

Appendix D.

2002 Interim Actions Final Report

Chain of Custody Forms

PROJECT NAME		NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Pesticide / Herbicides 608 <input type="checkbox"/> 8021 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> 808 <input type="checkbox"/> 8081 <input type="checkbox"/> 8141 <input type="checkbox"/> 8151 <input type="checkbox"/> Total Toxic Organics (TTO) 608 <input type="checkbox"/> 624 <input type="checkbox"/> 625 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH-HCID <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-D <input checked="" type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Chlorophenolics <input type="checkbox"/> O & G <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> 8151M <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> SIM <input type="checkbox"/> GC/MS-SIM <input type="checkbox"/> SIM <input type="checkbox"/> PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Phthalates <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> pH, Cond, Cl, SO4, NO3, BOD, TSS, TDS NH3-N, COD, Total-P, TKN, TOC, DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>
PROJECT NUMBER		
PROJECT MANAGER		
COMPANY/ADDRESS		
PHONE #	FAX #	
SAMPLER'S SIGNATURE		

00007

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	REMARKS	
FW0011	6/25/02	0950		Soil	1																					
FW0012		1015			1																					
FW0013		1025			1																					HOLD
FW0014		1030			1																					HOLD
FW0015		1035			1																					HOLD
FW0016		1040			1																					
FW0017		1050			1																					
FW0018		1055			1																					
FW0019		1100			1																					
FW0020		1140			1																					

REPORT REQUIREMENTS <input checked="" type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">See page 1</p>
TURNAROUND REQUIREMENTS _____ 24 hr. _____ 48 hr. _____ 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) _____ Provide FAX Results _____ Requested Report Date		

RELINQUISHED BY: Signature _____ Printed Name _____ Date/Time <u>6/26/02 10:06</u> Firm <u>FW0020</u>	RECEIVED BY: Signature _____ Printed Name _____ Date/Time <u>6/27/02</u> Firm <u>FW 1000</u>	RELINQUISHED BY: Signature _____ Printed Name _____ Date/Time _____ Firm _____	RECEIVED BY: Signature _____ Printed Name _____ Date/Time _____ Firm _____
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PROJECT NAME		NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Hydrocarbons Gas <input type="checkbox"/> 8021 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> <input type="checkbox"/> Fuel Fingerprint <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> <input type="checkbox"/> NW-HCID Screen <input type="checkbox"/> Oil <input type="checkbox"/> Oil & Grease/TFPH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/> PCB's Aroclors <input checked="" type="checkbox"/> Congeners <input type="checkbox"/> 608 <input type="checkbox"/> 8081A <input type="checkbox"/> 8141A <input type="checkbox"/> 8151A <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> 8151M <input type="checkbox"/> PAHS 8310 <input type="checkbox"/> SIM <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> pH Cond., Cl, SO4, PO4, F, NO2, NO3, BOD, TSS, TDS (circle) 2, DOC (circle) NO2+NO3, TOX 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>
PROJECT NUMBER		
PROJECT MANAGER		
COMPANY/ADDRESS		
PHONE # _____ FAX # _____		
SAMPLER'S SIGNATURE		

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
FW0031	6/25/02	1455		Soil	HOLD 31
FW0032		1500			HOLD 32
FW0033		1505			HOLD 33
FW0034		1510			HOLD 34
FW0035		1515			35
FW0036		1520			36
FW0037		1525			HOLD 37
FW0038		1530			HOLD 38
FW0039		1545			39
FW0040		1610			40

REPORT REQUIREMENTS <input checked="" type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg *INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)
SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">See PSS 1</p>		

RELINQUISHED BY: Signature: <u>[Signature]</u> Date/Time: <u>6/26/02 10:00</u> Printed Name: <u>Bryan G</u> Firm: <u>FWA</u>	RECEIVED BY: Signature: <u>[Signature]</u> Date/Time: <u>6/27/02</u> Printed Name: <u>K Morrow</u> Firm: <u>CAS</u>	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RECEIVED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
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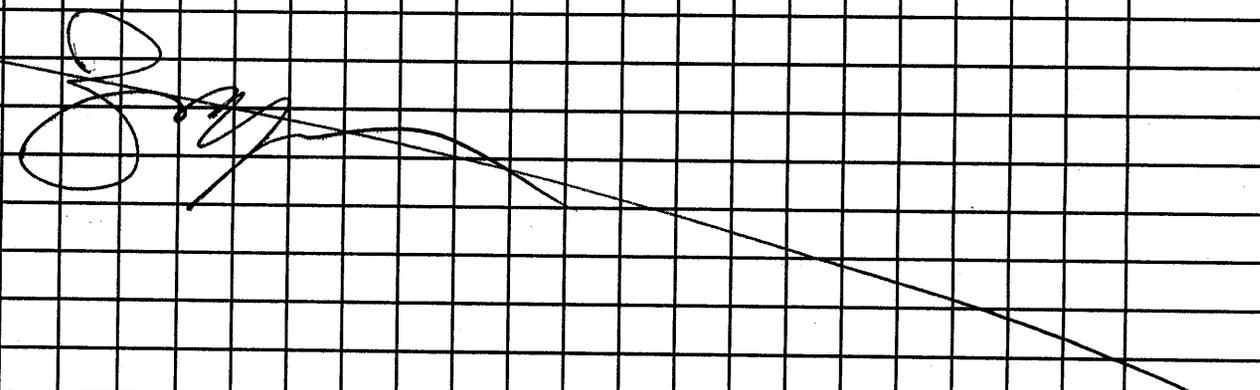
PROJECT NAME		NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Pesticide / Herbicides 608 <input type="checkbox"/> 8081 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> Total Toxic Organics (TTO) 608 <input type="checkbox"/> 824 <input type="checkbox"/> 8141 <input type="checkbox"/> 8151 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH - HCID <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-D <input checked="" type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Chlorophenolics - 8151M Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> SIM <input type="checkbox"/> GC/MS-SIM PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Phthalates <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> pH, Cond., Cl, SO ₄ , Hex-Chrom <input type="checkbox"/> NO ₃ , BOD, TSS, PO ₄ , F, NO ₂ , NH ₃ -N, COD, Total-P, TKN, TOC, DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>
PROJECT NUMBER		
PROJECT MANAGER		
COMPANY/ADDRESS		
PHONE #	FAX #	
SAMPLER'S SIGNATURE		

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
FW0041	6/27/02	1615		soil	HOLD
FW0042		1620			HOLD
FW0043		1625			HOLD
FW0044		1630			HOLD
FW0045		1635			
FW0046		1640			
FW0047		1645			HOLD
FW0048		1620		Water	
FW0049		1630		Water	
FW0050		1650		Soil	HOLD

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REPORT REQUIREMENTS <input checked="" type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">See page 1</p>	

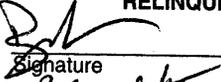
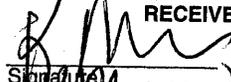
RELINQUISHED BY: Signature: Date/Time: 6/26/02 Printed Name: Bryan G. ... Firm:	RELINQUISHED BY: Signature: Date/Time: 6/27/02 Printed Name: ... Firm:	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
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PROJECT NAME					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Hydrocarbons (*see below) Gas <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> <input type="checkbox"/> Fuel Finger-print <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> NW-HCID Screen Oil & Grease/TRPH 418.1 <input type="checkbox"/> 418.1 <input type="checkbox"/> 1664 SGT <input type="checkbox"/> PCB's Aroclors <input checked="" type="checkbox"/> 1664 HEM <input type="checkbox"/> Pesticides/Herbicides 608 <input type="checkbox"/> 8081A <input type="checkbox"/> Chlorophenolics - 8141A <input type="checkbox"/> 8151A <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> 8151M <input type="checkbox"/> PAHS 8310 <input type="checkbox"/> PCP <input type="checkbox"/> GC/MS-SIM <input type="checkbox"/> PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Phthalates <input type="checkbox"/> PH, Cond. Cl, SO4, Hex-Chrom <input type="checkbox"/> NO ₃ , BOD, TSS, PO ₄ , F, NO ₂ , NH ₃ -N, COD, Total-P, TDS (circle) DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>
PROJECT NUMBER					
PROJECT MANAGER					
COMPANY/ADDRESS					
*PHONE #		FAX #			
SAMPLER'S SIGNATURE					
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	
FW0051	6/27/02	1655		Soil	
					

11000

57

<p>REPORT REQUIREMENTS</p> <p><u>6</u> I. Routine Report: Method Blank, Surrogate, as required</p> <p><u>2</u> II. Report Dup., MS, MSD as required</p> <p>___ III. Data Validation Report (includes all raw data)</p> <p>___ IV. CLP Deliverable Report</p> <p>___ V. EDD</p>	<p>INVOICE INFORMATION</p> <p>P.O. # _____</p> <p>Bill To: _____</p>	<p>Circle which metals are to be analyzed:</p> <p>Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg</p> <p>Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg</p> <p>*INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)</p> <p>SPECIAL INSTRUCTIONS/COMMENTS:</p> <p style="font-size: 2em; text-align: center;">Super 1</p>
<p>TURNAROUND REQUIREMENTS</p> <p>___ 24 hr. ___ 48 hr.</p> <p>___ 5 Day</p> <p><u>Standard (10-15 working days)</u></p> <p>___ Provide FAX Results</p> <p>Requested Report Date _____</p>		

<p>RELINQUISHED BY:</p> <p> Signature Bryan Galt Printed Name</p> <p>6/26/02 1000 Date/Time Firm</p>	<p>RECEIVED BY:</p> <p> Signature [unclear] Printed Name</p> <p>6/27/02 Date/Time CAS 1000 Firm</p>	<p>RELINQUISHED BY:</p> <p>Signature _____ Printed Name _____</p> <p>Date/Time _____ Firm _____</p>	<p>RECEIVED BY:</p> <p>Signature _____ Printed Name _____</p> <p>Date/Time _____ Firm _____</p>
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PROJECT NAME <i>Rayonica IRA</i>					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Hydrocarbons (see below) Gas <input type="checkbox"/> Diesel <input type="checkbox"/> BTEX <input type="checkbox"/> <input type="checkbox"/> Fuel Fingerprint <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> MW-HCID Screen <input type="checkbox"/> <input type="checkbox"/> Oil & Grease/TRPH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/> PCB's <input type="checkbox"/> Aroclors <input type="checkbox"/> Congeners <input type="checkbox"/> 608 <input type="checkbox"/> 8081A <input type="checkbox"/> 8141A <input type="checkbox"/> 8151A <input type="checkbox"/> Chlorophenolics - 8151M <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PCP <input type="checkbox"/> PAHS 8310 <input type="checkbox"/> SIM <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> pH, Cond., Cl, SO ₄ , PO ₄ , F, NO ₂ , NO ₃ , BOD, TSS, TDS (circle) NH ₃ -N, COD, Total-P, TKN, TOC, DOC (circle) NO ₂ +NO ₃ TOX 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/> <i>UV-TPH-Dx</i>
PROJECT NUMBER					
PROJECT MANAGER <i>Roy Hummel</i>					
COMPANY/ADDRESS <i>Foster Wheeler Environmental</i>					
1200 NE 155th St, Suite 200, Bothell, WA					
PHONE # <i>425 482 7600</i>		FAX # <i>425 482-7652</i>			
SAMPLER'S SIGNATURE <i>[Signature]</i>					
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
FOT-0001	7/29/02	1430	1	S	
FOT-0002	7/30/02	1030	2		
FOT-0003	7/30/02	1040	3		
FOT-0004	7/30/02	1000	4		
FOT-0005	7/30/02	1010	5		
FOT-0006	7/30/02	1020	6		
FOT-0008	7/31/02	1508	7		
FOT-0009		1514	8		
FOT-0010		1520	9		
FOT-0011		0910	10		

00175

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # <i>PA-0228</i> Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg *INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)
	TURNAROUND REQUIREMENTS _____ 24 hr. _____ 48 hr. <input checked="" type="checkbox"/> 5 Day _____ Standard (10-15 working days) _____ Provide FAX Results _____ Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <i>Use silica gel cleanup per bid spec</i>

RELINQUISHED BY: <i>[Signature]</i> Signature Printed Name Date/Time: <i>7/31/02 1600</i> Firm: <i>[Firm Name]</i>	RECEIVED BY: <i>[Signature]</i> Signature Printed Name Date/Time: <i>8/1/02 1000</i> Firm: <i>CAS</i>	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____
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CHAIN OF CUSTODY

1317 South 13th Ave. • Kelso, WA 98626 • (360) 577-7222 • (800) 695-7222 • FAX (360) 636-1068

PAGE 2 OF 2 SR#: 2 COC # _____

PROJECT NAME: <u>RANDNER - INTERIM ACTIONS</u>					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8280 <input type="checkbox"/> Pesticide / Herbicides 608 <input type="checkbox"/> 8021 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> 808 <input type="checkbox"/> 8081 <input type="checkbox"/> 8141 <input type="checkbox"/> 8151 <input type="checkbox"/> Total Toxic Organics (TTO) 624 <input type="checkbox"/> 624 <input type="checkbox"/> 625 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH - HCID <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-D <input type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> 8151M <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> PCP <input type="checkbox"/> GC/MS-SIM <input type="checkbox"/> SIM <input type="checkbox"/> PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Phthalates <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> pH, Cond, Cl, SO4, Hex-Chrom <input type="checkbox"/> NO3, BOD, TSS, PO4, F, NO2, NH3-N, COD, TDS, IDS (circle) DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/> NWTPH-DX
PROJECT NUMBER: <u>1834.0002.0003</u>					
PROJECT MANAGER: <u>ROY HUMMELL</u>					
COMPANY/ADDRESS: <u>FOSTER WHEELER</u>					
<u>10100 NE 195th & Bottell WA 98011</u>					
PHONE #: <u>425-482-7600</u> FAX #: <u>425-482-7652</u>					
SAMPLE SIGNATURE: <u>[Signature]</u>					
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
FOT-0022	8/2	1345	11	Soil	X
FOT-0023		1350	12		X
FOT-0024		1645	13		X
FOT-0025		1650	14		X
FOT-0026	✓	1655	15	✓	X

00006

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # <u>PA-0228</u> Bill To: _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg
	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <u>Use Silica Gel Cleanup per bid spec</u>

RELINQUISHED BY: <u>[Signature]</u> 8/2/02 1830 Signature Date/Time <u>Elizabeth Foster Wheeler</u> Printed Name Firm	Rec'd. RELINQUISHED BY: <u>[Signature]</u> 8/5/02 1005 Signature Date/Time <u>BLANK</u> Printed Name Firm	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____
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CHAIN OF CUSTODY REPORT

Work Order # _____

REPORT TO: <i>Foster Wheeler Environmental</i>			INVOICE TO:							TURNAROUND REQUEST in Business Days * Organic & Inorganic Analyses <input type="checkbox"/> 10 <input type="checkbox"/> 7 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Same Day <small>Standard</small> Fuels & Hydrocarbon Analyses <input type="checkbox"/> 5 <input type="checkbox"/> 3-4 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Same Day <small>Standard</small> <input type="checkbox"/> OTHER Specify: _____ <small>* Turnaround Requests less than standard may incur Rush Charges.</small>		
ATTENTION: <i>Roy Hummel</i>			ATTENTION:									
ADDRESS: <i>12100 NE 195th Street</i>			ADDRESS:									
<i>Bothell WA 98011</i>												
PHONE: <i>425-482-7600</i> FAX: <i>425-482-7652</i>			P.O. NUMBER: <i>PA-0228</i> NCA QUOTE #:									
PROJECT NAME: <i>Rayonier IRA</i>			Analysis Request: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg);">TPH-DX</div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg);">VOLCS</div> </div>									
PROJECT NUMBER:												
SAMPLED BY: <i>B. Gehr</i>												
CLIENT SAMPLE IDENTIFICATION	SAMPLING DATE/TIME	NCA SAMPLE ID (Laboratory Use Only)								MATRIX (W, S, A, O)	# OF CONTAINERS	COMMENTS
1. <i>FOT-0027</i>	<i>8/6/02 1000</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>Soil</i>	<i>4</i>	
2. <i>FOT-0028</i>	<i>1010</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i> </i>	<i>4</i>	
3. <i>FOT-0029</i>	<i>1300</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i> </i>	<i>1</i>	
4. <i>FOT-0030</i>	<i>1415</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i> </i>	<i>1</i>	<i>24 hr TAT</i>
5.												
6.												
7.												
8.												
9.												
10.												
RELINQUISHED BY (Signature): <i>[Signature]</i>			DATE: <i>8/6/02</i>				RECEIVED BY (Signature): <i>[Signature]</i>			DATE: <i>8/7/02</i>		
PRINT NAME: <i>Bruce Gehr</i>			FIRM: <i>FWENZ</i>				PRINT NAME:			FIRM:		
RELINQUISHED BY (Signature):			DATE:				RECEIVED BY (Signature):			DATE:		
PRINT NAME:			FIRM:				PRINT NAME:			FIRM:		
ADDITIONAL REMARKS:			<i>Use S. Area Gd Cleanup. See bid specifications / contract</i>									PAGE 1 OF 1

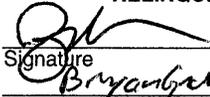
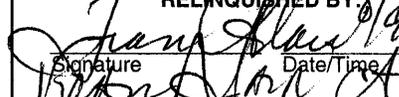
PROJECT NAME		NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Pesticide / Herbicides 608 <input type="checkbox"/> 8081 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> Total Toxic Organics (TTO) 608 <input type="checkbox"/> 8141 <input type="checkbox"/> 8151 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH - HClD <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-D <input type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Chlorophenolics - 8151M Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PCP <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> SIM <input type="checkbox"/> GC/MS-SIM PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Phthalates <input type="checkbox"/> Metals Total or Dissolved <input type="checkbox"/> (See list below) Cyanide <input type="checkbox"/> pH, Cond, Cl, SO4, PO4, F, NO2, NO3, BOD, TSS, TDS (circle) NH3-N, COD, Total-P, TKN, TOC, DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/> NWTPH-Dx
PROJECT NUMBER		
PROJECT MANAGER		
COMPANY/ADDRESS		
PHONE #	FAX #	
SAMPLER'S SIGNATURE		

00006

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	NUMBER OF CONTAINERS	REMARKS
SP2-6	8/9/02	1220	6	S	2	48h TAT
SP2-7		1226	7		2	
SP2-8		1232	8		2	
SP2-9		1235	9		2	
SP2-10		1240	10		2	
SP2-11		1245	11		2	
SP1-7		1022	12		2	
SP1-6		1029	13		2	
SP1-5		1036	14		2	
SP1-4		1043	15		2	

OT
OT
OT

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 1.2em; text-align: center;">use silica gel cleanup</p>
TURNAROUND REQUIREMENTS _____ 24 hr. _____ 48 hr. _____ 5 Day _____ Standard (10-15 working days) _____ Provide FAX Results Requested Report Date _____		

RELINQUISHED BY:  Signature _____ Date/Time 8/9/02 155 Printed Name Bryan Firm FW	RELINQUISHED BY:  Signature _____ Date/Time 8/9/02 1000 Printed Name Frank Firm AS	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____
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PROJECT NAME					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Pesticide / Herbicides 608 <input type="checkbox"/> 8021 <input type="checkbox"/> 8087 <input type="checkbox"/> 8141 <input type="checkbox"/> BTEX <input type="checkbox"/> Total Toxic Organics (TTO) 608 <input type="checkbox"/> 624 <input type="checkbox"/> 8151 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH - HCID <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-D <input type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Chlorophenolics - 8151M Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> PCP <input type="checkbox"/> GC/MS-SIM <input type="checkbox"/> SIM <input type="checkbox"/> PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Phthalates <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> PH Cond., Cl, SO4, PO4, F, NO2, NH3-N, BOD, TSS, TDS (circle) 2, DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/> NWTPH-Dx
PROJECT NUMBER					
PROJECT MANAGER					
COMPANY/ADDRESS					
PHONE # _____ FAX # _____					
SAMPLER'S SIGNATURE _____					
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
SPI-3	8/8/02	1050	510	S	2 ✓ 48h TAT
SPI-2		1057	417		2 ✓
SPI-1		1104	718		2 ✓ STA
SPI-C		1111	819		2 ✓
SPI-B		1118	920		2 ✓
SPI-A		1125	021		2 ✓

200007

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg
	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">Ox s.h.c cell cleanup</p>

RELINQUISHED BY: Signature: _____ Date/Time: 8/8/02 1515 Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
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PROJECT NAME RAYONIER INTERIM ACTIONS				
PROJECT NUMBER 1834,0002,0003,00005				
PROJECT MANAGER ROY HUMMELL				
COMPANY/ADDRESS 2100 NE 195th STREET FOSTER WHEELER				
BOTHELL, WA 98111				
PHONE # (253) 482-7600 FAX # (253) 482-7652				
SAMPLE SIGNATURE <i>[Signature]</i>				
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX
FW0052	8/9	0735		
FW0053	8/9	0745		
FW0054	8/9	1800		
FW0055	8/9	1815		
FW0056	8/10	1035		
FW0057		1040		
FW0058		1125		
FW0059		1135		
FW0060		1310		
FW0061	✓	1315		

- NUMBER OF CONTAINERS
- Semivolatiles Organics by GC/MS
625 8270
 - Volatile Organics
624 8260
 - Pesticide / Herbicides
608 8081 8021 8141 BTEX
 - Total Toxic Organics (TTO)
608 624 625 8151
 - PCB AROCLORS 8082
 - NWTPH - HCID NWTPH-G
 - NWTPH-D
 - Hydrocarbon Scan O & G
 - Chlorophenolics - 8151M
Tri Tetra PCP
 - PAHs 8310 SIM
 - GC/MS-SIM
PAH Phenol Phthalates
 - Metals, Total or Dissolved
(See list below)
Cyanide Hex-Chrom
 - pH, Cond., Cl, SO4, PO4, F, NO2, NH3-N, BOD, TSS, TDS (circle)
DOC (circle), Total-P, TKN, TOC, TOC 9020 AOX 1650 506

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (Includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg
	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">Silica Gel Cleanup</p>

RELINQUISHED BY: <i>[Signature]</i> 8/12/02 Signature Date/Time ELIZABETH FUKUYAMA Printed Name Firm	RELINQUISHED BY: <i>[Signature]</i> 8-13-02 1000 Signature Date/Time Amanda Juell Printed Name Firm	RELINQUISHED BY: Signature Date/Time Printed Name Firm	RELINQUISHED BY: Signature Date/Time Printed Name Firm
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PROJECT NAME Rayonier IRA				
PROJECT NUMBER 1834 0002 0003 0005				
PROJECT MANAGER Roy Hummell				
COMPANY/ADDRESS Foster Wheeler Environ				
12100 NE 195th St. Suite 200, Bothell, WA				
PHONE # 425-482-7600		FAX # 425-482-7652		
SAMPLER'S SIGNATURE				
NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/> Pesticide / Herbicides 808 <input type="checkbox"/> 8081 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> Total Toxic Organics (TTO) 608 <input type="checkbox"/> 624 <input type="checkbox"/> 8141 <input type="checkbox"/> 8151 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH - HCID <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-DX <input type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Chlorophenolics - 8151M <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PCP <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> SIM <input type="checkbox"/> GC/MS-SIM <input type="checkbox"/> PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Metals, Total or Dissolved (See list below) <input type="checkbox"/> Cyanide <input type="checkbox"/> Phthalates <input type="checkbox"/> pH, Cond., Cl, SO ₄ , Hex-Chrom <input type="checkbox"/> NO ₃ , BOD, TSS, DOC (circle) <input type="checkbox"/> NH ₃ -N, COD, Total-P, TKN, TOC, <input type="checkbox"/> TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>				
REMARKS				
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX
SP3-1	8/16/02	0850		Soil
-2	"	0900	2	"
-3	"	0910	3	"
-4	"	0920	4	"
-5	"	0930	5	"
-6	"	0935	6	"
-7	"	0940	7	"
-8	"	0945	8	"
-9	"	0950	9	"
-10	"	0955	10	"

00000

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # PA 0228 Bill To: Foster Wheeler Rayonier Port Angeles	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 1.2em;">Refer CAS quote dated 4/22/02 Rayonier RFP 001</p>
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RELINQUISHED BY: Signature <u>Randy Boston</u> Date/Time <u>8/16/02 1:50</u> Printed Name <u>Randy Boston</u> Firm <u>Rayonier</u>	RELINQUISHED BY: Signature <u>John Oster</u> Date/Time <u>8/16/02 10:50</u> Printed Name <u>John Oster</u> Firm <u>FWENC</u>	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RELINQUISHED BY: Signature <u>Stan AS</u> Date/Time <u>8/16/02 0900</u> Printed Name <u>Stan AS</u> Firm _____
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PROJECT NAME					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS Volatile Organics Pesticide / Herbicides Total Toxic Organics (TTO) PCB AROCLORS NWTPH - HClD NWTPH-D Hydrocarbon Scan Chlorophenolics - 8151M Tri PAHs 8310 GC/MS-SIM PAH Metals, Total or Dissolved (See list below) Cyanide pH, Cond., Cl, SO ₄ , PO ₄ , F, NO ₂ NH ₃ -N, COD, TSS, TDS (circle) DOC (circle) TOC 9020 AOX 1650 506 NWTPH - Dx RCRA Metals
PROJECT NUMBER					
PROJECT MANAGER					
COMPANY/ADDRESS					
PHONE #					
FAX #		SAMPLER'S SIGNATURE			
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
MCH0003	9/3/02			S	encore
MCH0003					encore
MCH0004		1505			16oz jar
MCH0004					encore
MCH0004					encore
MCH0004					encore
MCH0005		1520			16oz jar
MCH0005					encore
MCH0005					encore
MCH0005					encore

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # <u>228</u> Bill To: <u>Rayonier</u>	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg
	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">See pg. 1</p>

RELINQUISHED BY: Signature: <u>[Signature]</u> Date/Time: <u>9/14/02 1000</u> Printed Name: <u>John Osterhoff</u> Firm: <u>FWEMC</u>	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
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PROJECT NAME					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input checked="" type="checkbox"/> Pesticide / Herbicides 608 <input type="checkbox"/> 8081 <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> Total Toxic Organics (TTO) 608 <input type="checkbox"/> 8141 <input type="checkbox"/> 8151 <input type="checkbox"/> PCB AROCLORS 8082 NWTPH-HCID <input type="checkbox"/> NWTPH-G <input type="checkbox"/> NWTPH-D <input type="checkbox"/> Hydrocarbon Scan <input type="checkbox"/> O & G <input type="checkbox"/> Chlorophenolics - 8151M Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PCP <input type="checkbox"/> PAHs 8310 <input type="checkbox"/> SIM <input type="checkbox"/> GC/MS-SIM PAH <input type="checkbox"/> Phenol <input type="checkbox"/> Phthalates <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> PH, Cond., Cl, SO4, PO4, F, NO3, NO2, BOD, TSS, TDS (circle) 2, NH3-N, COD, Total-P, TKN, TOC, DOC (circle) TOC 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/> NWTPH-DX
PROJECT NUMBER					
PROJECT MANAGER					
COMPANY/ADDRESS					
PHONE # _____ FAX # _____					
SAMPLER'S SIGNATURE					
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
MCH0008	7/3/02	↓		S	encore
MCH0008	↓	↓		↓	encore
FW0071	9/4/02	0730		↓	8 oz jar
FW0072	9/4/02	0736		↓	8 oz jar

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # <u>228</u> Bill To: <u>Rayonier</u>	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg
	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">See pg 1</p>

RELINQUISHED BY: Signature: <u>[Signature]</u> Date/Time: <u>9/4/02 1000</u> Printed Name: <u>[Name]</u> Firm: <u>FWENC</u>	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
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PROJECT NAME _____
 PROJECT NUMBER _____
 PROJECT MANAGER _____
 COMPANY/ADDRESS _____
 PHONE # _____ FAX # _____
 SAMPLER'S SIGNATURE _____

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	NUMBER OF CONTAINERS	Semi-volatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/> 624 <input type="checkbox"/> 8260 <input type="checkbox"/>	Volatile Organics 8021 <input type="checkbox"/> BTEX <input type="checkbox"/>	Hydrocarbons ("see below") Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Oil <input type="checkbox"/>	Fuel Fingerprint (FIC) Oil & Grease/TPH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/>	PCBs Aroclors <input type="checkbox"/> Congeners <input type="checkbox"/>	Pesticides/Herbicides 608 <input type="checkbox"/> 8081A <input type="checkbox"/> 8141A <input type="checkbox"/> 8151A <input type="checkbox"/>	Chlorophenolics - 8151M Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PCP <input type="checkbox"/>	PAHS 8310 <input type="checkbox"/> SIM <input type="checkbox"/>	Metals, Total or Dissolved (See list below)	Cyanide <input type="checkbox"/>	Hex-Chrom <input type="checkbox"/>	pH, Cond., Cl, SO ₄ , NO ₃ , BOD, TSS, PO ₄ , F, NO ₂ , DOC (circle) NO ₂ -N, NO ₃ -N, COD, Total-P, TKN, TOC, TOX-9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>	PCB Aroclors 8082	NWTPH-Dx	ELRA Metals	REMARKS	
																						MCH0014
MCH0014						X																encore
MCH0014						X																encore
MCH0014						X																encore
MCH0015		1420																X	X	X		16 oz jar
MCH0015						X																encore
MCH0015						X																encore
MCH0015						X																encore
MCH0016		1430																X	X	X		16 oz jar
MCH0016						X																encore

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: <u>PG</u>	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg *INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)
	TURNAROUND REQUIREMENTS _____ 24 hr. _____ 48 hr. _____ 5 Day <u>PST</u> _____ Standard (10-15 working days) _____ Provide FAX Results _____ Requested Report Date	SPECIAL INSTRUCTIONS/COMMENTS: <u>see pg. 1</u>

RELINQUISHED BY: Signature: <u>[Signature]</u> Date/Time: <u>9/5/02 1230</u> Printed Name: <u>[Name]</u> Firm: <u>FWENC</u>	RECEIVED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RELINQUISHED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____	RECEIVED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
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PROJECT NAME		NUMBER OF CONTAINERS Semivolatile Organics by GC/MS Volatile Organics Hydrocarbons (see below) Fuel Fingerprint Oil NW-HCID Oil & Grease/TFPH 1664 HEM PCB's Aroclors Pesticides/Herbicides 608 Chlorophenolics - 8141A Tri Tetra PAHS 8310 Metals, Total or Dissolved (See list below) Cyanide Hex-Chrom pH, Cond, Cl, SO4, PO4, F, NO2, NH3-N, COD, TSS, TDS DOC (circle) TOX 9020 AOX 1650 506 PCB Analyticals NUTPH - Dx RCRA Metals
PROJECT NUMBER		
PROJECT MANAGER		
COMPANY/ADDRESS		
PHONE #	FAX #	
SAMPLER'S SIGNATURE		

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS
MCH0016	9/9/02	↓		S	encore
MCH0016	↓	↓		↓	encore
MCH0017	↓	1440		↓	16oz jar
MCH0017	↓	↓		↓	encore
MCH0017	↓	↓		↓	encore
MCH0017	↓	↓		↓	encore

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: <u>pg 1</u> _____ _____ TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg *INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE) SPECIAL INSTRUCTIONS/COMMENTS: <p style="font-size: 2em; text-align: center;">see pg. 1</p>
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RELINQUISHED BY:  Signature _____ Date/Time <u>9/15/02 1230</u> Printed Name <u>John Standford</u> Firm <u>FWENC</u>	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____
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PROJECT NAME **Rayonier IRA**
 PROJECT NUMBER **SP4 1834 0112003 01005**
 PROJECT MANAGER **ROY HUMMELL**
 COMPANY/ADDRESS **FOSTER WHEELER ENVIRONMENTAL CORP.**
12100 NE 195th St. Suite 200 Bothell WA 98011
 PHONE # **425 482 7600** FAX # **425 482 7652**
 SAMPLER'S SIGNATURE **Randy Boston**

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	NUMBER OF CONTAINERS	Semi-volatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/>	Volatile Organics 624 <input type="checkbox"/> 8260 <input type="checkbox"/>	Hydrocarbons (*see below) Gas <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/>	Fuel Fingerprint Oil <input type="checkbox"/>	NW-HCID Screen <input type="checkbox"/>	Oil & Grease/TPRH 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/>	PCB's Aroclors <input type="checkbox"/> Congeners <input type="checkbox"/>	Pesticides/Herbicides 608 <input type="checkbox"/> 8081A <input type="checkbox"/>	Chlorophenolics - 8141A <input type="checkbox"/> 8151A <input type="checkbox"/>	Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PAHS 8310 <input type="checkbox"/> SIM <input type="checkbox"/>	Metals, Total or Dissolved (See list below)	Cyanide <input type="checkbox"/>	Hex-Chrom <input type="checkbox"/>	pH, Cond., Cl, SO4, PO4, F, NO2, NO3, BOD, TSS, TDS (circle) 2, NH3-N, COD, Total-P, TKN, TOC, DOC (circle) NO2+NO3	AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>	PCB Aroclors 8082	NNTPHDX	PCRA Metals *	REMARKS		
																									SP4-1	9/5/02
" - 2	"	11:00		"																						
" - 3	"	11:30		"																						
" - 4	"	11:40		"																						
" - 5	"	11:45		"																						
" - 6	"	11:50		"																						
" - 7	"	11:55		"																						
" - 8	"	12:00		"																						
" - 9	"	12:05		"																						
" - 10	"	12:15		"																						

REPORT REQUIREMENTS

I. Routine Report: Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes all raw data)

IV. CLP Deliverable Report

V. EDD

INVOICE INFORMATION

P.O. # 228
 Bill To: RAYONIER

TURNAROUND REQUIREMENTS

24 hr. 48 hr.
 5 Day
 Standard (10-15 working days)
 Provide FAX Results

Requested Report Date _____

Circle which metals are to be analyzed:

Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg

Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg

*INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)

SPECIAL INSTRUCTIONS/COMMENTS:

See Bid Spec for PCRA Metals

- FAX to FWENK (Bothell) of Rayonier site in P.A.

RELINQUISHED BY:

Signature Randy Boston Date/Time 9/5/02 1500
 Printed Name Randy Boston Firm Rayonier

RECEIVED BY:

Signature _____ Date/Time _____
 Printed Name _____ Firm _____

RELINQUISHED BY:

Signature _____ Date/Time _____
 Printed Name _____ Firm _____

RECEIVED BY:

Signature _____ Date/Time _____
 Printed Name _____ Firm _____

PROJECT NAME <u>Rayonier TRA</u>					NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8280 <input checked="" type="checkbox"/> Hydrocarbons (*see below) Gas <input type="checkbox"/> Diesel <input type="checkbox"/> BTEX <input type="checkbox"/> <input type="checkbox"/> Fuel Fingerprint <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> NW-HCID Screen <input type="checkbox"/> <input type="checkbox"/> Oil & Grease/TRPH <input type="checkbox"/> 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/> PCB's <input type="checkbox"/> Aroclors <input type="checkbox"/> Congeners <input type="checkbox"/> 608 <input type="checkbox"/> 8081A <input type="checkbox"/> Chlorophenolics - 8141A <input type="checkbox"/> 8151A <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> PAHS 8310 <input type="checkbox"/> PCP <input type="checkbox"/> Metals Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> pH, Cond., Cl, SO4, PO4, F, NO2, NH3-N, COD, Total-P, TKN, TOC, DOC (circle) NO2+NO3 NUTPH-A	
PROJECT NUMBER <u>228</u>						
PROJECT MANAGER <u>Roy Hummel</u>						
COMPANY/ADDRESS <u>Porter Wheeler Environmental</u> <u>17100 NE 195th St. Suite 200</u>						
PHONE # <u>482 7600</u> FAX # <u>425 482-7657</u>						
SAMPLER'S SIGNATURE <u>[Signature]</u>						
SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	REMARKS	
FOT-0085	9/6/02			S	1	X
FOT-0086					1	✓
FOT-0087					1	✓
FOT-0088					1	✓
FOT-0089					1	✓
FOT-0090					1	✓
FOT-0091					1	✓
SP4V-1 SP4V-1		NA			3	✓
SP4V-2					3	✓
SP4V-3					3	X

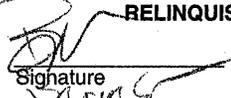
REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Tl Sn V Zn Hg *INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)
	TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____	SPECIAL INSTRUCTIONS/COMMENTS: <u>Fax to Rayonier facilities and FWS/NC office in Seattle</u> <u>See bid spec</u>

RELINQUISHED BY: <u>[Signature]</u> <u>9/6/02 1315</u> Signature _____ Date/Time _____ Printed Name _____ Firm _____	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____
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PROJECT NAME		NUMBER OF CONTAINERS Semivolatile Organics by GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/> 8270LL <input type="checkbox"/> Volatile Organics 624 <input type="checkbox"/> 8260 <input checked="" type="checkbox"/> Hydrocarbons (*see below) Gas <input type="checkbox"/> 8021 <input type="checkbox"/> BTEX <input type="checkbox"/> <input type="checkbox"/> Fuel Fingerprint <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> NW-HCID Screen <input type="checkbox"/> <input type="checkbox"/> Oil & Grease/TFPH <input type="checkbox"/> 1664 HEM <input type="checkbox"/> 1664 SGT <input type="checkbox"/> PCBs <input type="checkbox"/> Aroclors <input type="checkbox"/> Congeners <input type="checkbox"/> 608 <input type="checkbox"/> 8081A <input type="checkbox"/> 8141A <input type="checkbox"/> 8151A <input type="checkbox"/> Chlorophenolics - 8151M <input type="checkbox"/> Tri <input type="checkbox"/> Tetra <input type="checkbox"/> Penta <input type="checkbox"/> PAHS 8310 <input type="checkbox"/> SIM <input type="checkbox"/> Metals, Total or Dissolved (See list below) Cyanide <input type="checkbox"/> Hex-Chrom <input type="checkbox"/> PH, Cond., Cl, SO4, PO4, F, NO2, NO3, BOD, TSS, TDS (circle) 2, NH3-N, COD, Total-P, TKN, TOC, TOX 9020 <input type="checkbox"/> AOX 1650 <input type="checkbox"/> 506 <input type="checkbox"/>
PROJECT NUMBER		
PROJECT MANAGER		
COMPANY/ADDRESS		
PHONE #	FAX #	

SAMPLE I.D.	DATE	TIME	LAB I.D.	MATRIX	NUMBER OF CONTAINERS	REMARKS
SP4V-4	9/6/01	AM			3	
SP4V-5					1	
SP4V-6					1	
SP4V-7					1	
SP4V-8					1	
SP4V-9					1	
SP4V-10					1	

REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Method Blank, Surrogate, as required <input type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes all raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input type="checkbox"/> V. EDD	INVOICE INFORMATION P.O. # _____ Bill To: _____ _____ _____	Circle which metals are to be analyzed: Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg *INDICATE STATE HYDROCARBON PROCEDURE: AK CA WI NORHTWEST OTHER: _____ (CIRCLE ONE)
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr. <input type="checkbox"/> 48 hr. <input type="checkbox"/> 5 Day <input type="checkbox"/> Standard (10-15 working days) <input type="checkbox"/> Provide FAX Results Requested Report Date _____		SPECIAL INSTRUCTIONS/COMMENTS:

RELINQUISHED BY:  Signature _____ Date/Time _____ Printed Name _____ Firm _____	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RELINQUISHED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____	RECEIVED BY: Signature _____ Date/Time _____ Printed Name _____ Firm _____
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