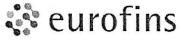


## **Eaton Analytical**

110 S. Hill Street South Bend, IN 46617 T: 1.800.332.4345 F: 1.574.233.8207

www.eurofinsus.com/eaton Shaded area for EEA us	CHAIN OF CUSTODY RECORD								<u>_</u> L	of .	1		
REPORT TO:	SAMPLER (Signature)				PWS ID#	STATE (sample origin)	PROJECT NAME	PC	D#				
Hazen & Sawye / Loxahate	. 1	Hande	oil									ш	
BILL TO:		Yes	Yes No		JLATION SERVED	SOURCE WATER				RS		W.	
	COMPLIANCE MONITORING		X							CONTAINERS	MATRIX CODE	TURNAROUND TIME	
LAB Number COLLECTION		SAMPLING SITE			TEST NAME			SAMPLE REMARKS		YES   NO		MATRIX	URNA
1 3407 604 229 W.	TIME AM PA	+AC T	1110011 7		-	EC		<b></b>	TES	V	2	ww	SW
1 240 1 2 2 11/10	9:47aX	TBE- S	Week3			<u> ۶</u>		<b> </b>	$\vdash$	X	2	ww	SW
2 1 605 2/29/16		1 NF U	week3			£ (				X	2	ww	300
3 606 229/16	10:1291	SMF-E	week 3			e C			V	^	2	ww	5W
4 607 229 16 5 603 1-10	10.1291	Frai	week 5		1			*-			~	_	
6 / 608 2-17-16	,	LTB			ED	CIPPEPIH	rmore Smail				2		-
7					00	C/-, C/ / //	minute of the		443	1-110			
8					1		W	Jan Con	22	110			
9													
10													
11													
12													
13													
14													
DELINOUIGUED DV//Signature)	I DATE I TIME	RECEIVED BY:(Signa	oturo)	DATE	TIME			W					
Louis Novel 2/29/16 1:00			ature)	DATE		LAB COMMENTS	ES THE RIGHT TO RETURN UNU	SED PORTIONS OF NON-A	QUEOUS SA	AMPLES TO	CLIENT		
RELINQUISHED BY:(Signature)	DATE TIME	RECEIVED BY:(Signa	ature)	DATE	AM PM								
			,										
RELINQUISHED BY:(Signature)	DATE TIME	RECEIVED FOR LABO	RATORY BY:	DATE	AM PM								
		She	lor	31-16	0949 AM PM	CONDITIONS UPON RE		0.6 °C Upon I	Receipt		N/A		
MATRIX CODES: TURN-AROUND TIME		ME (TAT) SURCHAR	GES										
DW-DRINKING WATER RW-REAGENT WATER GW-GROUND WATER EW-EXPOSURE WATER SW-SURFACE WATER PW-POOL WATER WW-WASTE WATER  WW-WASTE WATER  * Please call, expediter		g days) 50% IW* =Immediate			e Written: (3 wo	be subject to additional				ning may	: 2014-1	05-01	



110 South Hill Street South Bend, IN 46617 800-332-4345

Eaton Analytical 574-233-8207 fax Page of **REC - Subcontractor Laboratory Request Form** EEA Reference Lab Name: Total Sent: Address: 750 Royal Oaks Drive, Suite 100 UPS Next Day Saver Shipping Method: Monrovia, CA 91016 City, State, Zip: EEA Contact Name: Telephone Number: 626-386-1100 Reference Lab: This form must be returned via email to US25\_RefLab@eurofinsUS.com or by fax to 574-233-8207 upon receipt of samples. Note any discrepencies in the number of samples received, analyses requested, sample condition upon receipt, ID discrepencies, or price in the Reference Lab Notes section at the bottom of this form. Result sheets and Invoice must be emailed to US25\_RefLab@eurofinsUS.com upon completion of analysis. **FFA** TAT Sample Collection Collection State of QC Criteria Matrix Analysis Requested Sample ID# Requested Price EEA-PM Type Date Time Origin (circle one) NELAC / State compliance / FS 0947 EDC / PPCP Hormone Small volume non-compliance NELAC / State compliance / 3407605(2) 0937 non-compliance NELAC / State compliance / 3407606 (2) non-compliance NELAC / State compliance / 3407607 (2) 1012 non-compliance NELAC / State compliance / 3407608(2) 0920 non-compliance

NELAC / State compliance / non-compliance NELAC / State compliance / non-compliance NELAC / State compliance / non-compliance NELAC / State compliance / non-compliance NELAC / State compliance / non-compliance NELAC / State compliance / non-compliance NELAC / State compliance / non-compliance Reference Lab Notes: Matrix: DW, RW, GW, SW, BW, EW, PW, WW Relinquished from EEA By: \_\_\_\_\_ Date/Time: TAT Codes: SW (Standard Written), RW (Rush Written, 5 Day), IW (Immediate Written, 3 Day) Received by Reference Lab By: \_\_\_\_\_ Date/Time: \_\_\_\_ Sample Types: FS, FD, FTB, FEB, MS, MSD, Other 06-LO-F0434 Issue 4.0 Effective Date: 2014-07-03

Page 1 of 1