



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LABORATORIES

Newberry Twp

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)
001	6/9/21	0930	511 Grandview Dr	PFAS2	Potable				
002		1010	605 Grandview Cr	PFAS2	Potable				
003		1055	601 Grandview Cr	PFAS2	Potable				
004		1145	621 Wyndamore Rd	PFAS2	Potable				
005		1305	653 Wyndamore	PFAS2	Potable				
006		1300	655 Wyndamore	PFAS2	Potable				
007		1400	703 Wyndamore Rd	PFAS2	Potable				
008	6/9/21	6491450	Thelasant View Rd	PFAS2	Potable				

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>	6/9/21	1646
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.



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Newberry Twp

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. ≤ 6°C? Yes 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)
001	6/19/21	1500	FRB	PFAS1	Non-Potable				
002	6/19/21	1535	6871 Jackson View	PFAS1	Non-Potable				
003				PFAS1	Non-Potable				
004				PFAS1	Non-Potable				
005				PFAS1	Non-Potable				
006				PFAS1	Non-Potable				
007				PFAS1	Non-Potable				
008				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: _____
Unpreserved
500 mL Amber: _____
20 mL scint: _____
Other: _____
Verified by (lab initials): _____

Additional Information:
 Check Here If Compliance Samples

Facility Name: _____ 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>[Signature]</i>	6/19/2021	1640
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.