gal ∴ or 16 l to be purged				
check pH = 7.0 = 7.0				
Total Vol	pH	T°C	µMhos	Comments
4 l	7.05	30	33800	grey/white color - all seen on 40 ml vial 34500 sample
8 l	7.05	30	36800	
14 l	7.00	30	31500	
16 l	7.00	30	35000	
17 l	7.00	30	36500	
18 l	7.00	30	35500	
Sampled at 1215h closed wells at 1230h.				

PREPARED BY: Kevin Dasey



DATE	0	7	1	1	9	0
TIME	1	4	4	5		
PAGE	___ OF ___					
PAGE						
PROJECT NO.	595-392					

**SAMPLE COLLECTION LOG**

PROJECT NAME NAS Key West

SAMPLE NO. 10-18-6W

SAMPLE LOCATION Site 10

SAMPLE TYPE Water

COMPOSITE YES  NO

COMPOSITE TYPE NA

DEPTH OF SAMPLE T.O.W

WEATHER Overcast Windy

CONTAINERS USED	AMOUNT COLLECTED
<u>2 @ 12 p/est</u>	<u>2L</u>
<u>3 @ 12 glass</u>	<u>3L</u>
<u>2 @ 40ml UOI</u>	<u>80ml</u>

COMMENTS:  $\phi$  415 DTW = 260' TOC N side  
 BOTW = 10.50' " " "  
 WTCOL = 7.90  
 ∴ 1.3 gal / volume + 4 gal or 16L to be purged

pH check 7.0 = 7.0

Total Volume	pH	T°C	µM HOS	comment
4L	6.75	30.0	6500	slight anaerobic smell
8L	6.80	30.5	6000	clear white/grey color
14L	7.00	30.5	6000	black "floaters" in filters
16L	7.00	30.5	6000	

closed well at 1450

~~SAMPLED~~  
~~USED~~  
~~DATE TO~~  
~~ON 07/11/90~~  
~~HOLDEN~~  
~~TRM~~

07/11/90

PREPARED BY: Karin Dancy



**REQUEST FOR ANALYSIS**

R/A Control No. **238219**

C/C Control No. 137822

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA

DATE SAMPLES SHIPPED 7/10/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT Kim Laisy  
 SEND LAB REPORT TO IT TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
04-01-GW	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	See WAPP/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
↓	↓	1 @ 1 L	HNO <sup>3</sup>	TAL METALS	REF Kim Layce
04-05-GW	↓	3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
↓	↓	1 @ 1 L	HNO <sup>3</sup>	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



# REQUEST FOR ANALYSIS

R/A Control No. **238231**  
 C/C Control No. **197827**

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA

DATE SAMPLES SHIPPED 7/10/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
04-ER	Water	2 @ 1 L	None	Full TCL Test/BNA/PCB	Per QAPP/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	REF Kim Laisy
04-05-GW		3 @ 1 L	None	Full TCL Test/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 238263

CIC Control No. 174445

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO ITT Tampa  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7-10-90  
 LAB DESTINATION ITT Knoxville  
 LABORATORY CONTACT Kim Layce  
 SEND LAB REPORT TO ITT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
09-02-04	Water	2-40 ml vials	HCL	TCL Full VDAS	Per QAPP/SAP
01-01-6W	↓	↓	↓	↓	Key West
08-16R					REF Kim Layce
01-03-6W					
01-02-6W					
Trip Blank					
04-01-6W					
04-05-6W					
04-05-ER	Equipment Rinse				
04-02-6W					
04-02-6WD					

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_ Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238265**  
CIC Control No. **174447**

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER M. Hampton  
BILL TO FT Tampa

DATE SAMPLES SHIPPED 7/10/90  
LAB DESTINATION FT KAUWAHA  
LABORATORY CONTACT KIM RAYCE  
SEND LAB REPORT TO FT TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-02-GW	Water	3 @ 1 l	None	TCL Full Post/BNA/PCB	See QAPP/SAP
↓	↓	1 @ 1 l	NaOH	TAL CN-	Key West
		1 @ 1 l	HNO <sub>3</sub>	TAL Metals	RET Kim Rayce
08-16R-GW		3 @ 1 l	None	TCL Full Post/BNA/PCB	
↓	↓	1 @ 1 l	NaOH	TAL CN-	
		1 @ 1 l	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_

**REQUEST FOR ANALYSIS**

R/A Control No. **233264**  
CIC Control No. **174446**

PRO AS Key WEST  
PRO 595392-08  
PRO  
PRO Hampton  
BILL  
  
PURC

DATE SAMPLES SHIPPED 7/10/90  
LAB DESTINATION FT Lauderdale  
LABORATORY CONTACT Kim Kayce  
SEND LAB REPORT TO FT TAMPA  
  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sam	Sample Volume	Preservative	Requested Testing Program	Special Instructions
09-11-	2-40 ml vials	HCL	<i>APPROVED</i> HCL Full VOA 601+602	Per QAPP/SAP
09-06			5041 601+602	Key West
05-01- <sup>DUP</sup> GWD			TCL Full VOA	Per Kim Kayce
05-01-GW				
10-02-ER				
10-02-GW				
10-03-GW				
10-19-GW				
Trip				

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238229**

C/C Control No. **137825**

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 7/13/90

PROJECT NUMBER 595392-08

LAB DESTINATION I T Knoxville

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT Kim LAisy

PROJECT MANAGER MARK HAMPTON

SEND LAB REPORT TO I T TAMPA

BILL TO I T TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT

PROJECT CONTACT MARK HAMPTON

PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
09-11-00	Wetted	3 @ 1 l	None	<del>TCL Full Pest/BNA/PCB</del>	Full QAPP/SAP
↓	↓	1 @ 1 l	NaOH	<del>TAL CN</del>	Key West
		1 @ 1 l	HNO <sub>3</sub>	<del>TAL Metals</del>	REF Kim LAisy
09-06R-00		3 @ 1 l	None	<del>TCL Full Pest/BNA/PCB</del>	
↓	↓	1 @ 1 l	NaOH	<del>TAL CN</del>	
		1 @ 1 l	HNO <sub>3</sub>	<del>TAL Metals</del>	
				METHOD 625	239.2
				87/13/90	
				Kim LAisy	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. **171497**

C/C Control No. 142077

PROJECT NAME NAS Key West  
 PROJECT NUMBER 545378 08  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa

DATE SAMPLES SHIPPED 7/16/90  
 LAB DESTINATION FT Lauderdale  
 LABORATORY CONTACT Kia Kirby  
 SEND LAB REPORT TO FT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
04-01-GW	Water	1 @ 1L	Zinc Acetate	Full Appendix 4	Per WA?P, SAP
04-05-GA-GW	↓	2 @ 10 ml	HCL	TCL Full VOA	Key West
04-05-GA-GW		2 @ 1 plastic	NaOH <sup>CV</sup> , HNO <sub>3</sub> metals	TAL CV, TAL Metals	Ref KIA Kirby
04-05-GA-GW		3 @ 1 L	None-Cool	TCL Full Pest/PCB/BAA	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238237**

C/C Control No. **187821**

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA

DATE SAMPLES SHIPPED 7/10/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
05-01-aw	Water	3 @ 1 L	None	TCL Full Tot/BNA/PCB	See 0099/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN-	Key West
		1 @ 1 L	HNO <sup>3</sup>	TAL Metals	REF Kim Layce
05-01-awd	DUP	3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL Metals CN-	
		1 @ 1 L	HNO <sup>3</sup>	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238223**  
CIC Control No. 174465

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER MARK HAMPTON  
BILL TO IT Tampa  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/19/90  
LAB DESTINATION IT Knoxville  
LABORATORY CONTACT Kim Laisy  
SEND LAB REPORT TO IT TAMPA  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT MARK HAMPTON  
PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
03-03-0W	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	Per QAPP, SAP
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
		1 @ 1 L	HNO <sup>3</sup>	TAL METALS	REF Kim Laisy
03-ER		3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL <del>Full</del> CN <sup>-</sup>	
		1 @ 1 L	HNO <sup>3</sup>	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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# REQUEST FOR ANALYSIS

R/A Control No. **183673**  
 C/C Control No. 187862

PROJECT NAME NAS Key West  
 PROJECT NUMBER 545392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/16/90  
 LAB DESTINATION IT Tampa  
 LABORATORY CONTACT Kim Lavelle  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-09-KWM-21-GW-D	Ground Water	1 @ 1 L	Cool	TCL 610	See QAPP/SAP Key West Ref Kim Lavelle
SP-09-KWM-21-GW		↓	↓	↓	
SP-09-KWM-25-GW		↓	↓	↓	
SP-09-KWM-25-E.R.		1 @ 1 L	Cool		
SP-09-KWM-25-E.B.		2 @ 40 ml		TCL 601/602	
SP-09-KWM-25-E.B.				TCL EDB	
SP-09-KWM-21-GW-D				TCL EDB	
SP-09-KWM-25-GW				TCL 601/602	
SP-09-KWM-25-GW				TCL 601/602	
SP-08-KWM-25-GW		Ground Water	2 @ 40 ml		

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 171498

C/C Control No. 142080

PROJECT NAME NAS Key West  
 PROJECT NUMBER 54539D-08  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa

DATE SAMPLES SHIPPED 7/16/90  
 LAB DESTINATION FT Louisville  
 LABORATORY CONTACT Kim Laisy  
 SEND LAB REPORT TO FT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7774

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
09-05-GM-GW	Water	4 @ 40 ml	HCL	TCL Full VDA (601, 602-EDB)	See QAPP ISAP
↓ ↓	↓	1 @ 1 l plastic	HNO <sup>3</sup> - pb	TAL pb	Key West
		1 @ 1 l amber	None - Cool	TCL Full 610	Ref Kim Laisy
09-02-GM-GW		4 @ 40 ml	HCL	TCL Full VDA (601, 602, EDB)	
↓ ↓	↓	1 @ 1 l plastic	HNO <sup>3</sup> - pb	TAL pb	
		1 @ 1 l amber	None - Cool	TCL Full 610	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)  
 Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY  
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WHITE - Original, to accompany samples  
 YELLOW - Field copy



REQUEST FOR ANALYSIS

R/A Control No. 183675
C/C Control No. 187864

PROJECT NAME: N/A5 Key West
PROJECT NUMBER: A 595392-08
PROFIT CENTER NUMBER:
PROJECT MANAGER: M. Hampton
BILL TO: IT Tampa
DATE SAMPLES SHIPPED: 2/16/80
LAB DESTINATION: IT Key
LABORATORY CONTACT: Kim Laish
SEND LAB REPORT TO: IT Tampa
DATE REPORT REQUIRED: Normal TAT
PROJECT CONTACT: M. Hampton
PROJECT CONTACT PHONE NO.: 813-622-7174

Table with 6 columns: Sample No., Sample Type, Sample Volume, Preservative, Requested Testing Program, Special Instructions. Contains handwritten entries for three samples and a large scribble across the bottom rows.

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)
QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)
POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)
SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

FOR LAB USE ONLY
Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 171625  
C/C Control No. 174554

PROJECT NAME Key West RI  
PROJECT NUMBER SP5392  
PROJECT MANAGER R Stephens  
BILL TO IT Tampa

DATE SAMPLES SHIPPED 6/25/90  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO IT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
D3B13	Soil Composite	250 ml	Ice	TOC	
D3B13	" " discrete	1 l	Ice	Grain Size, PH, AEC	
Site 3/Soil 1	Soil discrete	250 ml	Ice	TOC	
Site 8/RW1	Soil discrete	250 ml	Ice	TOC	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant  Highly Toxic  Other DOT  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

H/A Control No: 111624  
C/C Control No: 16738635

PROJECT NAME NAS KEY WEST  
PROJECT NUMBER 595392  
PROJECT MANAGER R. Stephens  
BILL TO IT Temple

DATE SAMPLES SHIPPED 6/7/9  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO R. Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
MW-4-A	comp. soil	250 ml ?	none	TCL VOA's	
MW-4-b	" "	"	"	TCL BNA	
MW-4-c	" "	"	"	TAL Metal	
MW-4-d	" "	"	"	EP TOX	
MW-5-A	" "	"	"	TCL VOA's	
MW-5-b	" "	"	"	TAL metals	
MW-5-c	" "	"	"	TCL BNA	
MW-5-d	" "	"	"	EP TOX	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush  (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard  Flammable  Skin Irritant  Highly Toxic  Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client  Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



REQUEST FOR ANALYSIS

R/A Control No. 171631  
C/C Control No. 167387 JB

PROJECT NAME NKS KEY WEST  
PROJECT NUMBER 595392  
PROJECT MANAGER R. Stephens  
BILL TO IT Turp

DATE SAMPLES SHIPPED 7/7/90  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO R. Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
MWFFTA-1	Soil			EP TOX	
MWFFTA-3	Soil			EP TOX	
BFFTA-7	Soil			" "	
MW-3-A	"			TCL VOA's	
MW-3-B	"			TCL BNA	
MW-3-C	"			TAL Metals	
MW-3-D	"			EP TOX	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

H/A Control No. 171527  
 C/C Control No. 163519 JB  
2/25/90  
IT

PROJECT NAME AMSKYWEST  
 PROJECT NUMBER 595392  
 PROJECT MANAGER R. Stephens  
 BILL TO IT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED \_\_\_\_\_  
 LAB DESTINATION \_\_\_\_\_  
 LABORATORY CONTACT \_\_\_\_\_  
 SEND LAB REPORT TO R. Stephens  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT \_\_\_\_\_  
 PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
4-1	Soil		4°C	VOA, DVA, METALS, EP TOX	
4-2	Soil		4°C	UVA <del>PVA</del> , METALS, EP PX	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)  
 POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)  
 Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic  Other \_\_\_\_\_ (Please Specify)  
 SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY  
 Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 171618  
C/C Control No. 174555  
6/30/90

PROJECT NAME NAS Key West RI  
PROJECT NUMBER 555 392  
PROJECT MANAGER R. Stephens  
BILL TO IT Tampa

DATE SAMPLES SHIPPED \_\_\_\_\_  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO IT, Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
RW 7	Soil	250 ml	none	TOC	
MW 3	"	"	"	TCL UOA	
MW 3	"	"	"	TCL BNA	
MW 3	"	"	"	TAL Metals	
MW 2	"	1L	"	Grain Size pH AEC	
MW 2	"	250 ml	"	TAL Metals	
MW 2	"	"	"	TCL BNA	
MW 2	"	"	"	TCL UOA	
MW 2	"	"	"	TOC	
S.V./RW1	Soil	250 ml	"	TOC	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush  (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard  Flammable  Skin Irritant  Highly Toxic  Other DOT (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client  Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

F/A Control No. 172404  
C/C Control No. 142079

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROJECT MANAGER M. Hampton  
BILL TO FT Tampa

DATE SAMPLES SHIPPED 7/16/90  
LAB DESTINATION FT Knoxville  
LABORATORY CONTACT Kim Layce  
SEND LAB REPORT TO FT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal FAT  
PROJECT CONTACT M Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
05-02-GW	Water	2 @ 40 ml	NCL	TCL Full VOA	See APP/SAP
05-03-GW	↓	2 @ 40 ml	↓		Key West
09-05-GW-GW		4 @ 40 ml			Rep Kim Layce
07-02-GW-GW		4 @ 40 ml			
07-KW09-GW		2 @ 40 ml			
04-05-GW		2 @ 40 ml			
07-15-TB	Tap Blank	2 @ 40 ml	↓	↓	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. **171496**  
 C/C Control No. 142081

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595342-08  
 PROJECT MANAGER R. Hampton  
 BILL TO ITT Tampa

DATE SAMPLES SHIPPED 7/16/90  
 LAB DESTINATION ITT Key  
 LABORATORY CONTACT L.M. Laisy  
 SEND LAB REPORT TO ITT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal ITT  
 PROJECT CONTACT \_\_\_\_\_  
 PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
05-02-GW	Water	2-40 mL vials	HCL	TCL Full VOA	Per QAPP/SAP
↓	↓	3-1 L amber	None - Cool	TCL Full BNA/Pest/PCB	Key West
↓		2-1 L plastic	NaOH <sup>CN-</sup> , HNO <sup>3</sup> metab	TAL CN, TAL Metals	Ref L.M. Laisy
05-03-GW	↓	2-40 mL vials	HCL	TCL Full VOA	
↓		3-1 L amber	None - Cool	TCL Full BNA/Pest/PCB	
↓		2-1 L plastic	NaOH <sup>CN-</sup> , HNO <sup>3</sup> metab	TAL CN, TAL Metals	
10-01-GW		1-1 L plastic	Zinc Acetate	Appendix 4 Sulfide	
/	/	/	/	/	/
/	/	/	/	/	/

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal \_\_\_\_\_ Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



# REQUEST FOR ANALYSIS

H/A Control No. 111529  
 C/C Control No. 163291  
6/6/90  
IT  
IT Corp

PROJECT NAME Key West RI  
 PROJECT NUMBER 595392  
 PROJECT MANAGER Robert Stephens  
 BILL TO IT Corp  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED \_\_\_\_\_  
 LAB DESTINATION \_\_\_\_\_  
 LABORATORY CONTACT \_\_\_\_\_  
 SEND LAB REPORT TO \_\_\_\_\_  
 DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT \_\_\_\_\_  
 PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
sites/Plot 6	Composite	250 ml	None (Ice)	CN <sup>-</sup> , TAL	
"	Composite	" "	None (Ice)	PCBs, Pesticides	
"	Discrete	" "	None (Ice)	VOA, TAL	
Plot 5	Composite	" "	" "	CN <sup>-</sup> , TAL	
"	Composite	" "	" "	PCBs, Pesticides	
"	Discrete	" "	" "	VOA, TAL	
sites/Plot 4	Composite	" "	" "	CN <sup>-</sup> , TAL	
	Composite	" "	" "	PCBs, Pesticides	
	Discrete	" "	" "	VOA, TAL	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)  
 POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)  
 Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic  Other DIST (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY  
 Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



REQUEST FOR ANALYSIS

R/A Control No. 171530

C/C Control No. 16390

PROJECT NAME Key West RI
PROJECT NUMBER 095392
PROJECT MANAGER R Stephens
BILL TO IT Corp.

DATE SAMPLES SHIPPED 6/9/90
LAB DESTINATION IT
LABORATORY CONTACT
SEND LAB REPORT TO IT Corp.

PURCHASE ORDER NO.

DATE REPORT REQUIRED
PROJECT CONTACT
PROJECT CONTACT PHONE NO.

Table with 6 columns: Sample No., Sample Type, Sample Volume, Preservative, Requested Testing Program, Special Instructions. Contains handwritten entries for samples from sites 5/Plot 3 and 5/Plot 2.

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal [checked] Rush (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous Flammable Skin Irritant Highly Toxic [checked] Other ADT (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client Disposal by Lab

FOR LAB USE ONLY

Received By Date/Time

WHITE - Original, to accompany samples
YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 111506  
 C/C Control No. 163593  
6/19/90 6/7/90 JKB  
IT Lab

PROJECT NAME NAS site 3  
 PROJECT NUMBER 595 392  
 PROJECT MANAGER Robert Stephens  
 BILL TO IT Tampa

DATE SAMPLES SHIPPED \_\_\_\_\_  
 LAB DESTINATION \_\_\_\_\_  
 LABORATORY CONTACT \_\_\_\_\_  
 SEND LAB REPORT TO Robert Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT AV  
 PROJECT CONTACT PHONE NO. 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
Plot 1	Composite	80 ml	40°	TAL Metals c <sup>n</sup>	
"	Composite	"	"	Pest / PCB	
"	Composite	1.5 pint	"	Grain size	
"	Grab	80 ml	"	TAL VOA	
Plot 2	Composite	"	"	TAL Metals c <sup>n</sup>	
"	"	"	"	Pest / PCB	
"	"	"	"		
"	Grab	"	"	TAL VOA	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other PCB's (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 171619  
 C/C Control No. 163597  
6/2/90  
IT

PROJECT NAME Key West NAS  
 PROJECT NUMBER 595392  
 PROJECT MANAGER Robert Stephens  
 BILL TO IT Corporation

DATE SAMPLES SHIPPED \_\_\_\_\_  
 LAB DESTINATION \_\_\_\_\_  
 LABORATORY CONTACT Robert Stephens  
 SEND LAB REPORT TO \_\_\_\_\_

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT \_\_\_\_\_  
 PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
Soil Boring/Mw1	Grab/Soil	Soil Boring Glass	None	EPTox	NA
"   Mw2	Grab/Soil	"	None	EPTox	NA
"   Mw3	Grab/Soil	"	None	EPTox	NA
"   Mw4	Grab/Soil	"	None	EPTox	NA
"   Mw5	Grab/Soil	"	None	EPTox	NA
"   Mw6	Grab/Soil	"	None	EPTox	NA
"   Mw2	Composite Soil	Composite Glass	None	Sec. Label	NA

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)  
 Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant  Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY  
 Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



# REQUEST FOR ANALYSIS

Control No. 271620  
C/C Control No. 163599

PROJECT NAME NAS  
PROJECT NUMBER 595392  
PROJECT MANAGER Robert Stephens  
BILL TO IT Tampa

DATE SAMPLES SHIPPED 6/2/90  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO Robert Stephens

PURCHASE ORDER NO. \_\_\_\_\_  
DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
Plot 1	Composite	≈ 80 ml	4°C	TCL BNA, Pest/PCB	
"	Composite	"	"	TAL Metals, CN <sup>-</sup>	
"	discrete	"	"	TCL VOA	
Plot 2	Composite	"	"	TCL BNA, Pest/PCB	
"	Composite	"	"	TAL Metals, CN <sup>-</sup>	
"	discrete	"	"	TCL VOA	
Plot 3	Composite	"	"	TCL BNA, Pest/PCB	
"	Composite	"	"	TAL Metals, CN <sup>-</sup>	
"	discrete	"	"	TCL VOA	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable  Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other PCB  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 171621  
C/C Control No. 163600 JB

PROJECT NAME NAS  
PROJECT NUMBER 595392  
PROJECT MANAGER Robert Stephens  
BILL TO IT Corp. Tampa

DATE SAMPLES SHIPPED 6/2/90  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO Robert Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
Plot 4	Composite	~ 80 ml	4°C	TCL BNA, Pest / PCB	
"	Composite	"	"	TAL Metals, CN <sup>-</sup>	
"	discrete	"	"	TCL VOA	
Plot 5	Composite	"	"	TCL BNA, Pest / PCB	
"	Composite	"	"	TAL Metals, CN <sup>-</sup>	
"	discrete	"	"	TCL VOA	
Plot 6	Composite	"	"	TCL BNA, Pest / PCB	
	Composite	"	"	TAL Metals, CN <sup>-</sup>	
	discrete	"	"	TCL VOA	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other PCB  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 111623  
C/C Control No. 174556  
06/05/90

PROJECT NAME Way West RI  
PROJECT NUMBER 595392  
PROJECT MANAGER Robert Stephens  
BILL TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED \_\_\_\_\_  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO Robert Stephens  
\_\_\_\_\_  
\_\_\_\_\_  
DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
<u>4, boring/MW4</u>	<u>Grab</u>	<u>250ml</u>	<u>None</u>	<u>TAL, metals, CN-</u>	
<u>4, boring/MW4</u>	<u>Grab</u>	<u>250ml</u>	<u>None</u>	<u>TCL, ENA, Pest, PCB</u>	
<u>"</u>	<u>Grab</u>	<u>250ml</u>	<u>None</u>	<u>TCL, VOA</u>	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic  Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

**FOR LAB USE ONLY**

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. **171624**  
C/C Control No. ~~17415~~

PROJECT NAME Key W<sup>th</sup> RI  
PROJECT NUMBER 545392  
PROJECT MANAGER Robert Stephens  
BILL TO IT Corp  
Tarps File  
  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 6/20/90  
LAB DESTINATION IT  
LABORATORY CONTACT Kim Lisey  
SEND LAB REPORT TO IT Corp  
  
DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
lot 1 / Site 5	Soil Discrete	250 ml	Ice	VCA	
"	Soil Discrete	250 ml	"	Pent / PCB	
"	Soil Discrete	250 ml	"	Met. / CD	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic  Other DDT (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



INTERNATIONAL  
TECHNOLOGY  
CORPORATION

**REQUEST FOR ANALYSIS**

R/A Control No. 111533  
C/C Control No. 163574 SB

PROJECT NAME NAS KEY WEST  
PROJECT NUMBER 595392  
PROJECT MANAGER R. Stephens  
BILL TO IT Tampa

DATE SAMPLES SHIPPED 6/7/90  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO R. Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
BFFTA-1	Composite Soil		none	EP TOX	
MVFFTA-2	"		"	" "	
BFFTA-2	"		"	" "	
BFFTA-3	"		"	" "	
BFFTA-4	"		"	" "	
BFFTA-5	"		"	" "	
BFFTA-6	"		"	" "	
BFFTA-26	"		"	Grain Size AEC pH etc	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic  Other \_\_\_\_\_ (P)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 171629  
C/C Control No. 174558<sup>SP</sup>

PROJECT NAME NAS  
PROJECT NUMBER 595 392  
PROJECT MANAGER R. Stephens  
BILL TO ITT T-pec

DATE SAMPLES SHIPPED 6/2/90  
LAB DESTINATION \_\_\_\_\_  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO R. Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
BSF-1	composit Soil		none	EP Tox	
MWSF-1	" "		"	"	
BSF-2	" "		"	"	
MWSF-2	" "		"	"	
BSF-3	" "		"	"	
BSF-4	" "		"	"	
MWSF-3	" "		"	"	
MWSF-4	" "		"	"	
MWSF-5	" "		"	"	
MWSF-6	" "		"	"	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic  Other PCB  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 112600  
C/C Control No. 174559 SB  
6/2/90

PROJECT NAME NAS  
PROJECT NUMBER 595 392  
PROJECT MANAGER R. Stephens  
BILL TO IT Temp

DATE SAMPLES SHIPPED \_\_\_\_\_  
LAB DESTINATION \_\_\_\_\_  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO R. Stephens

PURCHASE ORDER NO. \_\_\_\_\_  
DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
MWSF-6b	Composit Soil		none	Grain Size AEGPH, etc	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)  
Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)  
POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)  
Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin irritant \_\_\_\_\_ Highly Toxic  Other PCB (Please Specify)  
SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)  
Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY  
Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



REQUEST FOR ANALYSIS

R/A Control No. 171632
C/C Control No. 163595
6-20-90

PROJECT NAME: NAS KEY WEST
PROJECT NUMBER: 595-392
PROJECT MANAGER: R. Stevens
BILL TO: IT TAMPA

DATE SAMPLES SHIPPED
LAB DESTINATION
LABORATORY CONTACT: Kim Lisey
SEND LAB REPORT TO: IT Tampa

PURCHASE ORDER NO.

DATE REPORT REQUIRED
PROJECT CONTACT
PROJECT CONTACT PHONE NO.

Table with 6 columns: Sample No., Sample Type, Sample Volume, Preservative, Requested Testing Program, Special Instructions. Contains handwritten entries for TOC B10-5 and TOC MW4-5.

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal [checked] Rush (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardable Flammable Skin Irritant Highly Toxic Other (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client Disposal by Lab [checked]

FOR LAB USE ONLY

Received By Date/Time

WHITE - Original, to accompany samples
YELLOW - Field copy



**INTERNATIONAL  
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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 111655  
C/C Control No. 1745605B

PROJECT NAME NAS KEY WEST  
PROJECT NUMBER 595392  
PROJECT MANAGER R. Stephens  
BILL TO IT Tampa

DATE SAMPLES SHIPPED 6/7/90  
LAB DESTINATION IT  
LABORATORY CONTACT \_\_\_\_\_  
SEND LAB REPORT TO R. Stephens

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
PROJECT CONTACT \_\_\_\_\_  
PROJECT CONTACT PHONE NO. \_\_\_\_\_

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
MW-1	comp soil	250 ml	none	EP TOX	
MW-2	" "	"	"	EP TOX	
MW-2A	" "	1 liter	"	Gross Size Acc pH...	
MW-3	" "	250 mL	"	EP TOX	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



### REQUEST FOR ANALYSIS

R/A Control No. 171732

C/C Control No. 189832

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa

DATE SAMPLES SHIPPED 7/13/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT Kim Loisy  
 SEND LAB REPORT TO IT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
OS-SED-U	Sediment	2 @ 500 mL	Cool	TCL Full Pest/BNA/PCB	Per QAPP/SAP
↓	↓	2 @ 500 mL	↓	TAL Full Metals, CN-	Key West
↓		1 @ 120 mL		TCL VDAS	Ref Kim Loisy
OS-SED	Sediment	2 @ 500 mL		TCL Full Pest/BNA/PCB	
↓	↓	2 @ 500 mL		TAL Full Metals, CN-	
↓		1 @ 120 mL	TCL VDAS		

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 171154  
 C/C Control No. 189830

PROJECT NAME NAS Key West  
 PROJECT NUMBER 598342-08  
 PROJECT MANAGER M. Hampton  
 BILL TO JT Tampa

DATE SAMPLES SHIPPED 7/31/90  
 LAB DESTINATION JT Tampa  
 LABORATORY CONTACT Kim Layce  
 SEND LAB REPORT TO JT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7171

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
05-SW-U	Surface Water	30 l	None	TCL Full Test/PCB/BNA	Per OAP/SAP
↓		1 @ 1 l	HNO <sup>3</sup>	TAL Metals	Key West
↓		1 @ 1 l	NaOH	TAL CN	Ref Kim Layce
↓		3 @ 1 l	None	TCL Full Test/PCB/BNA	
↓		1 @ 1 l	NaOH	TAL CN	
↓		1 @ 1 l	HNO <sup>3</sup>	TAL METALS	
05-SW-U	Surface Water	2-40 ml vials	HCL	TCL Full VOAS	Ref COC Jm VOAS # 187840

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)  
 Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant  Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY  
 Received By \_\_\_\_\_ Date/Time \_\_\_\_\_



# REQUEST FOR ANALYSIS

R/A Control No. 171740  
C/C Control No. 187839

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392 08  
PROJECT MANAGER M. Hampton  
BILL TO ITT Tampa

DATE SAMPLES SHIPPED 7/13/90  
LAB DESTINATION ITT Knox  
LABORATORY CONTACT K. Layce  
SEND LAB REPORT TO ITT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7170

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
05-5W-0	Water	3 @ 1 L	None	TCL Full Post/BNA/PCB	See QAPP/SAP
↓		10 @ 1 L	NaOH	TAL CN	REF Kim Layce
↓		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	Key West
↓		2 @ 40 mL	HCL	TCL Full VOAS	
07-KWM12 <sup>6W</sup>	↓	3 @ 1 L	None	TCL Full Post/BNA/PCB	
↓		1 @ 1 L	NaOH	TAL CN	
↓		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	
↓		2 @ 40 mL	HCL	TCL Full VOAS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_

Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 111741  
C/C Control No. 187838

PROJECT NAME NAS Key West  
PROJECT NUMBER 545392-08  
PROJECT MANAGER M. Hampton  
BILL TO IT Tampa

DATE SAMPLES SHIPPED 7/13/90  
LAB DESTINATION IT Knox  
LABORATORY CONTACT Kim Layze  
SEND LAB REPORT TO IT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal 7AT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-602-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10-01-6W	Ground Water	1 @ 1 gal amber	NONE	Full Appendix 9 ↓ less Sulfides ↓ ↓	See QAPP/SAP
		1 @ 1 gal amber	↓		Key West
		1 @ 1 gal amber	↓		Ref Kim Layze
		1 @ 1 l plastic	<del>NaNO<sub>3</sub></del> <sup>NO<sub>3</sub></sup>		
		1 @ 1 l plastic	<del>NaOH &amp; Zinn</del> <sup>SP</sup>		
		2 @ 40 ml vials	HCL		Ref VOA CUC #187840

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 171743  
C/C Control No. 187832

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROJECT MANAGER M. Hampton  
BILL TO FT Tampa

DATE SAMPLES SHIPPED 7/13/90  
LAB DESTINATION FT Looy  
LABORATORY CONTACT Kim Lacey  
SEND LAB REPORT TO FT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
04-01-GW	WATER	2x 40 ml vials	HCL	TCL Full VOAs	
01-04-GM GW	↓	↓	↓	↓	
01-04-FB					
04-10-GW					
01-02-GW					
01-01-GW					
07-KWM12-GW					
07-17-ER					
07-KWM11-GW					
TRIP					

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



# REQUEST FOR ANALYSIS

R/A Control No. 111744

C/C Control No. 187840

PROJECT NAME NAS Key West  
 PROJECT NUMBER 593392-08  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa

DATE SAMPLES SHIPPED 7/13/90  
 LAB DESTINATION IT Louisville  
 LABORATORY CONTACT Kim Daisy  
 SEND LAB REPORT TO IT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Monday 7/17

PROJECT CONTACT M. Hampton

PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10-01-GW	Water	2 @ 40 mL	HCL	FCL Full VOA	See QAPP/SAP
05-5W-GW	Surface Water	↓	↓	↓	Key West Ref Kim Daisy
04-04-GW	Water				
04-02-GW					
05-5W-2					
01-04-FB					
08-05-GW					
08-11-GW					
TRIP 11 GW					

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal

Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_

Flammable \_\_\_\_\_

Skin Irritant \_\_\_\_\_

Highly Toxic \_\_\_\_\_

Other  \_\_\_\_\_

(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_

Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_

Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples

YELLOW - Field copy



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 233246

C/C Control No. 187842

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
02-04-GWB	<del>Water</del> Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	Per WAPP/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN-	Key West
↓	↓	1 @ 1 L	HNO3	TAL Metals	Ref Kim Laisy
01-04-GWB	↓	3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL CN-	
↓	↓	1 @ 1 L	HNO3	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



# REQUEST FOR ANALYSIS

H/A Control No. 1117+J  
C/C Control No. 107834

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROJECT MANAGER M. Hampton  
BILL TO IT Tampa

DATE SAMPLES SHIPPED 7/13/90  
LAB DESTINATION IT Key  
LABORATORY CONTACT Kim Laisy  
SEND LAB REPORT TO IT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal AT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
<u>Trip</u>	<u>Water</u>	<u>2-40 ml vials</u>	<u>HCL</u>	<u>TCL Full VOA</u>	<u>See QATP/SAP</u>
<u>01-03-0M GW</u>	↓	↓	↓	↓	<u>Key West</u>
<u>01-03-0MMSD</u>	↓	↓	↓	↓	<u>Ref Kim Laisy</u>
<u>01-03-0MMS</u>					

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
YELLOW - Field copy



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 111746

C/C Control No. \_\_\_\_\_

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROJECT MANAGER N. Hampton  
 BILL TO IT Tampa

DATE SAMPLES SHIPPED 7/13/98  
 LAB DESTINATION JT Lang  
 LABORATORY CONTACT K. Laizy  
 SEND LAB REPORT TO JT Tampa

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT N. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
07-17-ER	Water	3 @ 1 L	None	TCL Full Post/BNA/PCB	PU 0977/SA7
↓		1 @ 1 L	NaOH	TAL CN	Key West
↓		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	Ref Kim Laizy
↓		2 @ 40 mL	HCL	TCL Full VOAs	
07-KWM11-CW		3 @ 1 L	None	TCL Full Post/BNA/PCB	
↓		1 @ 1 L	NaOH	TAL CN	
↓	1 @ 1 L	HNO <sub>3</sub>	TAL Metals		
↓	2 @ 40 mL	HCL	TCL Full VOAs		

TURNAROUND TIME REQUIRED: (Rush must be approved by the Project Manager.)

Normal

Rush \_\_\_\_\_ (Subject to rush surcharge)

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances)

Nonhazardous \_\_\_\_\_

Flammable \_\_\_\_\_

Skin Irritant \_\_\_\_\_

Highly Toxic \_\_\_\_\_

Other  \_\_\_\_\_  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, and disposal.)

Return to Client \_\_\_\_\_

Disposal by Lab

FOR LAB USE ONLY

Received By \_\_\_\_\_

Date/Time \_\_\_\_\_

WHITE - Original, to accompany samples  
 YELLOW - Field copy



### REQUEST FOR ANALYSIS

R/A Control No. **183602**  
 C/C Control No. 187891

PROJECT NAME NAS Key West  
 PROJECT NUMBER 598392-02  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/13/90  
 LAB DESTINATION FT Kacy  
 LABORATORY CONTACT Kia Layze  
 SEND LAB REPORT TO FT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT 813 - Alon Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
01-02-6W	Site 1 wells	3 @ 1 l	None	TCL Full Test / BNA / PCB	See QAPP / SAR
↓	↓ ↓	1 @ 1 l	NaOH	TAL CN-	Key West
		1 @ 1 l	HNO3	TAL Metals	Ref. Lia. Layze
01-01-6M-02W	Site 1, well 1	3 @ 1 l	None	TCL Full Test / BNA / PCB	
↓	↓ ↓	1 @ 1 l	NaOH	TAL CN-	
		1 @ 1 l	HNO3	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal \_\_\_\_\_ Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_ Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date / Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **183603**  
CIC Control No. 189848

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER M. Hampton  
BILL TO FT Tampa  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/16/90  
LAB DESTINATION FT Labx  
LABORATORY CONTACT Kim Layce  
SEND LAB REPORT TO FT Tampa  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-08-01 SW	Water	2.40 ml vials	HCL	TCL Full VOA	See QAPP/SAP
TB-8	Tip Blank			<del>TCL 601/602</del> <sup>SB</sup>	Key West
SP-09-KUM- 21-GW	Water			TCL EDB	Ref Kim Layce
SP-09-KUM- 21-GW				TCL 601/602	
SP-09-KUM- 21-LIN-D				TCL EDB	
SP-09-KUM- 21-GW				TCL 601/602	
SP-09-KUM- 25-E.R.				Equip Rinse	
SP-09-KUM- 25-E.B.					
SP-09-KUM- 25-E.B.					
SP-09-KUM- 21-GW				TCL 601/602	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 183604

C/C Control No. 189846

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/16/90  
 LAB DESTINATION FT Key  
 LABORATORY CONTACT Kim Layce  
 SEND LAB REPORT TO FT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-08-01-SW	Surface Water	3 @ 1 l	None	TCL Full Post/BNA/PCB	Per OAP/SAP
↓		1 @ 1 l	NaOH	TAL CN	Key West
		1 @ 1 l	<sup>SB</sup> HNO <sup>3</sup>	TAL Metals	Ref Kim Layce
SP-08-01-SW	Surface Water	2 @ 40 mL	HCL	TCL Full VOA	Ref COC # 189848
<del>SP-08-01-SW</del>	<del>Surface Water</del>	<del>3 @ 1 l</del>	<del>None</del>	<del>TCL Full Post/BNA/PCB</del>	<del>Per OAP/SAP</del>
<del>SP-08-01-SW</del>	<del>Surface Water</del>	<del>1 @ 1 l</del>	<del>NaOH</del>	<del>TAL CN</del>	<del>Key West</del>
<del>SP-08-01-SW</del>	<del>Surface Water</del>	<del>1 @ 1 l</del>	<del>HNO<sup>3</sup></del>	<del>TAL Metals</del>	<del>Ref Kim Layce</del>
<del>SP-08-01-SW</del>	<del>Surface Water</del>	<del>2 @ 40 mL</del>	<del>HCL</del>	<del>TCL Full VOA</del>	<del>Ref COC # 189848</del>

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 183608  
CIC Control No. 187876

PROJECT NAME NAS Key West  
 PROJECT NUMBER 545392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hoagton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/90  
 LAB DESTINATION IT Fair  
 LABORATORY CONTACT Kim Joyce  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hoagton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-04-02 SW	Surface Water	3 @ 1 L	COOL	TCL Full BNA/Pest/PCB	See QAPP/SAP
SP-04-02 SW	↓	2 @ 1 L	HNO <sub>3</sub> , NaOH CN <sup>-</sup>	TAL Metals, TAL CN <sup>-</sup>	Key West
SP-04-02 SW	Surface Water	2 @ 40 mL	HCL	TCL VOAS	Ref Kim Joyce
					Transfer VOAS to COC # 187877

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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**INTERNATIONAL  
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**REQUEST FOR ANALYSIS**

R/A Control No. **183509**  
CIC Control No. 187875

PROJECT NAME ADS by West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER M. Hampton  
BILL TO Tampa  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/90  
LAB DESTINATION IT Lab  
LABORATORY CONTACT Kim Joyce  
SEND LAB REPORT TO Tampa  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-04-02- SED	Sediment	1 @ 500 ml	Cool	TCL Full BNA/PCB/Pest	Per VAPP/SAP
↓	↓	1 @ 500 ml	↓	TAL Metals, CN-	Kim West
SP-04-02- SED	Sediment	1 @ 120 ml	Cool	TCL Full VMS	Ref Kim Joyce
SP-04-01- SED	Sediment	1 @ 500 ml	Cool	App IX BNA/PCB/Pest	
↓	↓	↓	↓	App IX Metals, CN-, Sulfide	
↓	↓	↓	↓	App IX OP Pest/Healt	
SP-04-03-01 SED	Sediment	1 @ 500 ml 1 @ 120 ml	Cool	App IX Dioxins & Furans App IX VOAS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



# REQUEST FOR ANALYSIS

R/A Control No. **183610**  
 C/C Control No. 187871

PROJECT NAME NAS Long West  
 PROJECT NUMBER 595395-05  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/90  
 LAB DESTINATION IT Knox  
 LABORATORY CONTACT Kim Myer  
 SEND LAB REPORT TO IT Tampa  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622 7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
57-04 01 SW	Surface Water	1 @ 1 gal	Cool	App IX UP Test/Heab	
		1 @ 1 gal	✓	App I BNA Test/PCB	
		1 @ 1 gal	Cool	App IX Dioxins/Furans	
		1 @ 1 gal	Zinc Acetate	App IX Cu Sulfide	
		1 @ 1 gal	HNO <sub>3</sub>	App IX Metals	
57-04 01- SW	Surface Water	1 @ 1 gal	HNO <sub>3</sub> / Zinc	App IX Sulfides	
		2 @ 40 ml	HCL	App IX VOAs	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. **183611**  
 C/C Control No. 187872

PROJECT NAME NAS Key West  
 PROJECT NUMBER 568398-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/00  
 LAB DESTINATION IT Lacey  
 LABORATORY CONTACT Lia Lacey  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-04-05- MW-55	Soil	1 @ 250 ml	Cool	App IX BNA, PCB, Pest	See QAPP/SAP
↓	↓	↓↓↓ ↓	↓	App IX OP Pests & Herb	Key West
↓	↓	1 @ 250 ml	↓	App IX Dioxins & Furans	Ref Lia Lacey
SP-04-05- MW-55	↓	1 @ 120 ml	↓	App IX Metals, CN, Sulfide	
10-MWD- 55	↓	1 @ 250 ml	↓	App IX VOAs	
↓	↓	↓↓↓ ↓	↓	App IX BNA, <sup>SB</sup> PCB/Pest	
↓	↓	1 @ 250 ml	↓	App IX OP Pests & Herb	
↓	↓	1 @ 250 ml	↓	App IX Dioxins & Furans	
10-MWD/55	Soil	1 @ 120 ml	Cool	App IX Metals, CN, Sulfide	
				App IX VOAs	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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**REQUEST FOR ANALYSIS**

R/A Control No. 183612

CIC Control No. 187870

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 7/17/90 7/18/90

PROJECT NUMBER 995392-08

LAB DESTINATION IT KROF

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT Kim Lacey

PROJECT MANAGER M. Hampton

SEND LAB REPORT TO IT Tampa

BILL TO IT Tampa

DATE REPORT REQUIRED SP12 Normal TAT

PURCHASE ORDER NO. \_\_\_\_\_

PROJECT CONTACT M. Hampton

PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-01-01- SED	Sediment	1 @ 250 ml	Cool	TCL BNA/PCB/Pest	Per QAPP/SAP
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	Key West
SP-01-04- SED	↓	1 @ 120 ml	↓	TCL VOAs	Ref Kim Lacey
SP-01-06 SED	↓	1 @ 250 ml	↓	TCL BNA/PCB/Pest	
↓	↓	1 @ 250 ml	↓	TAL Metals	
SP-01-06 SED	Sediment	1 @ 120 ml	Cool	TCL VOAs	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)

QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)

I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)

Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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Received by \_\_\_\_\_

Date/Time \_\_\_\_\_



**INTERNATIONAL  
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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 133614

C/C Control No. 187878

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 2/17/90 2/18/90  
 LAB DESTINATION IT Key  
 LABORATORY CONTACT Kim Lacey  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-04-03- SED	Sediment	1 @ 250 ml	Cool	TCL Full BNA/PCB/Post	Per QAPP/SAP
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	Key West
SP-04-03 SED	↓	1 @ 120 ml	↓	TCL Full VOA	Ref Kim Lacey
SP-04-07- SED	↓	1 @ 250 ml	↓	TCL Full BNA/PCB/Post	
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	
SP-04-07 SED	↓	1 @ 120 ml	↓	TCL Full VOA	
SP-04-05- SED	↓	1 @ 250 ml	↓	TCL Full BNA/PCB/Post	
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	
SP-04-05 SED	Sediment	1 @ 120 ml	Cool	TCL Full VOA	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 183672

C/C Control No. 189861

PROJECT NAME NAS Key West  
 PROJECT NUMBER 55538208  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/16/98  
 LAB DESTINATION FT Key  
 LABORATORY CONTACT Kim Taylor  
 SEND LAB REPORT TO FT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions		
SP-08-02-SED	Sediment	1-500 mL amber	Cool	TCL Full BNA/Pest/PCB	See OAPP/SAP		
↓		1-500 mL amber		TAL Metals, CN-	Key West		
↓		1-120 mL glass		TCL VOAs	By Kim Taylor		
SP-08-01-SED		1-500 mL amber		TCL Full BNA/PCB/Pest/			
↓		1-500 mL amber		TAL Metals, CN-			
↓		1-120 mL glass		TCL VOA			
SP-08-03-SED		1-500 mL amber		TCL Full BNA/PCB/Pest/			
↓		1-500 mL amber		TAL Metals, CN-			
↓		1-120 mL glass		TCL VOA			
↓		Sediment		1-500 mL amber	Cool	TCL Full BNA/PCB/Pest/	
↓				1-120 mL glass		TAL Metals, CN-	
↓						TCL VOAs	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
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**REQUEST FOR ANALYSIS**

R/A Control No. 183674  
C/C Control No. 167863

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER JT. M. Hampton  
BILL TO \_\_\_\_\_  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 2/14/90  
LAB DESTINATION JT Key  
LABORATORY CONTACT Lia Lacey  
SEND LAB REPORT TO JT Tampa  
DATE REPORT REQUIRED SP 190 Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
<u>SP-09-KWM-21-GW</u>	<u>Water</u>	<u>2 @ 40 ml</u>	<u>HCL</u>	<u>TCL EDB</u>	<u>In APP/SAP</u>
<u>SP-09-KWM-21-GW</u>	<u>↓</u>	<u>↓</u>	<u>HCL</u>	<u>TCL 600/602</u>	<u>Key West</u> <u>JT Lia Lacey</u>

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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### REQUEST FOR ANALYSIS

R/A Control No. 183685

C/C Control No. 187874

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/90  
 LAB DESTINATION IT Key  
 LABORATORY CONTACT Kim Lacey  
 SEND LAB REPORT TO IT Tampa  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
57-04-08- GW-GM	Ground Water	3 @ 1 L	Cool	TCL Full BNAS/PCBs/Pest	Per WAPP/SAP
57-04-08- GW-GM	↓ ↓	2 @ 1 L	HNO <sub>3</sub> <sup>metals</sup> , NaOH CN <sup>-</sup>	TAL CN, TAL Metals	Key West
57-04-08- GW-GM	Ground Water	2 @ 40 mL	HCL	TCL Full VOAS	Ref Kim Lacey
57-04-08- GW-GM	Ground Water	3 @ 1 L	Cool	TCL Full BNAS/PCBs/Pest	"Transfer all
57-04-08- GW-GM	↓ ↓	2 @ 1 L	HNO <sub>3</sub> <sup>metals</sup> , NaOH CN <sup>-</sup>	TAL Metals, TAL CN	VOAS to COC#
57-04-08- GW-GM	Ground Water	2 @ 1 L	HCL	TCL Full VOAS	187865 & 187874

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **183677**

C/C Control No. 184879

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 9/17/90  
 LAB DESTINATION FT Key  
 LABORATORY CONTACT Kim Royle  
 SEND LAB REPORT TO FT Tampa  
 DATE REPORT REQUIRED Normal JAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-09-KWM-9-OW	Water	101L	Cool	TCL 610	Per WAPP/SAP
SP-09-KWM-9-MSD	Matrix Spike Dup	101L	Cool	TCL 610	Key West
SP-09-KWM-9-MS	Matrix Spike	101L	Cool	TCL 610	Ref Kim Royle
SP-09-KWM-9-MS-DUP	Matrix Spike Dup	101L	HNO <sup>3</sup>	TAL 76	
SP-09-KWM-9-OW	Water	101L	HNO <sup>3</sup>	TAL 76	
SP-09-KWA-9-MS	Matrix Spike	101L	HNO <sup>3</sup>	TAL 76	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 183678

C/C Control No. 187866

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 7/17/98

PROJECT NUMBER 595392-08

LAB DESTINATION IT Key

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT SP Kim Layle

PROJECT MANAGER M. Hampton

SEND LAB REPORT TO IT Tampa

BILL TO IT Tampa

DATE REPORT REQUIRED Need 7/17

PURCHASE ORDER NO. \_\_\_\_\_

PROJECT CONTACT M. Hampton

PROJECT CONTACT PHONE NO. 813-622-7771

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-09-KWM-9-M.S.	SP Ground FAC Water	2 @ 40 ml	HCL	TCL 601/602	See QAPP/SAP
SP-09-KWM-9-MS	↓	↓	↓	TCL EDB	Key West
SP-09-KWM-9-MS	↓	↓	↓	TCL 601/602	Ref Kim Layle
SP-09-KWM-9-MS	↓	↓	↓	TCL EDB	
SP-09-KWM-9-MSD	↓	↓	↓	TCL 601/602	Transfer to LOC #
SP-09-KWM-9-MSD	Ground Water	2 @ 40 ml	HCL	TCL EDB	187865

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)

QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)

I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)

Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY

Received by \_\_\_\_\_

Date/Time \_\_\_\_\_



# REQUEST FOR ANALYSIS

R/A Control No. **183679**  
 C/C Control No. 187865

PROJECT NAME NAS by MSJ  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 2/7/90  
 LAB DESTINATION IT K-10x  
 LABORATORY CONTACT Kim Layle  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED 2/7/90  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-07-KWM-9-MS	Water	2 @ 40 mL	HCL	TCL 601/602	Per QAPP, SAP
SP-09-KWM-9-MS	↓	↓	↓	TCL EDB	by MSJ
SP-09-KWM-9-GW	↓	↓	↓	TCL 601/602	Per Kim Layle
SP-09-KWM-9-GW	↓	↓	↓	TCL EDB	
SP-09-KWM-9-MSD	↓	↓	↓	TCL 601/602	
SP-09-KWM-9-MSD	Water	2 @ 40 mL	HCL	TCL EDB	
SP-07-D2-SW	Surface Water	2 @ 40 mL	HCL	TCL UOAS	
SP-10-15-GW-GM	Ground Water	2 @ 40 mL	HCL	TCL UOAS	
SP-01-05-GW-GM	Ground Water	2 @ 40 mL	HCL	TCL UOAS	
SP-04-07-GW-GM	Ground Water	2 @ 40 mL	HCL	TCL UOAS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **133680**

C/C Control No. 127267

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/90  
 LAB DESTINATION IT Knox  
 LABORATORY CONTACT Kim Layce  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-07-01-SED	Sediment	1 @ 500 ml	Cool	TCL BNA/pest PCB	
SP-07-01-SED		1 @ 500 ml		TAL Metals, CN-	
SP-07-01-SED		1 @ 120 ml		TCL VOA's	
SP-07-02-SED		1 @ 500 ml		TCL BNA/pest PCB	
SP-07-02-SED		1 @ 500 ml		TAL Metals, CN-	
SP-07-02-SED		1 @ 120 ml		TCL VOA's	
SP-07-04-SED		1 @ 500 ml		TCL BNA/pest PCB	
SP-07-04-SED		1 @ 500 ml		TAL Metals, CN-	
SP-07-04-SED		1 @ 120 ml		TCL VOA's	
SP-07-04-SED		Sediment		1 @ 120 ml	Pool

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **183681**

C/C Control No. 187868

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 7/2/90

PROJECT NUMBER 595392-08

LAB DESTINATION FT Rux

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT Kim Layce

PROJECT MANAGER M. Hampton

SEND LAB REPORT TO IT Tampa

BILL TO FT Tampa

DATE REPORT REQUIRED Normal TAT

PURCHASE ORDER NO. \_\_\_\_\_

PROJECT CONTACT M. Hampton

PROJECT CONTACT PHONE NO. 813-632-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-07-03 SED	Sediment	1.500 ml	Cool	TCL SWA/PCBI Pest	Per QAPP SAP
SP-07-03 SED	V	1.500 ml	V	TAL Metals, CN	Key West
SP-07-03 SED	Sediment	1.20 ml	Cool	TCL VOAS	Ref Kim Layce

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 183682

C/C Control No. 187869

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Dangler  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/17/90  
 LAB DESTINATION IT TAMPA  
 LABORATORY CONTACT K.M. LAJCH  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Approved TAT  
 PROJECT CONTACT M. Dangler  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
<u>SP-07-02-SW</u>	<u>Surface water</u>	<u>3 @ 1 L</u>	<u>Cool</u>	<u>TCL BNA, PCB, PEST</u>	<u>Per QATT/ISA</u>
<u>↓</u>	<u>↓</u>	<u>2 @ 1 L</u>	<u>11NO<sup>3</sup>, NADA<sup>12</sup></u>	<u>TAL Metals, TAL CN</u>	<u>Key West</u>
<u>SP-07-02-SW</u>	<u>Surface water</u>	<u>2 @ 40 mL</u>	<u>HCL</u>	<u>TCL UOAS</u>	<u>Rep K.M. LAJCH</u>

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 183584

C/C Control No. 187873

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT M. Hampton  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED NOVEMBER 7 1990  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-10-18- GW-GW	Ground Water	3 @ 1 L	COOL	TCL Full BWA/pest/PCB	Per OAPP/SAP
SP-10-18- GW-GW	↓ ↓	2 @ 1 L	HALS <sup>NATH</sup> NATH CN	TAL Metals, TAL CN	Key West
SP-10-18- GW-GW	Ground Water	2 @ 40 mL	HCL	TCL Full WAs	Ref GW Layer
					Transfer WAs to COC # 187863

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 183686

C/C Control No. 187877

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 2/17/90

PROJECT NUMBER 595392-CB

LAB DESTINATION IT Cary

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT Kim Layce

PROJECT MANAGER M. Hampton

SEND LAB REPORT TO IT Tampa

BILL TO \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT

PURCHASE ORDER NO. \_\_\_\_\_

PROJECT CONTACT M. Hampton

PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-04-02 SW	Surface water	2 @ 40 mL	HCL	TCL Full VOA's	Per OAPP/SAP
SP-04-01 SW	Surface water	2 @ 40 mL	HCL	App IX VOA's	Key West Ref Kim Layce

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_ (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **183800**

C/C Control No. **187845**

PROJECT NAME NAS 14g west  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/13/90  
 LAB DESTINATION FT Knox  
 LABORATORY CONTACT R. Layze  
 SEND LAB REPORT TO FT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal 7AT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7074

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-15-6W	Water	3 @ 1 l	None	TCL Full Pest/BNA/PCB	See QAPP/SAP
↓	↓	1 @ 1 l	NASH	TAL CN	Key WEST
		1 @ 1 l	HNO <sub>3</sub>	TAL Metals	LEP R. Layze
08-14-6W		3 @ 1 l	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 l	NASH	TAL CN	
		1 @ 1 l	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard  Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 188402

C/C Control No. 137001

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION IT Key  
 LABORATORY CONTACT K. Layzell  
 SEND LAB REPORT TO M. Hampton

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
01-03-6M-0W	<u>Water</u>	<u>3 @ 1 L</u>	<u>None</u>	<u>TCL Full Pest/BPA/PCB</u>	
01-03-6M-MS	↓	<u>2 @ 1 L</u>	<u>None</u>	<u>TCL Full Matrix</u>	
01-03-6M-MSD		<u>2 @ 1 L</u>	<u>None</u>	<u>" " " Spike</u>	
01-03-6M-0W		<u>1 @ 1 L</u>	<u>NaOH</u>	<u>TAL CN</u>	
01-03-6M-0W		<u>1 @ 1 L</u>	<u>HNO<sub>3</sub></u>	<u>TAL Metals</u>	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

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**INTERNATIONAL  
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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **188403**  
C/C Control No. \_\_\_\_\_

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER M. Hampton  
BILL TO IT Tampa  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
LAB DESTINATION FT Knox  
LABORATORY CONTACT K. M. Lacey  
SEND LAB REPORT TO IT Tampa  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
SP-01-01-SED	Sediment	1 @ 250 ml	Cool	TCL Full BNA/PCB/Pest	Per QAPP/SAP
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	Key West
SP-01-01-SED	↓	1 @ 120 ml	↓	TCL Full VOA	Ref. K. M. Lacey
SP-01-02-SED	↓	1 @ 250 ml	↓	TCL Full BNA/PCB/Pest	
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	
SP-01-02-SED	↓	1 @ 120 ml	↓	TCL VOA	
SP-01-03-SED	↓	1 @ 250 ml	↓	TCL BNA/PCB/Pest	
↓	↓	1 @ 250 ml	↓	TAL Metals, CN-	
SP-01-03-SED	Sediment	1 @ 120 ml	Cool	TCL VOA	
01-MW01-55	Soil	1 @ 250 ml	Cool	TCL	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab \_\_\_\_\_ Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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WHITE - Original, to accompany samples  
 YELLOW - File copy



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **188405**  
CIC Control No. 137003

PROJECT NAME NIS by West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER M Hampton  
BILL TO IT Tampa  
\_\_\_\_\_  
\_\_\_\_\_  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/18/90  
LAB DESTINATION IT Knox  
LABORATORY CONTACT Kim Lacey  
SEND LAB REPORT TO IT Tampa  
\_\_\_\_\_  
\_\_\_\_\_  
DATE REPORT REQUIRED Normal FAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10-55	Soil	1 @ 250 ml	Pool	TOC	Per OAPP/SAP
10-655	↓	1 @ 250 ml	↓	TOC	log nest
10-55	↓	1 @ 250 ml	↓	TOC	Ref Kim Lacey
10-55	Soil	1 @ 250 ml	↓ Cool	TOC	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard  Flammable  Skin Irritant  Highly Toxic  Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238210**

C/C Control No. **174438**

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 07/09/90  
 LAB DESTINATION IT KNOXVILLE  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
07-01-0W	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	See QA??PAP
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
		1 @ 1 L	HNO <sup>3</sup>	TAL Metals	REF Kim Layce
Field Blank		3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
		1 @ 1 L	HNO <sup>3</sup>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**REQUEST FOR ANALYSIS**

R/A Control No. 238211

C/C Control No. 174439

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 07/09/90

PROJECT NUMBER 595392-08

LAB DESTINATION IT Knoxville

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT KIM LAISY

PROJECT MANAGER MARK HAMPTON

SEND LAB REPORT TO IT TAMPA

BILL TO IT TAMPA

DATE REPORT REQUIRED Normal TAT

PURCHASE ORDER NO. \_\_\_\_\_

PROJECT CONTACT MARK HAMPTON

PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions	
07-03-GW	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	See QAPP/SAP	
↓		1 @ 1 L	NaOH	TAL CN	Key West	
		1 @ 1 L	ZnO <sup>3</sup>	metals	TAL metals	REF Kim Layce
07-04-GW		3 @ 1 L	None		TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL CN		
		1 @ 1 L	ZnO <sup>3</sup>	metals	TAL metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)

QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)

I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)

Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY

Received by \_\_\_\_\_

Date/Time \_\_\_\_\_



**REQUEST FOR ANALYSIS**

R/A Control No. 238212

C/C Control No. 174440

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595 392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 07/09/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622 7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
07-05-GW	Water	3 @ 1 L	None	TCL Full Post/BNA/PCB	In QA/P/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
		1 @ 1 L	HNO <sup>3</sup>	TAL METALS	REF Kim LAYCE
07-06-GW		3 @ 1 L	None	TCL Full Post/BNA/PCB	
↓		1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
		1 @ 1 L	HNO <sup>3</sup>	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**REQUEST FOR ANALYSIS**

R/A Control No. **238213**

CIC Control No. **174441**

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/9/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
07-01-GW	Water	2-40 ml vials	HCL	TCL Full VOA	See QAPP/SAP
07-02-GW	↓	↓	↓	↓	Key West
07-02-GWD					REF Kim Layce
07-03-GW					
07-04-GW					
07-05-GW					
07-06-GW					
Field Blank					
Trip Blank					

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_





### REQUEST FOR ANALYSIS

R/A Control No. 233216  
 C/C Control No. 174413

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/9/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT Kim Laisy  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Annual TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
<u>U8-01-GW</u>	<u>Water</u>	<u>3 @ 1 L</u>	<u>None</u>	<u>TCL Full Post/BNA/PCB</u>	<u>Per QA??/SAP</u>
<u>↓</u>	<u>↓</u>	<u>1 @ 1 L</u>	<u>NaOH</u>	<u>TAL CN</u>	<u>Key West</u>
		<u>1 @ 1 L</u>	<u>HNO<sup>3</sup></u>	<u>TAL Metals</u>	<u>REP Kim LaYce</u>

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 238217

CIC Control No. 174444

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595 392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO I T TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 07/09/90  
 LAB DESTINATION I T Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO I T TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-01-GW	Water	2-40 ml vials	HCL	TCL <sup>Full</sup> VOA	Per QAPP/SAP
08-05-GW	↓	↓	↓	TCL Full VOA	Key West
08-ER	↓	↓	↓	TCL Full VOA	REP Kim Laisy

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**REQUEST FOR ANALYSIS**

R/A Control No. **238218**

C/C Control No. 137821

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO I T TAMPA

DATE SAMPLES SHIPPED 7/10/90  
 LAB DESTINATION I T KNOXVILLE  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO I T TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
04-02-GW0	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	See QAPP/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
↓		1 @ 1 L	HNO <sup>3</sup>	TAL Metals	LEP Kim Lacey
04-02-GW0		3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓		1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
↓		1 @ 1 L	HNO <sup>3</sup>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238220**  
C/C Control No. **137819**

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER MARK HAMPTON  
BILL TO I T TAMPA

DATE SAMPLES SHIPPED 7/10/90  
LAB DESTINATION I T Knoxville  
LABORATORY CONTACT Kim Laise  
SEND LAB REPORT TO I T TAMPA

DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT MARK HAMPTON  
PROJECT CONTACT PHONE NO. (813) 622-7174

FR NO. \_\_\_\_\_

Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	See OAPP/SAP
↓	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Key West
	1 @ 1 L	HNO <sup>3</sup>	TAL METALS	REF Kim Laise
	3 @ 1 L	None	TCL Full Pest/BNA/PCB	
	1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
	1 @ 1 L	HNO <sup>3</sup>	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238221**  
CIC Control No. **174-169**

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER MARK HAMPTON  
BILL TO IT TAMPA  
\_\_\_\_\_  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/10/90  
LAB DESTINATION IT Knoxville  
LABORATORY CONTACT KIM LAISY  
SEND LAB REPORT TO IT TAMPA  
\_\_\_\_\_  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT MARK HAMPTON  
PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
01-01-6W	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	Per QAPP/SAP
↓	↓	1 @ 1 L	None	TAL CN <sup>cn</sup>	Key West
↓	↓	1 @ 1 L	R/NO 3	TAL Metals	REF Kim LAYCE

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.) QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.) I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_  
(Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. **238225**

C/C Control No. 174-166

PROJECT NAME NAS KLY WEST  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO I T TAMPA

DATE SAMPLES SHIPPED 7/9/90  
 LAB DESTINATION IT KNOXVILLE  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO I T TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-04-GW	Water	3 @ 1 L	None	TCL Full Pest/PCB/BNA	In QAPP/SAP
↓		1 @ 1 L	NaOH	TAL CN <sup>-</sup>	Kly West
↓		1 @ 1 L	HNO <sub>3</sub>	TAL METALS	REF Kim Laisy
08-06-GW 0 <sup>07/18</sup>		3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓		1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
↓		1 @ 1 L	HNO <sub>3</sub>	TAL METALS	
08-06-SWD		3 @ 1 L	None	TCL Full Pest/PCB/BNA	
↓		1 @ 1 L	NaOH	TAL CN <sup>-</sup>	
↓		1 @ 1 L	HNO <sub>3</sub>	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**REQUEST FOR ANALYSIS**

R/A Control No. 238226  
 C/C Control No. 174468

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/4/96  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT Kim Laisy  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-03-GW	Water	2-40 ml vials	HCL	TCL Full VOA	
08-03-0WMS	↓	↓	↓	↓	
08-03-0WMSD					
03-03-GW					
03-03-GW					
03-01-GW					
03-ER					
08-04-GW					
08-06-GW <sup>NOV 07/96</sup>					
08-06-0WDr?					

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_





**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 233222  
CIC Control No. 174464

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER MARK HAMPTON  
BILL TO IT TAMPA  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/9/90  
LAB DESTINATION IT Knoxville  
LABORATORY CONTACT KIM LAISY  
SEND LAB REPORT TO IT TAMPA  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT MARK HAMPTON  
PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-03-GW	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	See QAPP/SAP
↓	↓	1 @ 1 L	NADH	TAL CN <sup>-</sup>	Key West
		1 @ 1 L	ZND <sup>3</sup>	TAL METALS	REF Kim Laisy
08-03-QW-MS	↓	2 @ 1 L	None	TCL Full Pest/BNA/PCB	
08-03-QW-MSA	↓	2 @ 1 L	None	TCL Full Pest/BNA/PCB	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 233224  
C/C Control No. 174463

PROJECT NAME NAS Key West  
PROJECT NUMBER 595392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER MARK HAMPTON  
BILL TO IT TAMPA  
\_\_\_\_\_  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/9/90  
LAB DESTINATION IT Knoxville  
LABORATORY CONTACT KIM LAISY  
SEND LAB REPORT TO IT TAMPA  
\_\_\_\_\_  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT MARK HAMPTON  
PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
03-01-6W	Water	3 @ 1 L	None	Full TCL Test, BNA / PCB	See 4A??, SAP
↓	↓	1 @ 1 L	NaOH HNO <sub>3</sub>	CN <sup>-</sup> Metals TAL CN <sup>-</sup> TAL Metals	Key West REF Kim Laisy
03-02-6W	↓	3 @ 1 L	None	Full TCL Test / BNA / PCB	
↓	↓	1 @ 1 L	NaOH	CN <sup>-</sup> TAL CN <sup>-</sup>	
		1 @ 1 L	HNO <sub>3</sub>	Metals TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

RMA Control No. 238230

CIC Control No. 174467

PROJECT NAME NAS Key West

DATE SAMPLES SHIPPED 7/16/90

PROJECT NUMBER 595392-08

LAB DESTINATION IT Knoxville

PROFIT CENTER NUMBER \_\_\_\_\_

LABORATORY CONTACT Kim Laisy

PROJECT MANAGER MARK HAMPTON

SEND LAB REPORT TO IT TAMPA

BILL TO IT TAMPA

DATE REPORT REQUIRED Normal TAT

PURCHASE ORDER NO. \_\_\_\_\_

PROJECT CONTACT MARK HAMPTON

PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10 03-GW	Water	3 @ 1L	None	TCL Full Pest/BNA/PCB	Yes QAPP/SAI?
↓		1 @ 1L	NaOH	TAL CN	Key West
↓		1 @ 1L	HNO <sub>3</sub>	TAL Metals	REF Kim Laisy
↓		3 @ 1L	None	TCL Full Pest/BNA/PCB	
↓		1 @ 1L	NaOH	TAL CN	
↓		1 @ 1L	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)

QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)

I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)

Non-hazardous \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY

Received by \_\_\_\_\_

Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238239**

C/C Control No. 187824

PROJECT NAME NAS Key WAST  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO I T TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/11/90  
 LAB DESTINATION I T Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO I T TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10-02-GW	Water	3 @ 1 L	None	TCL Full Pest/BNA/PCB	TCL QAPP/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN-	Key West
↓		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	REF Kim LAISE
10-02-ER		EQUIP RINSE	3 @ 1 L	None	TCL Full Pest/BNA/PCB
↓	↓	1 @ 1 L	NaOH	TAL CN-	
↓		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
TECHNOLOGY  
CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. **238240**

C/C Control No. **187823**

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO I T TAMPA

DATE SAMPLES SHIPPED 7/11/90  
 LAB DESTINATION I T Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO I T TAMPA

PURCHASE ORDER NO. \_\_\_\_\_

DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10/03/00	Water	3-1 l	None	TCL Full Post/BNA/PCB	Per QAPP/SAP
↓	↓	1 @ 1 l	NaNH	TAL CN-	Key West
↓	↓	1 @ 1 l	HNO3	TAL METALS	REF Kim Laisy
↓	↓	3 @ 1 l	None	TCL Full Post/BNA/PCB	
↓	↓	1 @ 1 l	NaNH	TAL CN-	
↓	↓	1 @ 1 l	HNO3	TAL METALS	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



# REQUEST FOR ANALYSIS

R/A Control No. **238243**C/C Control No. **187827**

PROJECT NAME NAS KEY WULST  
 PROJECT NUMBER 595372-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION IT Knoxville  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
08-15-GW	Water	3 @ 1 L	None	TCL Full Pest/PCB/DNA	
↓	↓	1 @ 1 L	NaOH	TAL CN-	
		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	
08-14-GW		3 @ 1 L	None	<del>TAL Full Pest/PCB/DNA</del> TCL Full Pest/PCB/DNA	
↓		1 @ 1 L	NaOH	TAL CN-	
		1 @ 1 L	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal \_\_\_\_\_ Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
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CORPORATION**

**REQUEST FOR ANALYSIS**

R/A Control No. 238245

C/C Control No. 187829

PROJECT NAME NAS KEY WEST  
 PROJECT NUMBER 595.392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER MARK HAMPTON  
 BILL TO IT TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION IT KNOXVILLE  
 LABORATORY CONTACT KIM LAISY  
 SEND LAB REPORT TO IT TAMPA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED \_\_\_\_\_  
 PROJECT CONTACT MARK HAMPTON  
 PROJECT CONTACT PHONE NO. (813) 622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
D1-04-EB	WATER	3 L	None	TCL Full Panel (BNA) / PCB	Per JAPP / SAT
↓	↓	1 L	None	TAL CN	Key West
		1 L	HW <sup>3</sup>	TAL Metals	Rep Kim Laisy

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other   
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_

**REQUEST FOR ANALYSIS**

R/A Control No. 233262  
CIC Control No. 47611

PROJECT NAME WIS Key West  
PROJECT NUMBER 543392-08  
PROFIT CENTER NUMBER \_\_\_\_\_  
PROJECT MANAGER M. Hampton  
BILL TO FT Tampa  
PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 07/07/90  
LAB DESTINATION FT Under Site  
LABORATORY CONTACT Kim Nayce  
SEND LAB REPORT TO FT Tampa  
DATE REPORT REQUIRED Normal TAT  
PROJECT CONTACT M. Hampton  
PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
07-02-GW	<sup>WATER</sup> <del>Water</del>	3 @ 1 L	None	TCL Full Pest/BNA/PCB	Per WAPP/SAP
↓	↓	1 @ 1 L	NaOH	TAL CN	Key West
↓	↓	1 @ 1 L	HNO <sub>3</sub>	TAL metals	Per Kim Nayce
07-02-GW	<del>Water</del>	3 @ 1 L	None	TCL Full Pest/BNA/PCB	
↓	↓	1 @ 1 L	NaOH	TAL CN	
↓	↓	1 @ 1 L	HNO <sub>3</sub>	TAL Metals	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 233266

C/C Control No. 187836

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION IT HOUX  
 LABORATORY CONTACT Kim Payne  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622-7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
<u>04-111-6w</u>	<u>Water</u>	<u>3 @ 1 L</u>	<u>None</u>	<u>TCL Full Pcs1/PCB/BNA</u>	<u>See 4APP/SAP</u>
<u>↓</u>	<u>↓</u>	<u>1 @ 1 L</u>	<u>NaOH</u>	<u>TAL CN</u>	<u>Key West</u>
		<u>1 @ 1 L</u>	<u>HNO3</u>	<u>TAL METALS</u>	<u>Met Kim Payne</u>

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
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**REQUEST FOR ANALYSIS**

R/A Control No. **238267**

C/C Control No. **187826**

PROJECT NAME NAS Key West  
 PROJECT NUMBER 595592-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER IT Tampa - Mark Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/2/90  
 LAB DESTINATION IT Lab  
 LABORATORY CONTACT KIM RAYZ  
 SEND LAB REPORT TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-222-7171

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
04-04-6W	Water	3 @ 1 gal	COOL	FULL APPENDIX IX	
↓	↓	2 @ 1 L	10PH<2 10PH7/12	LESS SULFIDES	
04-04-6W	Water	3 @ 1 gal <sup>NO PEST/PCB</sup>	COOL	FULL TCL BNA/PEST/PCB	
↓	↓	2 @ 1 L	10PH<2 10PH7/12	<del>FULL TCL</del> <sup>NO PEST/PCB</sup> FULL TCL (METALS & CU <sup>2+</sup> )	

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.) QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)

Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.) I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)

Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant  Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)

Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



### REQUEST FOR ANALYSIS

R/A Control No. 238270  
 C/C Control No. 174-160

PROJECT NAME NAS Reg West 5'95'392  
 PROJECT NUMBER 5'95'392-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO IT Tampa  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/12/90  
 LAB DESTINATION ITT KANX  
 LABORATORY CONTACT L. Layce  
 SEND LAB REPORT TO ITT Tampa  
 \_\_\_\_\_  
 DATE REPORT REQUIRED Normal TAT  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813-622 7174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
10-01-6W	Water	3 to 1 gal			Per QA??/SAP
↓	↓	2 @ 1 L			Reg West Ref Kim Layce

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  \_\_\_\_\_  
 (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
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**INTERNATIONAL  
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**REQUEST FOR ANALYSIS**

R/A Control No. 238271

C/C Control No. 192018

PROJECT NAME NAS Reg West  
 PROJECT NUMBER 595372-08  
 PROFIT CENTER NUMBER \_\_\_\_\_  
 PROJECT MANAGER M. Hampton  
 BILL TO FT Tampa  
 PURCHASE ORDER NO. \_\_\_\_\_

DATE SAMPLES SHIPPED 7/10/90  
 LAB DESTINATION FT Tampa  
 LABORATORY CONTACT Kim Kirby  
 SEND LAB REPORT TO FT Tampa  
 DATE REPORT REQUIRED Normal 797  
 PROJECT CONTACT M. Hampton  
 PROJECT CONTACT PHONE NO. 813 622 1174

Sample No.	Sample Type	Sample Volume	Preservative	Requested Testing Program	Special Instructions
07-Kim Kirby-60	Metal	2 @ 100 ml.	HCL	TLC Feed WVA	For 497, 597
↓ ↓	↓	3 @ 1 l amba	None - Cool	TLC Feed Test/POB, BVA	Reg West
		2 @ 1 l plastic	NaOH <sup>10</sup> , H <sub>2</sub> O <sup>3</sup> 10-100	TAL CV, TAL Metals	Reg Kim Kirby

TURNAROUND TIME REQUIRED: (Rush must be approved by the Laboratory Project Manager.)  
 Normal  Rush \_\_\_\_\_ (Subject to rush surcharge.)  
 QC LEVEL: (Levels II and III subject to surcharge; project-specific requirements must be submitted to lab before beginning work.)  
 I \_\_\_\_\_ II  III \_\_\_\_\_ Project Specific \_\_\_\_\_

POSSIBLE HAZARD IDENTIFICATION: (Please indicate if sample(s) are hazardous materials and/or suspected to contain high levels of hazardous substances.)  
 Non-hazard \_\_\_\_\_ Flammable \_\_\_\_\_ Skin Irritant \_\_\_\_\_ Highly Toxic \_\_\_\_\_ Other  (Please Specify)

SAMPLE DISPOSAL: (Please indicate disposition of sample following analysis. Lab will charge for packing, shipping, archive and disposal.)  
 Return to Client \_\_\_\_\_ Disposal by Lab  Archive \_\_\_\_\_ (Indicate number of months.)

FOR LAB USE ONLY  
 Received by \_\_\_\_\_ Date/Time \_\_\_\_\_



**INTERNATIONAL  
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CORPORATION**

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 187862-58

C/C Control No. **187862**

PROJECT NAME/NUMBER NAS Keywell 595392-08

LAB DESTINATION FT Kaula

SAMPLE TEAM MEMBERS KER/ASC

CARRIER/WAYBILL NO. 761123770

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-09-KWM-21-GW-D	Site 9, KWM 21D	7/16/90 1015	ground water	2.40 mL vials		
SP-04-KWM-21-GW	KWM 21 GW	1000				
SP-04-KWM-25-GW	KWM 25 GW	0845				
SP-07-KWM-25-E.B.	KWM 25 Equip Blank	0950		1.1L vials		
SP-07-KWM-25-E.B.	KWM 25 Equip Blank	0950		2.40 mL vials	Ref C/C # 187862	
SP-04-KWM-25-E.B.	KWM-25-E.B.	0950				
SP-07-KWM-21-GW-D	KWM 21D	1010				
SP-07-KWM-25-GW	KWM 25	1010				
SP-07-KWM-25-GW	KWM 25	0845 1010				
SP-07-KWM-25-GW	Site 9, KWM 25	0845	ground water	2.40 mL vials	Ref C/C # 187862	

Special Instructions: Analyse Equipment Blanks

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Norm Good FT, 07/16/90 1100

Received By: Shari Bantistelli FT, 07/16/90 1100

2. Relinquished By: Shari Bantistelli FT, 07/16/90 1730

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy



CHAIN-OF-CUSTODY RECORD

R/A Control No. 183674

C/C Control No. 187863

PROJECT NAME/NUMBER NYS Reg West 545392-08

LAB DESTINATION 77 Hwy

SAMPLE TEAM MEMBERS KER, JJC

CARRIER/WAYBILL NO. 7611023770

Table with 7 columns: Sample Number, Sample Location and Description, Date and Time Collected, Sample Type, Container Type, Condition on Receipt (Name and Date), Disposal Record No. Handwritten entries include Site 9, CWA 21, 7/16/90, Ground Water, 240 mL, and Site 9, CWA 21, 7/16/90, 200 mL.

Special Instructions:

Possible Sample Hazards:

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: James Paul 77, 7/16/90 1100

3. Relinquished By:

Received By: James Bantistelli 77, 7/16/90 1100

Received by:

2. Relinquished By: James Bantistelli 77, 7/16/90 1130

4. Relinquished By:

Received By:

Received By:

WHITE - To accompany samples
YELLOW - Field copy



# CHAIN-OF-CUSTODY RECORD

R/A Control No. 183675

C/C Control No. 187864

PROJECT NAME/NUMBER NAS by West 545392-08

LAB DESTINATION IT Lab

SAMPLE TEAM MEMBERS KER/KJC

CARRIER/WAYBILL NO. 7611023770

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
<u>25-09-KUM 25-GW</u>	<u>5.11.9, KUM 25</u>	<u>7/16/90 1016</u>	<u>Water</u>	<u>2 @ 10 mL</u>		
<u>25-09-KUM 25-GW</u>	<u>5.11.9, KUM 25</u>	<u>↓ 0845</u>		<u>↓</u>		
<u>25-09-KUM 25-GW</u>	<u>5.11.9, KUM 25</u>	<u>↓ 0845</u>		<u>↓</u>		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

### SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: [Signature] 7/16/90 1100

Received By: [Signature] 7/16/90 1100

2. Relinquished By: [Signature] 7/16/90 1700

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238245

C/C Control No. 187829

PROJECT NAME/NUMBER IVAS Hwy West

LAB DESTINATION ST Knoxville

SAMPLE TEAM MEMBERS R. Kuck, C. Hamilton

CARRIER/WAYBILL NO. 7771319003

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
0104EB	Site 1, well #1, Equipment Blank	7/12/90 1155	ground water	3-l. Amber		
↓	↓	↓	↓	1-l. plastic		
				1-l. plastic		

Special Instructions: Analyse 0104EB

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: R. Kuck ST 7/12/90 1200

Received By: Shawn Burtchett 7/12/90 1200

2. Relinquished By: Shawn Burtchett 7/12/90 ST 1130

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171631 JB

C/C Control No. 167387

PROJECT NAME/NUMBER NRS/KEYWEST 595777

LAB DESTINATION ET

SAMPLE TEAM MEMBERS Kevin Dorsey

CARRIER/WAYBILL NO. FED EX 7611073836

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
MWFFTA-1	Site 10 Soil	6-4-90 0910	SP7OX			
MWFFTA-3	" " "	" 1000	"			
BFFTA-7	" " "	" 1100	"			
MW-3-A	" 4 "	6-4-90 1405	TEL UO4a			
MW-3-B	" " "	" 1420	TEL BNA			
MW-3-C	" " "	" 1425	T+L Metal			
MW-3-D	" " "	" 1445	SP7OX			

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Kevin Dorsey LTB Inc

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



CHAIN-OF-CUSTODY RECORD

R/A Control No. 171533

C/C Control No. 163594

PROJECT NAME/NUMBER NPS KEYWEST / 595392

LAB DESTINATION IT

SAMPLE TEAM MEMBERS K. Dorsey

CARRIER/WAYBILL NO. FCO 8 76110 2836

Table with 7 columns: Sample Number, Sample Location and Description, Date and Time Collected, Sample Type, Container Type, Condition on Receipt (Name and Date), Disposal Record No. Rows include BFFTA-1 through BFFTA-7 and BFFTA-26 with details on site 10 depths and collection times.

Special Instructions:

Possible Sample Hazards:

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Kevin Dorsey LRG 2-4-90 0700

Received By:

3. Relinquished By:

Received by:

2. Relinquished By:

Received By:

4. Relinquished By:

Received By:



CHAIN-OF-CUSTODY RECORD

R/A Control No. 174556

C/C Control No. 174556

PROJECT NAME/NUMBER Key West RT

LAB DESTINATION \_\_\_\_\_

SAMPLE TEAM MEMBERS Gregg DePina

CARRIER/WAYBILL NO. \_\_\_\_\_

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
11.4/11.10.14	Power lines site 4	6/5/10 14:30	C.B.	250ml		
11.4/11.10.14		6/5/10 14:30	C.B.	250ml		
		6/5/10 14:30	C.B.	250ml		

Special Instructions: HCL VOA, TCL, BNA Part /PCR analysis, TAL Analysis, CMI analysis

Possible Sample Hazards: Toxic Hazard

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Gregg DePina, IT 6/5/10 14:30

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_



# CHAIN-OF-CUSTODY RECORD

R/A Control No. 174554

C/C Control No. 174554

PROJECT NAME/NUMBER 174554 R/A 174554

LAB DESTINATION IT

SAMPLE TEAM MEMBERS E. Stephens C. Williams

CARRIER/WAYBILL NO. \_\_\_\_\_

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
174554	Tr. ... site 1	6/2/90 9:00	Soil	200ml		
174554	"	6/2/90 10:00	Soil	100ml		
174554/1	Tr. ... Area DDT site 3	6/2/90 11:00	Soil	200ml		
174554/R1	Tr. ... site 8	6/2/90 11:00	Soil	200ml		

Special Instructions: DO NOT use the DDT site labels for the R/AEC ...

Possible Sample Hazards: DDT

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: [Signature]

Received By: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Ab

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**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171618  
C/C Control No. 174555

PROJECT NAME/NUMBER Key West RI 595 392

LAB DESTINATION IT

SAMPLE TEAM MEMBERS Kevin Dorsey + Gregg Stephens

CARRIER/WAYBILL NO. \_\_\_\_\_

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
RW7	site 7 6" recording well	6-21-90 1920	Soil TOC	250ml		
MW3	site 5 plot 6 TCL UOA	6-22-90 1215	Soil	" "		
MW3	" " " BNA	" "	"	" "		
MW3	" " TAL Metals	" "	"	" "		
MW2	" plot 5 Grain Size	" 1245	"	1.0		
MW2	" " TAL Metals	" "	"	250ml		
MW2	" " TCL BNA	" "	"	"		
MW2	" " TCL UOA's	" "	"	"		
MW2	" " TOC	" "	"	"		
Site 1/BW1	Site 1 5" recording well	6/27/90 1200	Soil TOC	250ml		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: DDT

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Kevin Dorsey 6-23-90 12:00

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

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YELLOW - Field copy



CHAIN-OF-CUSTODY RECORD

R/A Control No. 171633

C/C Control No. 174560

PROJECT NAME/NUMBER NMS KEYWEST 595392

LAB DESTINATION IT

SAMPLE TEAM MEMBERS Ken Dorsey

CARRIER/WAYBILL NO. FEDEX 7511023836

Table with 7 columns: Sample Number, Sample Location and Description, Date and Time Collected, Sample Type, Container Type, Condition on Receipt (Name and Date), Disposal Record No. Rows include MW-1, MW-2, MW-2A, MW-3 with details on location and collection time.

Special Instructions:

Possible Sample Hazards:

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Ken Dorsey 6/7/90

Received By:

2. Relinquished By:

Received By:

3. Relinquished By:

Received by:

4. Relinquished By:

Received By:

WHITE - To accompany samples
YELLOW - Field copy



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**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171629<sup>SB</sup>

C/C Control No. 174558

PROJECT NAME/NUMBER 595392

LAB DESTINATION ETC

SAMPLE TEAM MEMBERS K. Dorsey

CARRIER/WAYBILL NO. FD-1-2361-223951

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
BSF-1	5' Flom aug 22'-23' depth	5/30/90 1645	Composite soil			
MWSF-1	" " 18'-20' "	5/30/90 1800	"			
BSF-2	" " 18'-20' "	5/31/90 920	"			
MWSF-2	" " 20'-22' "	5/31/90 1525	"			
BSF-3	" " 20'-22' "	5/31/90 1200	"			
BSF-4	" " 20'-21' "	5/31/90 1310	"			
MWSF-3	" " 18'-20' "	5/31/90 1700	"			
MWSF-4	" " 24'-15' "	6/01/90 1100	"			
MWSF-5	" " 17'-19'	6/01/90 1340	"			
MWSF-6	" " 18'-20'	6/01/90 1545	"			

Special Instructions: Test. EP Tox

Possible Sample Hazards: Metals

SIGNATURES: (Name, Company, Date and Time) 1130

1. Relinquished By: Kern Dorsey, LBG Inc, 6/10/90  
 Received By: Jim K. Bandy, 6/13/90

3. Relinquished By: \_\_\_\_\_  
 Received by: \_\_\_\_\_

2. Relinquished By: Jim K. Bandy, 6/2/90  
 Received By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_  
 Received By: \_\_\_\_\_





# CHAIN-OF-CUSTODY RECORD

R/A Control No. 171532 SB

C/C Control No. 163593

PROJECT NAME/NUMBER 575392

LAB DESTINATION JT

SAMPLE TEAM MEMBERS Chris Colledge

CARRIER/WAYBILL NO. FedEx 7E11023836

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
Plot 4	NAS Site 3 Plot 4 0-6'	6/2/90 9:30	TAL Metals Co.	80 ml		
"	" " " "	" "	PCB Stubs/PCB	"		
"	" " " "	" "	Grain size	1.5 pint		
"	" " 0-2'	" "	TAL VOA	80 ml		
Plot 2	NAS Site 3 Plot 2 0-6'	" 11:00	TAL Metals Co.	"		
"	" " " "	" "	PCB Stubs/PCB	"		
<del>"</del>	<del>" " " "</del>	<del>" "</del>	<del>Grain size</del>	<del>1.5 pint</del>		
"	" " 0-2'	" "	TAL VOA	80 ml		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: PCB

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Chris Colledge 6/6/90

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_



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**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171620

C/C Control No. 163599

PROJECT NAME/NUMBER 595392 Site 3 MAS

LAB DESTINATION IT Lab

SAMPLE TEAM MEMBERS Chris Callegari

CARRIER/WAYBILL NO. ROY 7611023851

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
Plot 1	MAS site 3 Plot 1 0-2'	8:30/6/1/90	TAL CN	280 ml		
"	"	"	Pesticides/PCB	"		
"	"	"	VOA	"		
Plot 2	MAS site 3 Plot 2 0-2'	9:30/6/1/90	TAL CN	"		
"	"	"	Pesticides/PCB	"		
"	"	"	VOA	"		
Plot 3	MAS site 3 Plot 3 0-2'	10:30/6/1/90	TAL CN	"		
"	"	"	Pesticides/PCB	"		
"	"	"	VOA	"		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: PCB/Pesticides

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Chris Callegari 6/2/90 IT Corp.

3. Relinquished By: \_\_\_\_\_

Received By: Jan K. Bunch 6/2/90

Received by: \_\_\_\_\_

2. Relinquished By: Jan K. Bunch 6/2/90

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



# CHAIN-OF-CUSTODY RECORD

R/A Control No. 171621 JB

C/C Control No. 163600

PROJECT NAME/NUMBER S97 STA SIK 3 NAS

LAB DESTINATION ITC

SAMPLE TEAM MEMBERS Chris Collette

CARRIER/WAYBILL NO. 7011023 251

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
Plot 4	NAS SIK 3 Plot 4 0-2'	6/1/90 - 2:30	TAL CN <sup>-</sup>	80ml		
"	"	"	Pesticides/PCB	"		
"	"	"	VOA	"		
Plot 5	NAS SIK 3 Plot 5 0-2'	6/1/90 - 3:30	TAL CN <sup>-</sup>	"		
"	"	"	Pesticides/PCB	"		
"	"	"	VOA	"		
Plot 6	NAS SIK 3 Plot 6 0-2'	6/1/90 - 4:30	TAL CN <sup>-</sup>	"		
"	"	"	Pesticides/PCB	"		
"	"	"	VOA	"		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: PCB

### SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Chris Collette 6/2/90 ITC

3. Relinquished By: \_\_\_\_\_

Received By: Jan K. Bundy 4/7/90

Received by: \_\_\_\_\_

2. Relinquished By: Jan K. Bundy 6/2/90

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 11027

 C/C Control No. **142077**

 PROJECT NAME/NUMBER NAS Key West

 LAB DESTINATION JTAC PATTOLLE BARR

 SAMPLE TEAM MEMBERS AJC & CG4

 CARRIER/WAYBILL NO. 7611023470

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04-04-604	SITE 4 WELL 4	07/15/90 @ 1345	WATER	30 l Polypac		
04-05-604M-604	SITE 4 WELL 5	07/15/90 @ 1430		30 l Polypac	07/15/90	
04-05-604M-604		07/15/90 @ 1430		30 l Polypac		
04-05-604M-604	SITE 4 WELL 5	07/15/90 @ 1430	WATER	30 l Polypac		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Robert J. Carr, J.T. Corp, 07/15/90, 15:07

 Received By: Douglas 07/15/90 @ 15:07

 2. Relinquished By: Shirley - Battelle 7/16/90 1750

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 230211

C/C Control No. **142078**

PROJECT NAME/NUMBER NASKEY WEST 595392

LAB DESTINATION JTAS MIDDLE BROW

SAMPLE TEAM MEMBERS KED + JKB

CARRIER/WAYBILL NO. 7611023000

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-KW107-GW	SIT 7 WELL 9	07/15/90 1315	WATER	2040AL 204	KED 07/15/90 N.F. COL. # 172079 1000000	
07-KW109-GW	SIT 7 WELL 9	07/15/90 1315	WATER	2040AL 204		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kenn Deary IT Corp 7/15/90 1445  
 Received By: [Signature] 07/15/90 @ 1447

2. Relinquished By: [Signature] 7/16/90 IT 1130  
 Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_  
 Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_  
 Received By: \_\_\_\_\_

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PROJECT NAME/NUMBER NAS KEY WEST

 LAB DESTINATION JTAS WHEEL BUNK

 SAMPLE TEAM MEMBERS TRANS FROM DILLA COEC

 CARRIER/WAYBILL NO. 7611023770

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
05-02-64	SITE 5 WELLS	07/15/90 @ 1120	WATER	2040ML VOA		
05-03-64	SITE 5 WELLS	( 1020 • 1215 • 1150 • 1315 ✓ ✓ @ 1430		2040ML VOA		
09-05-64	SITE 9 WELLS			4040ML VOA		
09-02-64	SITE 9 WELLS			4040ML VOA		
09-10-09-64	SITE 7 WELLS			2040ML VOA		
04-05-64	SITE 4 WELLS			2040ML VOA		
07-07-11-78	TAP BUNK	07/15/90 @ 1557	✓			

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Dave Perry / 07/16/90 0850

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Bunkith, JT, 07/16/90 0850

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Bunkith, JT, 07/16/90 1130

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 171990

 C/C Control No. **142080**

 PROJECT NAME/NUMBER NIAS KEY WEST 595392

 LAB DESTINATION ITRS MICROLE LABS

 SAMPLE TEAM MEMBERS KFD + JKB

 CARRIER/WAYBILL NO. 7611003570

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
09-05601-06	SITE 9 WELL 1	07/15/90 1215	WATER	400 ml VIAL	PT 0718 AIF CSC 142079 1/15/90	
✓	✓			1012 POLAR		
09-05601-06	SITE 9 WELL 5	07/15/90 1215		1012 POLAR		
09-02601-06	SITE 9 WELL 2	07/15/90 1150		400 ml VIAL	PT 0718 AIF CSC 142079 1/15/90	
✓	✓	✓	✓	1012 POLAR		
09-02601-06	SITE 9 WELL 2	07/15/90 1150	WATER	1012 POLAR		
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Kevin Dorsey 17 Corp 7/15/90 1233

3. Relinquished By: \_\_\_\_\_

 Received By: Doug Dorsey 07/15/90 1234

Received by: \_\_\_\_\_

 2. Relinquished By: John Banchetti 7/15/90 37 Corp 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 142081

 C/C Control No. 142081

 PROJECT NAME/NUMBER NACKAY WEST

 LAB DESTINATION TAS BROADBANK

 SAMPLE TEAM MEMBERS BTC & CGM

 CARRIER/WAYBILL NO. 7611023770

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
05-02-64	SITE 5 WELL 2	07/15/90 10:00	WATER	200ml VOA	REF COC # 142079 TRANSFER 08/15	
05-02-64	SITE 5 WELL 2	07/15/90 10:00	WATER	200ml VOA	REF COC # 142079 TRANSFER 08/15	
05-02-64	SITE 5 WELL 2	07/15/90 10:00	WATER	200ml VOA	REF COC # 142079 TRANSFER 08/15	
05-02-64	SITE 5 WELL 2	07/15/90 10:00	WATER	200ml VOA	REF COC # 142079 TRANSFER 08/15	
05-02-64	SITE 5 WELL 2	07/15/90 10:00	WATER	200ml VOA	REF COC # 142079 TRANSFER 08/15	
10-01-64	SITE 10 WELL 1	07/15/90 12:00	WATER	200ml VOA	REF COC # 142079 TRANSFER 08/15	

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Richard J. Coy, ITC, 07/15/90, 13:08

3. Relinquished By: \_\_\_\_\_

 Received By: AD [Signature], 07/15/90, 13:08

Received by: \_\_\_\_\_

 2. Relinquished By: John [Signature], 7/16/90, 1:50

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238210

 C/C Control No. 174438

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS D. Peck, S. Bartolotti, R. Dusey

 CARRIER/WAYBILL NO. 7771319032

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-01-00w	Site 7, Well #1	07/08/90 1450	Ground water	3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
67-05-FB-01 Field Blank	Field Blank	1706		3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Nora Dorsey IT, 7-8-90 1800

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Bartolotti IT Corp 7-8-90 1800

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Bartolotti IT Corp 7-9-90 1750

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238221

C/C Control No. 174439

PROJECT NAME/NUMBER NAS Key West 595392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS D. Peery, S. Bartolotta, C. Hamilton, K. Dorsey

CARRIER/WAYBILL NO. 7771319032

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-03-BW	Site 7, Well #3	07/08/90 1145	Ground water	3.1 L Amber		
↓	↓ ↓	↓ ↓	↓	1.1 L plastic		
				1.1 L plastic		
07-04-BW	Site 7, Well #4	1008		3.1 L Amber		
↓	↓ ↓	↓ ↓	↓	1.1 L plastic		
				1.1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: [Signature] IT Corp 7/8/90 1800 3. Relinquished By: \_\_\_\_\_

Received By: [Signature] IT Corp 7/10/90 1800 Received by: \_\_\_\_\_

2. Relinquished By: [Signature] IT Corp 7/19/90 1730 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238212

C/C Control No. 174440

PROJECT NAME/NUMBER NAS Key West 595392 LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS D. Peery, S. Bartolotto, C. Hamilton CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-05-GW	Site 7, Well #5	07/08/90 1125	Ground Water	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
07-06-GW	Site 7, Well #6	1205		3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: [Signature] IT Corp 7/8/90 18003. Relinquished By: \_\_\_\_\_

Received By: [Signature] IT Corp 7/8/90 1800. Received by: \_\_\_\_\_

2. Relinquished By: [Signature] IT Corp 7/9/90 1730. 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238213

 C/C Control No. **174441**

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS D. Freely, J. Bartolotti, C. Hamilton

 CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-01-GW	Site 7, Well #1	07/08/90 1450	Ground Water	2 40 ml vials		
07-02-GW	Well #2	1532				
07-02-GW	Well #2 DUP	1532				
07-03-GW	Well #3	1145				
07-04-GW	Well #4	1008				
07-05-GW	Well #5	1125				
07-06-GW	Well #6	1205				
07-07-FB Field Blank	Field Blank	1706				
Trip Blank	Trip Blank					

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: [Signature] IT Corp 7/8/90 18:00

3. Relinquished By: \_\_\_\_\_

 Received By: [Signature] IT Corp 7/8/90 1800

Received by: \_\_\_\_\_

 2. Relinquished By: [Signature] IT Corp 7/8/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238215

 C/C Control No. 174442

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS D. Peery, S. Bartolotti, K. Dusey

 CARRIER/WAYBILL NO. 7771319010

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
<sup>09-05</sup> 08-05-GW	Site 8, Well #5	7/8/90 1700	Groundwater	3-1 L amber		
↓	↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
↓	↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
08-ER	Site 8, Equipment Rinse	1040		3-1 L amber		
↓	↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
↓	↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		

 Special Instructions: Analyse Equipment Rinse 08-ER

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

 1. Relinquished By: Karin Dusey for IT, 7-8-90, 1800, 1800

3. Relinquished By: \_\_\_\_\_

 Received By: Shane Bartolotti IT Corp 7-8-90 1800

Received by: \_\_\_\_\_

 2. Relinquished By: Shane Bartolotti IT Corp 7-9-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238216

 C/C Control No. **174443**

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS D. Peck, J. Bartolotti, K. Dancy

 CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-01 0W	Site 8, Well #1	7/8/90 1845	Ground water	3 1 L amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Karen Dancy IT 7-8-90 1800

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Bartolotti, IT Corp 7-8-90 1800

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Bartolotti, IT Corp 7-9-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238217

 C/C Control No. 174444

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS D. Peery, S. Bantatoh, K. Dusey

 CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-01-GW	Site 8, Well #1	7/8/90 1845	Ground water	2.40 ml vials		
08-05-GW	Site 8, Well #5	↓ 1700	↓	↓		
08-ER	Site 8, Equipment Rinse	↓ 11:10	↓	↓		

 Special Instructions: Analyse Equipment Rinse

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Shari Dusey IT, 7-8-90 1800

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Bantatoh IT Corp 7-8-90 1800

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Bantatoh IT Corp 7/19/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No.                     

C/C Control No. **163590**

PROJECT NAME/NUMBER                     

LAB DESTINATION                     

SAMPLE TEAM MEMBERS                     

CARRIER/WAYBILL NO.                     

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
6/7/10 3	Town Center DDT	6/7/10 6:15	Composite	Sealed		
"	"	6/7/10 6:15	Composite	"		
"	"	6/7/10 6:15	Dust	"		
6/5/10 2	"	6/7/10 9:45	Composite	"		
"	"	6/7/10 9:45	Composite	"		
"	"	6/7/10 9:45	Dust	"		

Special Instructions:                     

Possible Sample Hazards:                     

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By:                     

3. Relinquished By:                     

Received By:                     

Received by:                     

2. Relinquished By:                     

4. Relinquished By:                     

Received By:                     

Received By:                     

WHITE - To accompany samples  
YELLOW - Field copy

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. \_\_\_\_\_

 C/C Control No. **163591**

 PROJECT NAME/NUMBER Kingston RE / 10000

 LAB DESTINATION IT

 SAMPLE TEAM MEMBERS S. Stephen C. Conway

 CARRIER/WAYBILL NO. FD-7 7611023311

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
105/10016	Per. Cont. DDT	1/7/10 12:30	Composite	200 ml		
105/10016		1/7/10 12:30	Composite	200 ml		
105/10016		1/7/10 12:30	Composite	200 ml		
105/10015	Per. Cont. PBT	1/7/10 3:05	Composite			
105/10015		1/7/10 3:05	Composite			
105/10015		1/7/10 3:05	Discard			
105/10014		1/7/10 1:30	Composite			
105/10014		1/7/10 1:30	Composite			
105/10014		1/7/10 1:30	Discard			

 Special Instructions: VCA OR PCB analysis. Particulates TAL

 Possible Sample Hazards: DDT w/ organic Volatiles
**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: S. Stephen C. Conway, IT, 1/7/10 2:45pm

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 17453

C/C Control No. 174553

PROJECT NAME/NUMBER Project 10-15-12

LAB DESTINATION 27

SAMPLE TEAM MEMBERS Conroy, Stephen

CARRIER/WAYBILL NO. 17453-10-15-12

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-15-12	DDT - 1	1/10/12	1	1		

Special Instructions: 10-15-12

Possible Sample Hazards: 10-15-12

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Conroy, Stephen 1/10/12

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

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YELLOW - Field copy



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 111043

C/C Control No. **163595**

PROJECT NAME/NUMBER 148 Key West 295392

LAB DESTINATION IT

SAMPLE TEAM MEMBERS Kevin Dorsey

CARRIER/WAYBILL NO. FedEx 711900760

B-6

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
TOCB10-5	Site 10 B10-5 0-2' depth	9-9-90 1530	Soil TOC	250ml		
TOCMW4-5	Site 4 MW4-5 0-2' "	6-19-90 1625	Soil TOC	250ml		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kevin Dorsey 6-20-90 1600

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 171628<sup>SB</sup>

 C/C Control No. 167386

 PROJECT NAME/NUMBER NR REQUEST / 595300

 LAB DESTINATION IT

 SAMPLE TEAM MEMBERS K. Dorsey

 CARRIER/WAYBILL NO. Ex Ex 701107383

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
MW-4-A	Site 4 0-2' depth soil	6-5-90 0850	TAL UOA	250 ml		
MW-4-b	" " 4'-6' " "	" 0700	TAL BNA	"		
MW-4-c	" " 4'-6' " "	" 0900	TAL Metals	"		
MW-4-d	" " 18-20' " "	" 0950	EP TOX	"		
MW-5-A	" " 2-4' " "	" 1355	TAL UOA	"		
MW-5-b	" " 2-4' " "	" 1355	TAL Metals	"		
MW-5-c	" " 4-6' " "	" 1405	TAL BNA	"		
MW-5-d	" " 18-20' " "	" 1500	EP TOX	"		

Special Instructions: \_\_\_\_\_

 Possible Sample Hazards: MW-4 volatiles
**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: K. Dorsey

Received By: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171527 *22*

C/C Control No. 163589

PROJECT NAME/NUMBER AMS REFINED OIL

LAB DESTINATION IF

SAMPLE TEAM MEMBERS JK PIERCE

CARRIER/WAYBILL NO. FDL 100 1290

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
4-1	AMS REFINED OIL	12/15/90	Oil	Can		
4-2	AMS REFINED OIL	12/15/90	Oil	Can		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: [Signature]

Received By: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. \_\_\_\_\_

C/C Control No. 163597

PROJECT NAME/NUMBER 5-15-2011

LAB DESTINATION SET 400

SAMPLE TEAM MEMBERS \_\_\_\_\_

CARRIER/WAYBILL NO. 7-11503851

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
1/1001	...	...	...	...		
1/1002	...	...	...	...		
1/1003	...	...	...	...		
1/1004	...	...	...	...		
1/1005	...	...	...	...		
1/1006	...	...	...	...		
1/1007	...	...	...	...		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 137001

C/C Control No. 137001

PROJECT NAME/NUMBER NAS August ST5572 v8

LAB DESTINATION FT

SAMPLE TEAM MEMBERS Z. Reed, C. Hamilton

CARRIER/WAYBILL NO. 777,519,065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
01-03 Com-GW	J. 1e1, Well #3	7/12/90 1440	Water	2 - 1 l amber		
01-03 Com-MS	Matrix Spike	1500	↓	2 - 1 l amber		
01-03 Com-MSD		1510		2 - 1 l amber		
01-03 Com-GW		1540		1 - 1 l plastic		
01-03 Com-GW		1610		1 plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kevin Reed 7/12/90 FT 1530

3. Relinquished By: \_\_\_\_\_

Received By: Shan Bartsch 7/12/90 FT 1530

Received by: \_\_\_\_\_

2. Relinquished By: Shan Bartsch 7/12/90 FT 1530

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 188405

C/C Control No. **137003**

PROJECT NAME/NUMBER NAS by west 545342-08

LAB DESTINATION FT Rm 2

SAMPLE TEAM MEMBERS KFD, COH, JKB

CARRIER/WAYBILL NO. 7771314242

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-55	Site 10 Boring 5	7/18/90 0900	Soil	1-250 ml		
04-055	Site 4 well #5	0900		1-250 ml		
10-55	Site 10 Boring #5	0900		1-120 ml		
10-55	Site 10 Boring #5	7/18/90 0900		1-250 ml		
<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>	<del>1-250 ml</del>	<del>          </del>	<del>          </del>
<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>	<del>1-120 ml</del>	<del>          </del>	<del>          </del>
<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>	<del>1-250 ml</del>	<del>          </del>	<del>          </del>
<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>	<del>1-250 ml</del>	<del>          </del>	<del>          </del>
<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>	<del>1-120 ml</del>	<del>          </del>	<del>          </del>

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kenn Doney IT, 7/18/90 0925  
 Received By: Shari Bartolotta IT, 7/18/90

3. Relinquished By: \_\_\_\_\_  
 Received by: \_\_\_\_\_

2. Relinquished By: Shari Bartolotta IT, 7/18/90  
 Received By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_  
 Received By: \_\_\_\_\_

WHITE - To accompany samples  
 YELLOW - Field copy

PROJECT NAME/NUMBER NAS Ag West 545342-08

LAB DESTINATION FT Colby

SAMPLE TEAM MEMBERS IT, CB

CARRIER/WAYBILL NO. 7771314242

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-01-01 SED	Site 01 Loc 01	7/18/90 0830	Sediment	1 @ 250ml		
↓	↓ ↓ ↓ ↓			1 @ 250ml		
SP-01-01 SED	Site 01 Loc 01			1 @ 120		
SP-01-02- SED	Site 01 Loc 02	0815		1 @ 250ml		
↓	↓ ↓ ↓ ↓			1 @ 250ml		
SP-01-02 SED	Site 01 Loc 02			1 @ 120ml		
SP-01-03- SED	Site 01 Loc 03	0900		1 @ 250ml		
↓	Site 01 Loc 03			1 @ 250ml		
SP-01-03 SED	Site 01 Loc 03		Sediment	1 @ 120ml		
01-MW01-55	Site 1 MW 1	7/18/90 0915	Soil	1 @ 250ml		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Neva Doney IT, 7/18/90 0925

3. Relinquished By: \_\_\_\_\_

Received By: Shan Bartolotta IT 7/18/90

Received by: \_\_\_\_\_

2. Relinquished By: Shan Bartolotta IT 7/18/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238220

C/C Control No. 137819

PROJECT NAME/NUMBER NAS Key West 595392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS \_\_\_\_\_

CARRIER/WAYBILL NO. 7441317021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
01-03-GW	Site 1, Well #	7-10-90 1230	Ground water	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
				1-1 L plastic		
01-02-GW	Site 1, Well #	7-10-90 1140		3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
				1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Karen Leed IT Corp 7/10/90 1200

3. Relinquished By: \_\_\_\_\_

Received By: Shari Baskette IT Corp 7-10-90 1200

Received by: \_\_\_\_\_

2. Relinquished By: Shari Baskette IT Corp 7-10-90 1130

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



PROJECT NAME/NUMBER NAS Key West 595392 LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Dancy 3 Crim CARRIER/WAYBILL NO. 4441317021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04 02 GWD	Site 4 Well # 2	7/10/90 1330	Ground Water	3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
01 02 GWD	Site 4 Well # 2 DuP			3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Rosie Dancy IT 7-10-90 1400 3. Relinquished By: \_\_\_\_\_  
 Received By: Shari Bartellett IT Corp 7-10-90 1400 Received by: \_\_\_\_\_  
 2. Relinquished By: Shari Bartellett IT Corp 7-10-90 1730 4. Relinquished By: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238228

C/C Control No. 137824

PROJECT NAME/NUMBER NAS Key West 595392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS C. Hanover, L. Reed

CARRIER/WAYBILL NO. 777131 40-54

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
09-11-90	Site 9, Well # 11	7/11/90 1620	Ground water	3-1 L amber		
↓	↓	↓	↓	1-1 L amber pH 5.2		
↓	↓	↓	↓	1-1 L plastic		
09-11-90	Site 9, Well # 06R	7/11/90 1445	↓	3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Alan Reed IT 7-11-90 1500

Received By: Shan Bartolotta IT Corp 7-11-90 1500

2. Relinquished By: Shan Bartolotta IT Corp 7-11-90 1730

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Dorsey, B. C. M.

CARRIER/WAYBILL NO. 777 1319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04-FR	Site #4 Well #3 Equipment Rinse	7/10/90 1445	ground water	2 1/2 L amber	1 broken	
	↓	↓	↓	1 1/2 L plastic		
	↓	↓	↓	1 1/2 L plastic		
0403 GW	Site #4 Well #3	1520		3 L L amber		
		↓	↓	1 1/2 L plastic		
		↓	↓	1 1/2 L plastic		

Special Instructions: Analyze Equipment Rinse

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kara Dorsey 7/10/90 1600

3. Relinquished By: \_\_\_\_\_

Received By: Stan Boudette 7-10-90 77 Corp 1600

Received by: \_\_\_\_\_

2. Relinquished By: Stan Boudette 77 Corp 7-10-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238219

 C/C Control No. 137822

 PROJECT NAME/NUMBER NAS Key West 595392-08 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS \_\_\_\_\_ CARRIER/WAYBILL NO. 7541319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04-01-60	Site 4, Well #	7/10/90	Ground water	2-1 L amber	1 bottle broken	
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
04-05-60	Site 4, Well #			3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Karen Dorsey IT Corp 7-10-90 1120 3. Relinquished By: \_\_\_\_\_

 Received By: Shan Sanketia, IT Corp 7-10-90 1120 Received by: \_\_\_\_\_

 2. Relinquished By: Shan Sanketia, IT Corp 7-10-90 1130 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_



CHAIN-OF-CUSTODY RECORD

R/A Control No. 238263

C/C Control No. 174445

PROJECT NAME/NUMBER NAS Key West 595 392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Reed, C. Hamilton, Bob Crim, A. Dorsey

CARRIER/WAYBILL NO. 777 13190 21

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-02-GW	Site 8, Well #2	7-10-90 1525	Ground Water	2.40 ml vials		
01-01-GW	Site 1, Well #1	0855	↓	↓		
08-16R	Site 8, Well #16R	1545				
01-03-GW	Site 1, Well #3	1030				
01-02-GW	Site 1, Well #2	1140				
Tip	Tip Blank					
04-01-GW	Site 4, Well #1	1145 <del>1520</del>				
04-05-GW	Site 4, Well #5	1520				
04-05-ER	Site 4, Well #5, Equipment Rins	1445				

Special Instructions: Exceed 4 held

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time) Shari Bantelino, IT, 7/10/90 0800 <sup>SB</sup>

1. Relinquished By: K. Reed, IT 7-10-90 1750

3. Relinquished By: \_\_\_\_\_

Received By: Shari Bantelino IT Corp 7-10-90 1730

Received by: \_\_\_\_\_

2. Relinquished By: Shari Bantelino IT Corp 7-10-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 232264

 C/C Control No. **174446**

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS K. Zood, C. Hamilton, K. Doney, B. Cline

 CARRIER/WAYBILL NO. 77713190-21

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-11-GW	Site 9 Well 11	7-10-90 11:20	Ground Water	2-40 ml vials		
09-062-GW	Site 9 Well 062	1445				
05-01-GWD	Sites Well 1 Dup	09:10				
05-01-GW	Sites Well 1	0930				
10-02-ER	Site 10 Well 2 Equip. Room	0845				
10-02-GW	Site 10 Well 2	0915				
10-03-GW	Site 10 Well 3	0950				
10-19-GW	Site 10 Well 19	1215	Field			
7-10-90 Trip	Trip Blank					

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

 1. Relinquished By: Shari Baskett, IT, 7/10/90, 08:00  
Shari Baskett, IT Corp, 7/10/90, 1730 SB

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Baskett, IT Corp, 7-10-90, 1730

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Baskett, IT Corp, 7-10-90, 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238265

C/C Control No. 174447

PROJECT NAME/NUMBER NAS Key West 595 392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Dorsey, C. Hamilton

CARRIER/WAYBILL NO. 7471319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-02-6W	Site 8, Well #2	7/9/90 1525	Groundwater	3 1 L Amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		
08-16R-6W	Site 8, Well #16R	1545		3-1 L Amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Kam Dorsey IT Corp 7-9-90 1600

3. Relinquished By: \_\_\_\_\_

Received By: Shari Bartolotta 7-9-90 IT Corp 1600

Received by: \_\_\_\_\_

2. Relinquished By: Shari Bartolotta 7-10-90 IT Corp 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595 392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Reed, C. Hamilton, K. Dusey, D. Peck, R. Cain

CARRIER/WAYBILL NO. 777 1319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-18-GW	Site 10, Well 18	7/1/90 1445	Ground Water	2-40 ml vials		
05-00-GW	Site 5, Well 2	↓ 1800	↓	↓		
04-08-GW	Site 4, Well 8	↓ 1540	↓	↓		
04-05-GW	Site 4, Well 05 GW	↓ 1615	↓	↓		
05-03-GW	Site 3, Well 3	↓ 1430	↓	↓		
04-10-GW	Site 4, Well 10	7/2/90 1042	↓	↓		
08-15-GW	Site 8, Well 15	7/1/90 0850	↓	↓		
08-14-GW	Site 8, Well 14	7/1/90 0955	↓	↓		
14-4-GW	Site 4, Well 4	7/1/90 0842	↓	↓		
Trip	Trip Blank	7/1/90 -				

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Juan Led, IT 7/2/90 1700

3. Relinquished By: \_\_\_\_\_

Received By: Shan Bartlett ITCorp 7/2/90 1700

Received by: \_\_\_\_\_

2. Relinquished By: Shan Bartlett 7/2/90 ITCorp 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238270

C/C Control No. **174460**

PROJECT NAME/NUMBER NAS Key West 595392

LAB DESTINATION IT KNOXVILLE

SAMPLE TEAM MEMBERS D. Peck, R. Crim

CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-01-GW	Site 10, Well #1	7/12/90 0842	Ground water	3 @ 1 gal <sup>Amber</sup>		
↓	↓ ↓	↓ ↓	↓	2 @ 1 l plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Robert Crim, I.T. Corp., 07/12/90, 12:08

3. Relinquished By: \_\_\_\_\_

Received By: Shawn Radelstein, I.T., 7/12/90 1730

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392-08 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS C. Hamilton, K. Reed CARRIER/WAYBILL NO. 77M1319080

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
03-01-BW	Site 3 Well #1	7/9/90 0930	Ground water	3-L Amber		
↓	↓ ↓	↓ ↓	↓	1-L plastic		
				1-L plastic		
03-02-BW	Site 3, Well #2	1040		3-L Amber		
↓	↓ ↓	↓ ↓	↓	1-L plastic		
				1-L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: [Signature] IT Corp 7/9/90 11:40 3. Relinquished By: \_\_\_\_\_

 Received By: [Signature] IT Corp 7/9/90 11:40 Received by: \_\_\_\_\_

 2. Relinquished By: [Signature] IT Corp 7/9/90 1730 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392-08 LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS L. Dossy, B. Crim CARRIER/WAYBILL NO. 7771319080

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-03-GW	Site 8, Well #3	7/9/90 10:00	Groundwater	3-L amber		
↓	↓ ↓	↓ ↓	↓ ↓	1-L plastic		
MS 08-03-GW	Site 8, Well 3, Matrix Spike	1030	↓	1-L plastic		
MSD 08-03-GW	Site 8, Well 3, Matrix Spike	1030	↓	2-L Amber		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Alan Dossy IT 7/9/90 1110

Received By: Shari Baskette IT Corp 7/9/90 1110

2. Relinquished By: Shari Baskette IT Corp 7/9/90 1230

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392-08 LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Reed, C. Hamilton CARRIER/WAYBILL NO. 7771319080

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
03-03-GW	Site 3, Well #3	7/9/90 <sup>1130</sup> 80430	groundwater	3-1 L Amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		
03-ER	Site 3, Equip Line	0940		3-1 L Amber		
↓	↓ ↓	↓ ↓	↓	3-1 L plastic		
				1-1 L plastic		

Special Instructions: EXTRACT 9 Hold 03-ER (Equipment Line)

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Clayton K. IT Corp 7/9/90 10:35 3. Relinquished By: \_\_\_\_\_

Received By: Shari Santetelli IT Corp 7/9/90 10:35 Received by: \_\_\_\_\_

2. Relinquished By: Shari Santetelli IT Corp 7/9/90 1730 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238225

 C/C Control No. **174466**

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS K. Dasey, Bob Crim

 CARRIER/WAYBILL NO. 7771319054

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-04-GW	Site 8, Well #4	7/4/90 1230	Ground Water	3-1 Amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		
08-06-GW	Site 8, Well #6	1340		3-1 L Amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		
08-06-GWD	Site 8, Well #6 DUP			3-1 L Amber		
↓	↓ ↓	↓ ↓	↓	1-1 L plastic		
				1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Karen Dasey IT 7-9-90 1420

3. Relinquished By: \_\_\_\_\_

 Received By: Shan Dandathia IT Corp 7-9-90 1420

Received by: \_\_\_\_\_

 2. Relinquished By: Shan Dandathia IT Corp 7-9-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Dorsey, K. Crim

CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-03-660	Site 10, well #	7/10/90 0950	Ground Water	3-1 L Amber		
↓	↓	↓	↓	1-1 L Amber		
↓	↓	↓	↓	1-1 L Amber		
↓	↓	↓	↓	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES:** (Name, Company, Date and Time)

1. Relinquished By: K. Dorsey IT 7/10/90 1130

3. Relinquished By: \_\_\_\_\_

Received By: Shari Bantatelli IT Corp 7-10-90 1130

Received by: \_\_\_\_\_

2. Relinquished By: Shari Bantatelli IT Corp 7-10-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392 LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS S. Bartolotti, D. Peary, K. Reed  
C. Hamilton, B. Coim CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-03-GW	Site 8, Well #3	7/9/90 1000	Ground Water	2 x 40 ml vials		
08-03-GW <sup>MS</sup>	Site 8, Well #3 Matrix Spike	1030	↓	↓		
08-03-GW <sup>MSD</sup>	Site 8, Well #3 Matrix Spike DUP	1030				
03-03-GW	Site 3, Well #3	1130				
03-02-GW	Site 3, Well #2	1040				
03-01-GW	Site 3, Well #1	0930				
03-EE	Site, Equipment Base	0940				
08-04-GW	Site 8, Well #4	1230				
08-06-GW	Site 8, Well #6	1340				
08-06-GW(D)	Site 8, Well #6 DUP	1340				

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kane Reed IT Corp 7-9-90 1730

Received By: Stan Bartolotti IT Corp 7/9/90 1730

2. Relinquished By: Stan Bartolotti IT Corp 7/9/90 1740

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238221

 C/C Control No. **174469**

 PROJECT NAME/NUMBER NAS Key West 595392

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS K. Reed, C. Hamilton

 CARRIER/WAYBILL NO. 7771319021

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
01-01-00	Site 1, Well #	7/10/90 0855	Ground water	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name/ Company, Date and Time)**

 1. Relinquished By: Karen Reed IT Corp 7/10/90 9:25

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Buntatella IT Corp 7-10-90 0925

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Buntatella IT Corp 7-10-90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS by MST 595392-08

LAB DESTINATION FT Knoxville

SAMPLE TEAM MEMBERS K. Dasey, R. Cain

CARRIER/WAYBILL NO. 7771319054

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-02-6W	Site 10 Well # 2	7/11/90 915	Ground Water	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
10-02-ER	Equipment Rise Site # 10			3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: Analyse ~~Extract~~ ~~held~~ 10-02-ER

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kevin Dasey FT Corp 7/11/90 1700

3. Relinquished By: \_\_\_\_\_

Received By: Shawn Bartolotti FT Corp 7/11/90 1700

Received by: \_\_\_\_\_

2. Relinquished By: Shawn Bartolotti FT Corp 7/11/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238238

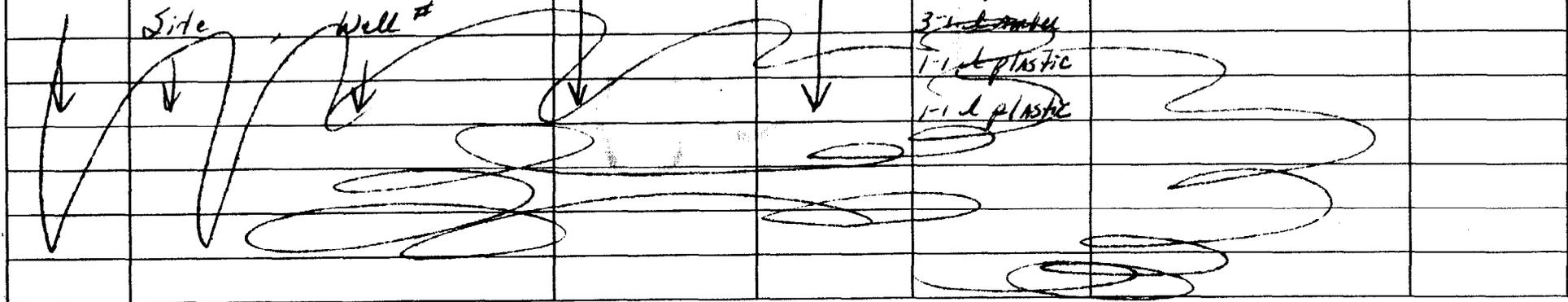
 C/C Control No. **187825**

 PROJECT NAME/NUMBER NAS Key West 545392-08

 LAB DESTINATION FT Knoxville

 SAMPLE TEAM MEMBERS L. Dwyer, B. Cain

 CARRIER/WAYBILL NO. 17771319054

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-036W	Site 10, Well # 3	7/1/90 1215	Ground Water	3 1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
↓	Site	Well #	↓	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
						

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Nelia Dwyer FT 7/1/90 1245

3. Relinquished By: \_\_\_\_\_

 Received By: Shawn Santolillo IT Corp 7/1/90 1245

Received by: \_\_\_\_\_

 2. Relinquished By: Shawn Santolillo FT Corp 7/1/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 238267

C/C Control No. 187826

PROJECT NAME/NUMBER NAS Key West 595392-08

LAB DESTINATION TY Knoxville

SAMPLE TEAM MEMBERS D. Peery, R. Crane

CARRIER/WAYBILL NO. 7271319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04-04-64	Site 4, Well # 4	7/12/90 0842	3010	3-1 L Amber		
↓	↓ ↓	↓ ↓	2010	2-1 L plastic		
<hr/>						
04-10-64	Site 4, Well # 10	7/12/90 1042	3010	3-1 L Amber		
↓	↓ ↓	↓ ↓	2010	2-1 L plastic		
<hr/>						
<hr/>						
<hr/>						
<hr/>						
<hr/>						
<hr/>						

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Dave Peery 07/12/90 1208 3. Relinquished By: \_\_\_\_\_

Received By: Shari Buntatelli TY Corp 07/12/90 1208 Received by: \_\_\_\_\_

2. Relinquished By: Shari Buntatelli TY Corp 1730 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

PROJECT NAME/NUMBER NAS Key West 595342-08

 LAB DESTINATION FT Knox

 SAMPLE TEAM MEMBERS K. Reed, C. Hamilton

 CARRIER/WAYBILL NO. 7771318065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
08-15-6W	Site 8 Well B	7/12/90 0850	Groundwater	3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
				1-1 L plastic		
08-14-6W	Well 14	0955		3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
				1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Karon Reed, FT 1000 7/12/90

3. Relinquished By: \_\_\_\_\_

 Received By: Stan Burtchell FT Corp 7/12/90 1000

Received by: \_\_\_\_\_

 2. Relinquished By: Stan Burtchell FT Corp 7/12/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171731

C/C Control No. **189830**

PROJECT NAME/NUMBER NAS Key West

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS K. Reed, C. Hamilton

CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
05-SW-U	Sites, Surface Water - U	7/13/90 4:00	Surface Water	3-1 L amber		
↓	↓ ↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
↓	↓ ↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
↓	↓ ↓ ↓ ↓	↓ ↓	↓	3-amber		
↓	↓ ↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
↓	↓ ↓ ↓ ↓	↓ ↓	↓	1-1 L plastic		
05-SW-U	Sites, Surface Water - U	7/13/90 9:00	Surface Water	2-40 mL vials	Ref C/C # 189840	
↓	↓ ↓ ↓ ↓	↓ ↓	↓			
↓	↓ ↓ ↓ ↓	↓ ↓	↓			
↓	↓ ↓ ↓ ↓	↓ ↓	↓			
↓	↓ ↓ ↓ ↓	↓ ↓	↓			
↓	↓ ↓ ↓ ↓	↓ ↓	↓			

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES:** (Name, Company, Date and Time)

1. Relinquished By: Kara Reed 7/13/90 IT 1000

3. Relinquished By: \_\_\_\_\_

Received By: Shari Bantel/EHS IT Corp 7/13/90 1000

Received by: \_\_\_\_\_

2. Relinquished By: Shari Bantel/EHS IT Corp 7/13/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 595392-CB

 LAB DESTINATION 77 Knoxville

 SAMPLE TEAM MEMBERS D. Perry, B. Crim, K. Reed, C. Hamilton

 CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04-01-GW	Site 4, Well 1	7/12/90 1042	Ground Water	2-40 ml vials	TCL Full VOAS	
01-04-GW	Site 1, Well 4	↓ 1235	↓	↓	↓	
01-04-EB	Site 1, Well 4 Equip Rise	↓ 1155	↓	↓	↓	
04-10-GW	Site 4, Well 10	↓ 1042	↓	↓	↓	
01-02-GW	Site 1, Well 2	7/12/90 1412	↓	↓	↓	
01-01-GW	Site 1, Well 1	7/12/90 1645	↓	↓	↓	
07-KW12 <sup>GW</sup>	Site 7, Well # KW12	7/13/90 1000	↓	↓	↓	
07-17-ER	Site 7, Well 17 Equip Rise	7/13/90 0835	↓	↓	↓	
07-KW11 <sup>GW</sup>	Site 7, Well # KW11	7/13/90 0910	↓	↓	↓	
Trip	Trip Blank APP-9	7/13/90	↓	↓	↓	

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Robert Allen, E.T. Corp, 7/13/90, 1530 HR

3. Relinquished By: \_\_\_\_\_

 Received By: Stan Bardattini IT, 7/12/90

Received by: \_\_\_\_\_

 2. Relinquished By: Stan Bardattini IT 7/13/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. \_\_\_\_\_

C/C Control No. **187833**

PROJECT NAME/NUMBER NAS Key West 545 392-08

LAB DESTINATION IT Key

SAMPLE TEAM MEMBERS K. Dusey, B. Lim

CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
07-17-ER	Site 7, Well 17 Equip Rise	7/13/90 0835	Ground water	3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	2-40 ml vials	Ref C/C # 187832	
07-KWM11- <sup>GN</sup>	Site 4, Well KWM 11	0910		3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	2-40 ml vials	Ref C/C # 187832	

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: K. Dusey 7/13/90 IT 1000

3. Relinquished By: \_\_\_\_\_

Received By: Shari Dalotelli 7/13/90 IT 1000

Received by: \_\_\_\_\_

2. Relinquished By: Shari Dalotelli 7/13/90 IT 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238266

 C/C Control No. 137836

 PROJECT NAME/NUMBER NAS Key West 595392-08

 LAB DESTINATION FT KNOX

 SAMPLE TEAM MEMBERS D. Peery, B. Cline

 CARRIER/WAYBILL NO. 777 131 9065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
04-10 GW	Site 4, Well 10	7/12/90 1042	Ground water	3-1L AMMO		
↓	↓ ↓ ↓	↓ ↓	↓	1-1L PLASTIC		
				1-1L PLASTIC		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Wag Tom 7-12-90 FT 1200

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Bartlett IT 7/12/90 1200

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Bartlett IT 7/12/90 1230

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. \_\_\_\_\_

C/C Control No. **187837**

PROJECT NAME/NUMBER NAS Key West 595342-08

LAB DESTINATION TT KMOY

SAMPLE TEAM MEMBERS K. Reed, C. Hamilton

CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
<del>10-01-0W</del>			<del>Ground Water</del>			
Trip	Trip Blank	7/12/90 1245	↓	2-40 ml vials		
01-04-0W	Site 1, Well 4	1245	↓	↓		
01-04EB	Site 1, Well 4 Equip Rinse	1155	↓	↓		
10-01-0W	Site 10, Well 01	0842	↓	↓	Appendix 9	
04-10-0W	Site 4, Well 10	1042	↓	↓		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Karen Reed IT 7/12/90 1700

3. Relinquished By: \_\_\_\_\_

Received By: Shari Baskin IT 7/12/90 1700

Received by: \_\_\_\_\_

2. Relinquished By: Shari Baskin IT 7/12/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 171741

C/C Control No. **187838**

PROJECT NAME/NUMBER NAS Key West 545392-08

LAB DESTINATION IT Key

SAMPLE TEAM MEMBERS D. Secoy

CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-01-6W	Sidero, Well 1	7/12/90 1220	Ground Water	3-1 gal Amber		
↓	↓ ↓	↓ ↓		2-1 L plastic		
				2 40 mL vials	Ref VOA C/C # 187840	

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Doug Emy 07/12/90 @ 1347

3. Relinquished By: \_\_\_\_\_

Received By: Shari Baskin 7-12-90 IT Corp 1340

Received by: \_\_\_\_\_

2. Relinquished By: Shari Baskin 7/13/90 IT Corp 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 17175

 C/C Control No. **187834**

 PROJECT NAME/NUMBER NAS Key West 595392-08

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS R. Reed, C. Hamilton

 CARRIER/WAYBILL NO. 777319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
<u>Tap</u>	<u>Tap</u>	<u>7-12-7-13-90</u>	<u>Water</u>	<u>2-40 ml vials</u>		
<u>01-03-GW</u>	<u>Site 1, Well 5</u>	<u>7/12/90 1440</u>	↓	↓		
<u>01-03-GW</u>	<u>Site 1, Well 3 MSD</u>	<u>7/12/90 1510</u>	↓	↓		
<u>01-03-GW</u>	<u>Site 1, Well 3 MS</u>	<u>7/12/90 1500</u>	↓	↓		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 171744

 C/C Control No. **187840**

 PROJECT NAME/NUMBER NAS Key West 595392-08

 LAB DESTINATION IT Knox

 SAMPLE TEAM MEMBERS D. Peery, B. Cain, K. Reed, C. Hamilton

 CARRIER/WAYBILL NO. 7771319056

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
10-01-GW	Site 10, Well 1	7/12/90 1220	Appendix 4 VOA	2.40 ml vials		
05-5W-U	Site 5, Surface Water - Upstream	7/13/90 0900	Unit 7 on VOA	2.40 ml vials		
04-04-GW	Site 4, Well 4	7/12/90 0842	VOA	↓		
04-10-GW	Site 4, Well 10	7/12/90 1042	VOA			
05-5W-D	Site 5, Surface Water - Downstream	7/13/90 10:05	VOA			
<del>04-07-GW</del> SB			Y53			
01-04-FB	Site 1, Well 4, Equipment Blank	7/12/90 1155	VUA			
08-15-GW	Site <del>15</del> <sup>08</sup> , Well 15	7/12/90 0850	VOA			
08-14-GW	Site <del>14</del> <sup>08</sup> , Well 14	7/12/90 0955	VOA			
Trip	Trip Blank					

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Lisa Lind IT 7/13/90 7/12/90 1730

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Bandyak IT 7/12/90 7/13/90 1730

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Bandyak IT 7/13/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238246

 C/C Control No. **187842**

 PROJECT NAME/NUMBER NAS Key West 595392-08

 LAB DESTINATION FT Knox

 SAMPLE TEAM MEMBERS K. Lud, C. Hamilton

 CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
01-04-6w	Site 1, well 4	7/12/90 1245	Water	3-1L Amber		
↓	↓ ↓	↓ ↓	↓	1-1L Plastic		
				1-1L Plastic		
01-04-6wD	Site 1 Well 4 DUP			3-1L Amber		
↓	↓ ↓	↓ ↓	↓	1-1L plastic		
				1-1L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Karen Lud IT 7/12/90 1300

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Barchetti 7/12/90 IT 1300

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Barchetti 7/12/90 IT 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 238237

 C/C Control No. 187821

 PROJECT NAME/NUMBER NAS Key West 595392-08

 LAB DESTINATION IT Knoxville

 SAMPLE TEAM MEMBERS K. Reed, P. Hamilton

 CARRIER/WAYBILL NO. 7771319054

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
05-01-00	Site 5, Well #1	7/11/90 0940	ground water	3-1 L Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
05-01-000	Site 5, Well #1 DUP	0930	↓	3-1 L plastic Amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: K. Reed, IT 7/11/90 0955

3. Relinquished By: \_\_\_\_\_

 Received By: Shan' Bartlett 7/11/90 IT Corp 0955

Received by: \_\_\_\_\_

 2. Relinquished By: Shan' Bartlett 7/11/90 IT Corp 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 171742

 C/C Control No. **187844**

 PROJECT NAME/NUMBER NAS Key West 595392-08 LAB DESTINATION FT Knox

 SAMPLE TEAM MEMBERS K. Rud, C. Hamilton, K. Dancy, B. Cima CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
05 SW-D	Site 5, Surface water Downstream	7/13/90 10:05	Water	3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	2-40 ml vials	Ref COC # 187840	
07-KWM12- <sup>GW</sup>	Site 7, Well KWM12	1:00		3-1 L amber		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	1-1 L plastic		
↓	↓	↓	↓	2-40 ml vials	Ref COC # 187832	

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: \_\_\_\_\_

 Received By: Shari Burdette FT 7-13-90

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Burdette FT 7-13-90 1730

Received By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 183800

 C/C Control No. 187845

 PROJECT NAME/NUMBER NAS Key West 545392 08

 LAB DESTINATION IT Key

 SAMPLE TEAM MEMBERS K Reed C. Hamilton

 CARRIER/WAYBILL NO. 7771314065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
0815-GW	Site 8, Well 15	7/12/90 0850	Ground Water	3-l amber		
↓	↓ ↓	↓ ↓	↓	1-l plastic		
				1-l plastic		
0814-GW	Site 8, Well 14	↓ 0955	↓	3-l amber		
↓	↓ ↓	↓ ↓	↓	1-l plastic		
				1-l plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Karen Reed IT Corp 7/12/90 10:00

3. Relinquished By: \_\_\_\_\_

 Received By: Stan Dastgheib IT 7/12/90 1:00

Received by: \_\_\_\_\_

 2. Relinquished By: Stan Dastgheib 7/12/90 17:30

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 183672

C/C Control No. 187861

PROJECT NAME/NUMBER NAS Reg WST 545392

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS KFD, CAH

CARRIER/WAYBILL NO. 7011023770

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
57-08-02-SED	Site 8, Location # 02	7/16/90 1030	Sediment	1-500 mL amber		
↓	↓	↓	↓	1-500 mL amber		
↓	↓	1030	↓	1-120 mL glass		
57-08-01-SED	Site 8, location # <sup>5B</sup> 01	0945	↓	1-500 mL amber		
↓	↓	↓	↓	1-500 mL amber		
↓	↓	0945	↓	1-120 mL glass		
57-08-03-SED	Site 8, Location # 03	11:15	↓	1-500 mL amber		
↓	↓	↓	↓	1-500 mL amber		
↓	↓	7/16/90 11:15	Sediment	1-120 mL glass		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: [Signature] IT Corp 7/16/90 11:45 Relinquished By: \_\_\_\_\_

Received By: Shan Bachtelle IT, 7/16/90 1153 Received by: \_\_\_\_\_

2. Relinquished By: Shan Bachtelle IT, 7/16/90 1730 4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

PROJECT NAME/NUMBER NAS Key West 595392-08

 LAB DESTINATION FTI Knox

 SAMPLE TEAM MEMBERS KER/RJC

 CARRIER/WAYBILL NO. 77771319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-09-KWM-9-M.S.	Site 9, KWM-9 Matrix Spike	7/10/90 1125	ground water	2 @ 40 ml		
SP-09-KWM-9-M.S.	Site 9, KWM-9 Matrix Spike	↓ 1125	↓	↓		
SP-09-KWM-9-M.S.	Site 9, KWM-9	↓ 1115	↓	↓		
SP-09-KWM-9-M.S.	Site 9, KWM-9	↓ 1115	↓	↓		
SP-09-KWM-9-M.S.D	Site 9, KWM-9 M.S. Dup	↓ 1135	↓	↓		
SP-09-KWM-9-M.S.D	Site 9, KWM-9 Matrix S. Dup	7/10/90 1135	ground water	2 @ 40 ml		
SP-07-02-SW	Site 7, LUC-02	7/10/90 1420	Surface water	2 @ 40 ml		
SP-07-02-SB						
SP-10-18-GW-GM	Site 10, Well 18 GM	7/10/90 1610	ground water	2 @ 40 ml		
SP-0425-GW-GM	Site 4, well 8 (GM)	7/10/90 1545	ground water	2 @ 40 ml		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

 1. Relinquished By: Liam Bantakelli, IT, 7/17/90 1730

3. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received by: \_\_\_\_\_

2. Relinquished By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 183678

 C/C Control No. 137866

 PROJECT NAME/NUMBER NIS by WEST 575392-08

 LAB DESTINATION FT. Cavite

 SAMPLE TEAM MEMBERS KER/RJC

 CARRIER/WAYBILL NO. 7771317253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-09-KWM-9-M.S.	Site 9, KWM 9 Matrix Sp. Ke	7/14/90 1125	ground water	2 @ 40 mL		
SP-09-KWM-9-M.S.	↓, KWM-9- Matrix Sp. Ke	↓ 1125	↓	↓		
SP-09-KWM-9-GW	↓, KWM-9	↓ 1115	↓	↓		
SP-09-KWM-9-GW	↓, KWM-9	↓ 1115	↓	↓		
SP-09-KWM-9-M.S.D	↓, KWM-9 M.S. Dup	↓ 1135	↓	↓		
SP-09-KWM-9-M.S.D	Site 9, KWM 9- Matrix S. Dup	7/16/90 1135	ground water	2 @ 40 mL		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Shari Duro, I.T., 200, 7/10/90

3. Relinquished By: \_\_\_\_\_

 Received By: Shari Duro, I.T., 200, 7/10/90

Received by: \_\_\_\_\_

 2. Relinquished By: Shari Duro, I.T., 200, 7/16/90

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

PROJECT NAME/NUMBER NAS Key West 585392-08

LAB DESTINATION FT Key

SAMPLE TEAM MEMBERS KFD, CBH

CARRIER/WAYBILL NO. 747/319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-07-01-SED	Site 7, location 01	7/16/90 1400	Sediment	1-500 mL amber		
SP-07-01-SED	↓ ↓ ↓	↓ 1400		1-500 mL amber		
SP-07-01-SED	Site 7, location 01	↓ 1400		1-120 mL glass		
SP-07-02-SED	Site 7, location 02	↓ 1435		1-500 mL amber		
↓	↓ ↓ ↓	↓ 1435		1-500 mL amber		
SP-07-02-SED	Site 7, location 02	↓ 1435		1-120 mL glass		
SP-07-04-SED	Site 7, location 04	↓ 1600		1-500 mL amber		
↓	↓ ↓ ↓	↓ 1600		1-500 mL amber		
<del>SP-07-04-SED</del>	<del>Site 7, location 04</del> SB			<del>1-500 mL amber</del> SB		
SP-07-04-SED	Site 7, location 04	7/16/90 1600		1-120 mL glass		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Kevin Desey, FT, 7/16/90, 1700

3. Relinquished By: \_\_\_\_\_

Received By: Stan Bartlett, FT, 7/16/90, 1700

Received by: \_\_\_\_\_

2. Relinquished By: Stan Bartlett, FT, 7/17/90, 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 187868

C/C Control No. **187868**

PROJECT NAME/NUMBER NAS by rust 595392 08

LAB DESTINATION IT Kan

SAMPLE TEAM MEMBERS CGH, RFD

CARRIER/WAYBILL NO. 9771319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP 07-03 SED	Site 7, Location 03	7/16/90 1500	Sediment	1-500 mL Amber		
SP 07-03 SED	↓ ↓	7/16/90 1500	↓	1-500 mL Amber		
SP 07-03 SED	Site 7, Location 03	7/16/90 1500	Sediment	1-120 mL Glass		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Kevin Kasey, IT, 7/16/90, 1530

3. Relinquished By: \_\_\_\_\_

Received By: Shari Baskett, IT, 7/16/90 1530

Received by: \_\_\_\_\_

2. Relinquished By: Shari Baskett, IT, 7/17/90 1230

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
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**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 183682

 C/C Control No. **187869**

 PROJECT NAME/NUMBER NIS 10, West 595392 08

 LAB DESTINATION FT Lab

 SAMPLE TEAM MEMBERS KFD CGH

 CARRIER/WAYBILL NO. 1779-319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
5207-02 SW	Site 7, AOC-02	7/16/90 1420	Surface Water	1 L Amber		
↓	↓ 7, AOC-02	↓ 1420	↓	↓		
5207-02 SW	Site 7, AOC-02	↓ 1420	↓	1 L Amber		
5207-02 SW	↓ ↓	↓ 1420	↓	1 L Plastic		
5207-02 SW	↓ ↓	↓ 1420	↓	1 L Plastic		
5207-02 SW	Site 7, L.A-02	7/16/90 1420	Surface Water	2 x 40ml vials		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Sean Buntz, IT 7/16/90 1500

 Received By: Sean Buntz, IT 7/16/90, 1510

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

 2. Relinquished By: Sean Buntz, IT 7/17/90 1730

Received By: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 183612

C/C Control No. **137870**

PROJECT NAME/NUMBER NAS by WWS7 595392-08

LAB DESTINATION I 7 Knox

SAMPLE TEAM MEMBERS A.F.D. COH

CARRIER/WAYBILL NO. 7777131425342

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP01 01 SED	5.10.04 LUC 01	7/17/90 1300	SEDIMENT	1-250 ml Amber		
↓	↓ ↓ ↓ ↓	1300	Sediment	1-250 ml Amber		
SP01 02 SED	5.10.04 LUC 01	1300	↓	1-120 ml glass		
SP01 03 SED	5.10.04 LUC 01	1230	↓	1-250 ml Amber		
↓	↓ ↓ ↓ ↓	1230	↓	1-250 ml Amber		
SP01 04 SED	5.10.04 LUC 01	7/17/90 1230	SEDIMENT	1-120 ml glass		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: John D. [Signature], IT, 7/17/90 1515

3. Relinquished By: \_\_\_\_\_

Received By: John D. [Signature], IT, 7/17/90 1315

Received by: \_\_\_\_\_

2. Relinquished By: John D. [Signature], IT, 7/17/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 183610

C/C Control No. 187871

PROJECT NAME/NUMBER MPS sig test 393392-08

LAB DESTINATION IT IL101

SAMPLE TEAM MEMBERS Ms. Cea

CARRIER/WAYBILL NO. 1777134253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP 01 01 510	Site 4 100-01	7/17/90 0850	Drinking Water	1 gal Amber		
				1 gal Amber		
				1 gal Amber		
				1 plastic		
				1 plastic		
				1 plastic		
SP 01 01 36	Site 4 100-01	7/17/90 0850	Drinking Water	2 @ 40 ml	Transfer to C/C # 187871	

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Lisa King, 7/17/90 15

3. Relinquished By: \_\_\_\_\_

Received By: Sam Bontapelli, 7/17/90 1113

Received by: \_\_\_\_\_

2. Relinquished By: Sam Bontapelli, 7/17/90 1250

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 123011

C/C Control No. **187872**

PROJECT NAME/NUMBER WAS Key West 575392 08

LAB DESTINATION IT Luok

SAMPLE TEAM MEMBERS KFD, CGH

CARRIER/WAYBILL NO. 7771319238 42

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-1001 11/10/90	Soil 11 m depth	7/17/90 1330	Soil Sample	1250 mL amber		
↓		1330	↓	↓		
↓		1330	↓	1250 mL amber		
SP-1002 11/10/90	Soil 11 m depth	1330	Soil Sample	1250 mL amber		
SP-1003 11/10/90	Soil 11 m depth	1400		1250 mL amber		
↓	↓	↓	↓	1250 mL amber		
↓	↓	↓	↓	↓		
SP-1004 11/10/90	Soil 11 m depth	7/17/90 1400	Soil Sample	1250 mL glass		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Stan Bartolotta 7/17/90 1515

3. Relinquished By: \_\_\_\_\_

Received By: Stan Bartolotta, IT, 7/17/90 1515

Received by: \_\_\_\_\_

2. Relinquished By: Stan Bartolotta 7/17/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_





**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 183683

C/C Control No. 187874

PROJECT NAME/NUMBER NAS Key West 545392-08

LAB DESTINATION IT Key

SAMPLE TEAM MEMBERS E. Kirk

CARRIER/WAYBILL NO. 7771319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
571108 GW	Site Well 7 (GW)	7/16/90 1545	ground water	3-1L amber		
↓	↓ ↓ ↓ ↓ ↓	↓ ↓	↓	2-1L plastic		
571108 GW	Site Well 8 (GW)	7/16/90 1545	ground water	2-40 ml vials		
571107 GW	Site Well 7	7/16/90 1500	ground water	3-1L amber		
↓	↓ ↓ ↓ ↓ ↓	↓ 1500	↓	2-1L plastic		
571107 GW	Site Well 7	7/16/90 1500	ground water	2-40 ml vials		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Tom Paul, IT, 1600, 7/16/90

3. Relinquished By: \_\_\_\_\_

Received By: Shari Barlett, IT, 1600, 7/17/90

Received by: \_\_\_\_\_

2. Relinquished By: Shari Barlett, IT, 1600, 7/17/90

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 103609

C/C Control No. 187875

PROJECT NAME/NUMBER NAS August 545342-08

LAB DESTINATION IT Knoxville

SAMPLE TEAM MEMBERS ITD 0617

CARRIER/WAYBILL NO. 777 1319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
570402 SED	Site 4 LOC-02	7/17/90 1000	Sediment	1 500 mL Amber		
570402 SED	↓ ↓ ↓ ↓	7/17/90 1000	↓	1 500 mL Amber		
570402 SED	Site 4 LOC-02	7/17/90 1000	Sediment	1 120 mL vial		
570401 SED	Site 04 LOC 01 <sup>APP</sup>	7/17/90 0915	<sup>APP</sup> Sediment	1 500 mL Amber		
↓	↓	↓	↓	1 500 mL Amber		
↓	↓	↓	↓	1 500 mL Amber		
↓	↓	↓	↓	1 500 mL Amber		
570401 SED	Site 04 LOC 01 <sup>APP</sup>	7/17/90 0915	<sup>APP</sup> Sed. amt	1 120 mL Amber		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: [Signature] IT Corp 7/17/90 11:15

3. Relinquished By: \_\_\_\_\_

Received By: [Signature] IT 7/17/90 11:15

Received by: \_\_\_\_\_

2. Relinquished By: [Signature] IT 7/17/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 18306

C/C Control No. **187876**

PROJECT NAME/NUMBER MS 09 051 575392-08

LAB DESTINATION 7791319253 IT Corp

SAMPLE TEAM MEMBERS ITD/0611

CARRIER/WAYBILL NO. 7791319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SW 2	Site 04 Loc. 02	7/17/90 0945	Surface Water	3 - 12 Amber		
W	W W W W	7/17/90 0945	W	1 - 12 Amber		
SW 02	Site 04 Loc. 02	7/17/90 0945	Surface Water	2 - 40 ml vials		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: [Signature] IT Corp 7/17/90 11:15 3. Relinquished By: \_\_\_\_\_  
 Received By: [Signature] IT Corp 7/17/90 11:15 Received by: \_\_\_\_\_  
 2. Relinquished By: [Signature] IT Corp 7/17/90 11:30 4. Relinquished By: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Received By: \_\_\_\_\_

WHITE - To accompany samples  
 YELLOW - Field copy



**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 13611

 C/C Control No. **137878**

 PROJECT NAME/NUMBER NYS Ry West 598392-08

 LAB DESTINATION IT Envy

 SAMPLE TEAM MEMBERS KFD, GCH

 CARRIER/WAYBILL NO. 777131925<sup>B</sup>342

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP 0403 SED	Site 4 Loc 03	7/17/90 1315	Sediment	1 250 mL Amber		
✓	↓ ↓ ↓ ↓	↓	↓	1 250 mL Amber		
SP 0403 SED	Site 4 Loc 03	1315		1 120 mL glass		
SP 0407 SED	Site 4 Loc 07	1215		1 250 mL Amber		
✓	↓ ↓ ↓ ↓	↓	↓	1 250 mL Amber		
SP 0407	Site 4 Loc 07	1215		1 120 mL Amber		
SP 0405 SED	Site 4 Loc 05	1215		1 250 mL Amber		
✓	↓ ↓ ↓ ↓	↓	↓	1 250 mL Amber		
SP 0405 SED	Site 4 Loc 05	7/17/90 1245	Sediment	1 120 mL Amber		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Kevin J. [Signature] IT, 7/17/90 1515

 Received By: Shari [Signature] IT, 7/17/90 1515

 2. Relinquished By: Shari [Signature] IT, 7/17/90 1730

Received By: \_\_\_\_\_

3. Relinquished By: \_\_\_\_\_

Received by: \_\_\_\_\_

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 183677

 C/C Control No. 187879

 PROJECT NAME/NUMBER MSD 10/10/97 595.392 08

 LAB DESTINATION FT KAONSIDE

 SAMPLE TEAM MEMBERS LEK, RJC

 CARRIER/WAYBILL NO. 7771319253

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
52-29-KUM 7-W	5.7x9 KUM 9	11/17/90 11:05	ground water	1 L glass		
52-29-KUM 9 MSD	KUM 9 M.S. DUP	11:35	↓	↓		
52-29-KUM 3-MS	KUM 9 Matrix S.	11:25	↓	1 L glass		
52-29-KUM 9 M.S. DUP	KUM 9 M.S. DUP	11:35	↓	1 L plastic		
52-29-KUM 7-W	KUM 9	11:15	↓	↓		
52-29-KUM 9 MS	2.1x9 KUM 9 Matrix S.	7/16/90 11:25	ground water	1 L plastic		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: James Bell 11/17/90 12:00

3. Relinquished By: \_\_\_\_\_

 Received By: John DeWitt 7/16/90 12:00

Received by: \_\_\_\_\_

 2. Relinquished By: John DeWitt 7/16/90 12:50

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_



**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 183602

C/C Control No. **187891**

PROJECT NAME/NUMBER WAS Reg West

LAB DESTINATION 77 Kelly

SAMPLE TEAM MEMBERS K. Reed, C. ...

CARRIER/WAYBILL NO. 777 131 9065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
0102 GW	Site 1 Well 2	7/12/90 1412	Ground water	3 @ 1 l		
↓	↓	↓	↓	↓		
		1412		1 @ 1 l		
		1412		1 @ 1 l		
0101 GW	Site 1 Well 1	7/12/90 1645		3 @ 1 l		
↓	↓	↓	↓	↓		
		1645		1 @ 1 l		
		1645		1 @ 1 l		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Karen Reed Hcorp 7/12/90 17:00

3. Relinquished By: \_\_\_\_\_

Received By: Shan ... 7/12/90

Received by: \_\_\_\_\_

2. Relinquished By: Shan ... 7/12/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

WHITE - To accompany samples  
YELLOW - Field copy

**CHAIN-OF-CUSTODY RECORD**

 R/A Control No. 171732

 C/C Control No. **189832**

 PROJECT NAME/NUMBER NAS August 545392-08

 LAB DESTINATION NY Knoxville

 SAMPLE TEAM MEMBERS P. Reed, C. Hamilton

 CARRIER/WAYBILL NO. 7771319065

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
US-SEDU	to Sites Sediment Upstream	7/13/90 0915	Sediment	2-500 mL Amber		
↓	↓	↓	↓	↓		
↓	↓	↓	↓	↓		
US-SED D	Sites Sediment Downstream	7/13/90 1000	Sediment	2-500 mL Amber		
↓	↓	↓	↓	↓		
↓	↓	↓	↓	↓		

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

 1. Relinquished By: Paul Reed 7/13/90 1030

3. Relinquished By: \_\_\_\_\_

 Received By: Shawn Baskerville 7/13/90 - IT Corp 1030

Received by: \_\_\_\_\_

 2. Relinquished By: Shawn Baskerville 7/13/90 - IT Corp 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 1831001

C/C Control No. **189846**

PROJECT NAME/NUMBER WAS by West 595392-08

LAB DESTINATION FT Knoxville

SAMPLE TEAM MEMBERS KFD, CCH

CARRIER/WAYBILL NO. 7611023750

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-08-01 SW	Site SARVA WATER Well # 01	7/16/90 0850	Surface Ground Water	3-1 L Amber 1-1 L plastic 1-1 L plastic		
SP-08-01- SW	↓ ↓ Surva water #01	↓ ↓ 7/16/90 0850		2 40 ml vials	by C/C # 189848	
<del>T.P.</del>	<del>Site Well #</del>	<del></del>	<del></del>	<del>3-1 L Amber 1-1 L plastic 1-1 L plastic 2 40 ml vials</del>	<del>by C/C # 189848</del>	<del></del>

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

SIGNATURES: (Name, Company, Date and Time)

1. Relinquished By: Steve Buse, FT, 7/16/90 1200

3. Relinquished By: \_\_\_\_\_

Received By: Steve Buse, FT, 7/16/90 1200

Received by: \_\_\_\_\_

2. Relinquished By: Steve Buse, FT, 7/16/90 1700

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

**CHAIN-OF-CUSTODY RECORD**

R/A Control No. 183603

C/C Control No. 189848

PROJECT NAME/NUMBER AP3 Ag Unit 545392-08

LAB DESTINATION 77 Knoxville

SAMPLE TEAM MEMBERS W. Lee, L. Lee, C. Hamilton, K. Dotsy, B. Crim

CARRIER/WAYBILL NO. 7611623770

Sample Number	Sample Location and Description	Date and Time Collected	Sample Type	Container Type	Condition on Receipt (Name and Date)	Disposal Record No.
SP-08-01-SW	5.7.08, <sup>CB</sup> with surface water 01	7/10/90 0850	SR Surface water	2.40 mL vials		
7B-8	Top Blank	7/10/90 0850				
SP-08-KUM 21-GW	5.10.9, KUM 21	1000				
SP-09-KUM 21-GW	5.10.9, KUM 21	1000				
SP-09-KUM 21-GW-D	5.10.9, KUM 21 D	1010				
SP-09-KUM 21-GW	KUM 21 GW	1000				
SP-09-KUM 25-F.B.	KUM Equip Blank	0950				
SP-09-KUM 25-L.B.	KUM Equip Blank	0950				
SP-09-KUM 25-F.B.	KUM-25-F.B.	0950				
SP-09-KUM 21-GW	KUM-21-D	1010		2.40 mL vials		

Special Instructions: Analyse Equip Blanks

Possible Sample Hazards: \_\_\_\_\_

**SIGNATURES: (Name, Company, Date and Time)**

1. Relinquished By: Shari Bantelick IT, 7/15/90 1730

3. Relinquished By: \_\_\_\_\_

Received By: Shari Bantelick IT, 7/10/90 1730

Received by: \_\_\_\_\_

2. Relinquished By: Shari Bantelick IT 7/10/90 1730

4. Relinquished By: \_\_\_\_\_

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_