

PLEASE PRINT:

Collector I.D. #
 0 1 2 8

Reason Code
 0 1

Cost Center
 3 8 4

Program Code
 0 0 0 4

MULTIPLE SAMPLE SUBMISSION SHEET

LABORATORY USE ONLY
 pH <2? Yes No
 Res. Cl? Yes No
 Temp. 56°C? Yes No
 Initials

Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Legal Seal Number(s)	Intact Y/N	Initials	Lab Number(s)
001	8/26/19	1020	1170 old trail rd Ebens, PA	PFAS1					
002		1130	1100 old trail rd						
003		1215	1000 old trail rd						

NUMBER OF INORGANIC CONTAINERS SENT:

# Unfiltered	# Filtered
# Unpreserv.	# CN:
# N/P:	# Metals:
# Phenol:	# TPH/O&G:
# TOC:	# DOC:
# Fe+2:	# Sulfide:
# Other:	# TOX:

Verified by (lab initials):

NUMBER OF ORGANIC CONTAINERS SENT:

# Preserved	# Unpreserved
40 mL VOA:	40 mL Amber:
60 mL VOA:	20 mL scint.:
1 L Amber:	Other:
Other:	1 L Amber:

Verified by (lab initials):

Additional Information:

Check Here If Compliance Samples

Facility Name: Newberry Twp PFC Facility ID #: _____
 Alternate Contact: Ruth Bishop 717-705-4833
 Sample Collector Name: Dennis Low Phone: 717-705-4853
 How Shipped: commercial courier Hand Delivered

Chain of Custody	Print Name	Signature	Date	Time
Relinquished by Sample Collector:	Dennis Low	<i>Dennis Low</i>	8/26/19	
Accepted by:				
Relinquished by:				
Received at the Bureau of Labs:				

Note: Place this Sample Submission Sheet in a sealed plastic bag. Secure the bag to the top of the lid inside the cooler.

MULTIPLE SAMPLE SUBMISSION SHEET

PLEASE PRINT:

Collector I.D. #		Reason Code		Cost Center		Program Code	
0	1	2	8	0	1	3	0
0	1	2	8	0	1	3	0

LABORATORY USE ONLY	
pH <2?	Temp. 56°C?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Res. CI?	Intact
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials	Matrix Code

Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Legal Seal Number(s)	Intact Y/N	Initials	Lab Number(s)
004	8/27/19	1010	735 Old Grant Rd Ebens, PA	PPAS1	potable				
005	8/27/19	1155	745 Old Grant Rd Ebens, PA	"	potable				

NUMBER OF INORGANIC CONTAINERS SENT: # Unpreserv: <input type="checkbox"/> Unfiltered <input type="checkbox"/> Filtered # N/P: <input type="checkbox"/> Unfiltered <input type="checkbox"/> Filtered # Phenol: <input type="checkbox"/> Unfiltered <input type="checkbox"/> Filtered # TOC: <input type="checkbox"/> Unfiltered <input type="checkbox"/> Filtered # Fe+2: <input type="checkbox"/> Unfiltered <input type="checkbox"/> Filtered # Other: <input type="checkbox"/> Unfiltered <input type="checkbox"/> Filtered Verified by (lab initials):	NUMBER OF ORGANIC CONTAINERS SENT: # Preserved: <input type="checkbox"/> Unpreserved 40 mL VOA: <input type="checkbox"/> 40 mL Amber: 60 mL VOA: <input type="checkbox"/> 20 mL scint: 1 L Amber: <input type="checkbox"/> Other: 1 L Amber: <input type="checkbox"/> 4 Verified by (lab initials):	Additional Information: <input type="checkbox"/> Check Here If Compliance Samples
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Facility Name: Newberry Twp PFC Facility ID #: _____ Alternate Contact: Ruth Bishop 717-705-4833

Sample Collector Name: Dennis Low Phone: 717-705-4653 How Shipped: commercial courier Hand Delivered

Chain of Custody	Print Name	Signature	Date	Time
Relinquished by Sample Collector:	Dennis Low	<i>Dennis Low</i>	8/27/19	
Accepted by:				
Relinquished by:				
Received at the Bureau of Labs:				

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PLEASE PRINT:

Collector I.D. #	
0 1 2 8	

Reason Code	0 1
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Cost Center	3 8 4
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Program Code	0 0 0 4
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MULTIPLE SAMPLE SUBMISSION SHEET

pH <2?	Res. Cl?	Temp. ≤6°C?	Initials	Matrix Code
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LABORATORY USE ONLY

Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Legal Seal Number(s)	Intact Y/N	Initials	Lab Number(s)
014	8/28/19	1500	Amphibol 80-4	PFAS1	Non-potable				
015		1655	Duplicate						
016		1535	FRB						

NUMBER OF INORGANIC CONTAINERS SENT: # Unfiltered # Filtered # Unpreserv: # N/P: # Phenol: # TOC: # Fer-2: # Other: Verified by (lab initials):	# CN: # Metals: # TPH/O&G: # DOC # Sulfide: # TOX:	NUMBER OF ORGANIC CONTAINERS SENT: # Preserved 40 mL VOA: 60 mL VOA: 1 L Amber: Other: Verified by (lab initials):	# Unpreserved 40 mL VOA: 60 mL VOA: Encore: 1 L Amber:	500 mL Amber: 20 mL scint: Other:	Additional Information: <input type="checkbox"/> Check Here If Compliance Samples
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Facility Name: Newberry Twp PFC Facility ID #: _____
 Alternate Contact: Ruth Bishop 717-705-4833
 Sample Collector Name: Dennis Low Phone: 717-705-4853 How Shipped: commercial courier Hand Delivered

Chain of Custody	Print Name	Signature	Date	Time
Relinquished by Sample Collector:	Dennis Low	<i>Dennis Low</i>	8/28/19	
Accepted by:				
Relinquished by:				
Received at the Bureau of Labs:				

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LABORATORIES

PLEASE PRINT:

MULTIPLE SAMPLE SUBMISSION SHEET

Collector I.D. #		Reason Code		Cost Center		Program Code		LABORATORY USE ONLY						
0	1	2	8	0	1	3	0	0	4	pH <2?	Res. Cl?	Temp. >56°C?	Initials	Matrix Code
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Legal Seal Number(s)	Intact Y/N	Initials	Lab Number(s)
006	8/28/19	1025	Amphibol MW-1	7FAS1	non-potable				
007		1140	MW-2						
008		1338	MW-3						
009		1525	MW-4						
010		11650	MW-5						
011		1255	SW-1						
012		1310	SW-2						
013	8/28/19	1330	SW-3	PFAS1	non-potable				

NUMBER OF INORGANIC CONTAINERS SENT: # Unfiltered # Filtered # Unpreserv. # CN: # N/P: # Metals: # Phenol: # TPH/O&G: # TOC: # DOC # Fe+2: # Sulfide: # Other: # TOX: Verified by (lab initials):		NUMBER OF ORGANIC CONTAINERS SENT: # Preserved 40 mL VOA: 60 mL VOA: 1 L Amber: Other: Verified by (lab initials):		NUMBER OF UNPRESERVED CONTAINERS SENT: # Unpreserved 500 mL Amber: 20 mL scint: Other: Verified by (lab initials):		Additional Information: <input type="checkbox"/> Check Here If Compliance Samples
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Facility Name: Newberry Twp PFC Facility ID #: Alternate Contact: Ruth Bishop 717-705-4833
 Sample Collector Name: Dennis Low Phone: 717-705-4853 How Shipped: commercial courier Hand Delivered

Chain of Custody	Print Name	Signature	Date	Time
Relinquished by Sample Collector:	Dennis Low	<i>Dennis Low</i>	8/28/19	
Accepted by:				
Relinquished by:				
Received at the Bureau of Labs:				

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MULTIPLE SAMPLE SUBMISSION SHEET

PLEASE PRINT:

Collector I.D. #				Reason Code				Cost Center				Program Code				LABORATORY USE ONLY			
0	1	2	8	0	1	3	8	4	0	0	0	4	pH <2?	Res. Cl?	Temp. 56°C?	Initials	Matrix Code		
													<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Intact Y/N	Initials	Lab Number(s)											
017	8/29/19	1020	205 Lab mill rd Ebers PA 460 1st St.	PFAS1	potable														
018	/	1130		/															
019	/	1345	20 Kelling																

NUMBER OF INORGANIC CONTAINERS SENT:				NUMBER OF ORGANIC CONTAINERS SENT:			
# Unfiltered	# Filtered	# CN:	# Metals:	# Unpreserved	500 mL Amber:	Additional Information:	
		# N/P:	# TPH/O&G:	40 mL VOA:			
		# Phenol:	# DOC:	60 mL VOA:	20 mL scint:		
		# TOC:	# Sulfide:	1 L Amber:	Other:		
		# Fe+2:	# TOX:				
		# Other:					
Verified by (lab initials):				Verified by (lab initials):			
				<input type="checkbox"/> Check Here If Compliance Samples			

Facility Name: Newberry Twp PFC Facility ID #: _____ Alternate Contact: Ruth Bishop 717-705-4833
 Sample Collector Name: Dennis Low Phone: 717-705-4853 How Shipped: commercial courier Hand Delivered

Chain of Custody	Print Name	Signature	Date	Time
Relinquished by Sample Collector:	Dennis Low	<i>Dennis Low</i>	8/29/18	
Accepted by:				
Relinquished by:				
Received at the Bureau of Labs:				

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MULTIPLE SAMPLE SUBMISSION SHEET

PLEASE PRINT:

Collector I.D. #				Reason Code				Cost Center				Program Code			
0	1	2	8	0	1	3	8	4	0	0	0	4			

LABORATORY USE ONLY

pH <2?	Res. Cl?	Temp. 56°C?	Initials	Matrix Code
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Legal Seal Number(s)	Intact Y/N	Initials	Lab Number(s)
020	8/30/19	940	465 Hemlock	PFAS1	Potable				
021		945	FRB		Potable				
022		1105	1085 Vocumtown		Potable				
023		1155	1230 Vocumtown		Potable				

Need field data / GPS, etc.

NUMBER OF INORGANIC CONTAINERS SENT: # Unfiltered # Filtered # Unpreserv. # N/P: # Phenol: # TOC: # Fe+2: # Other: Verified by (lab initials):		NUMBER OF ORGANIC CONTAINERS SENT: # Preserved 40 mL VOA: 60 mL VOA: 1 L Amber: Other: Verified by (lab initials):		Additional Information: 500 mL Amber: 20 mL scint: Other: <input type="checkbox"/> Check Here If Compliance Samples	
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Facility Name: Newberry Twp PFC Facility ID #: _____ Alternate Contact: Ruth Bishop 717-705-4833

Sample Collector Name: Dennis Low Phone: 717-705-4853 How Shipped: commercial courier Hand Delivered

Chain of Custody	Print Name	Signature	Date	Time
Relinquished by Sample Collector:	Dennis Low	<i>Dennis Low</i>	8/30/19	
Accepted by:				
Relinquished by:				
Received at the Bureau of Labs:				

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