



SCHNEIDER LABORATORIES GLOBAL, INC.

2512 West Cary Street, Richmond, Virginia 23220-5117
804-353-6778 • 800-785-LABS (5227) • Fax 804-359-1475
www.slabinc.com • info@slabinc.com

X 10

473055

V:4731473055

thanks
UPS

5/11/2022 9:47:45 AM
1Z2E28999068005489

Submitting Co.	The El Group, Inc.	State of Collection	NC	Cert. Required	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2101 Gateway Centre Blvd. Ste 200		Acct #		Phone	919-459-5291
Morrisville, NC 27560		Email			
Project Name	Dewberry APP- 10101	PO #			
Project Location	1908 E. 5TH ST	Special Instructions:			
Project Number	IHMO220083.00	cc to: fsimoni@ei1.com			
Collected By	F. Simoni				

Turn Around Time **	Matrix	Tests/Analytes (Select ALL that Apply) Blank spaces are for additional analytes			
<input type="checkbox"/> 2 Hour *	<input type="checkbox"/> Air	Asbestos in Bulk	Metals Total	TCLP	Microbiology
<input type="checkbox"/> Same day *	<input type="checkbox"/> Paint	<input type="checkbox"/> PLM	<input checked="" type="checkbox"/> Lead	<input type="checkbox"/> Lead	<input type="checkbox"/> BACT (MPN/PA)
<input type="checkbox"/> 1 business day	<input checked="" type="checkbox"/> Soil	<input type="checkbox"/> PLM Qualitative	<input type="checkbox"/> RCRA 8 Metals	<input type="checkbox"/> RCRA 8 Metals	<input type="checkbox"/> Mold Direct Exam
<input checked="" type="checkbox"/> 2 business days	<input checked="" type="checkbox"/> Wipe	<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Chromium VI	<input type="checkbox"/> Full TCLP	<input type="checkbox"/> Allergens
<input type="checkbox"/> 3 business days	<input type="checkbox"/> Bulk	<input type="checkbox"/> 1000 Point Count	<input type="checkbox"/> Mercury	(w/ organics 10 Day)	
<input type="checkbox"/> 5 business days	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Gravimetric Prep	<input type="checkbox"/>		
* not available for all tests	<input type="checkbox"/> Ground Water	Asbestos in Air	Gravimetric	Miscellaneous	Sub-Contract
** just 5 PM the TAT will begin next business day	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> PCM	<input type="checkbox"/> Total Dust NIOSH 0500	<input type="checkbox"/> Silica FTIR (7602)	<input type="checkbox"/> TEM Chatfield
Please schedule rush tests in advance	<input type="checkbox"/> TSP / PM10	<input type="checkbox"/> PCM-B Rules	<input type="checkbox"/> Resp. Dust NIOSH 0600	<input type="checkbox"/>	<input type="checkbox"/> TEM AHERA
	<input type="checkbox"/>				<input type="checkbox"/> TEM 7402
					<input type="checkbox"/> Silica XRD (7500)

Sample #	Date Sampled	Time Sampled	Sample Identification (Employee, Bldg./Material, Type ¹)	Wipe Area	Time ² Start	Time ² Stop	Flow Rate ³ Start	Flow Rate ³ Stop	Total Air ⁴
1	5/5/22		LIVING ROOM - FL	147	N/A	N/A	N/A	N/A	N/A
2			↓ - W. JILL	36					
3			BED 2 - Floor	144					
4			↓ - W. SILL	36					
5			BATH - Floor	144					
6			KITCHEN - Floor	144					
7			BED 2 - Floor	144					
8			LIVING ROOM - SILL	36					
9			SILL	N/A					
B			QC	N/A					

For Aqueous and Solid samples ensure enough sample is sent for duplicate and spike analysis

Type: Andrea, BtoBlank, PtoPersonal, EtoExcursion ¹Beginning/End of Sample Period ²Liters/Minute ³Volume in Liters [Time in min x flow in L/min]

Relinquished By: F. Simoni

Signature:

Date/Time 5/5/22

! ALL SHADED FIELDS MUST BE FILLED TO AVOID DELAYS !