

APPENDIX G. CHAIN-OF-CUSTODY FORMS

1 of 15

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1454

Project/Client Name: LDW
 Windward Project No: 04-09-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axys
 Attn: Georgia Brooks Shipping Date: 8/3/04
 Shipping address: 2045 Mills Rd W Airbill Number: 462 5129 1879
Sidney, BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08-02-04	13:13	LDW-T1-E-TR003-SS-1K	—	1 Fish							Autoclave Frozen
		SS-15									
		SS-14									
		SS-13									
		SS-12									
		SS-11									
		SS-10									
		SS-09									
		SS-08									
		LDW-T1-E-TR003-PS-24									
		PS-25									
		PS-26									
		PS-25									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Derek Kelleher</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>08/03/04 13:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW Ship to: Axys 1451
 Windward Project No: 04-08-06-22 Attn: Georgina Brooks Shipping Date: 8/3/04
 Contact Name: Matt Luxon Shipping address: 2045 M. HILL W Airbill Number: 8462 5129 1879
 Sampled By: ~~AGG, RAC~~ SMF Sedway, BC Canada V9L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08-02-04	10:45	LDW-T3-A-SN001-PS-1	1 Fish	1 Fish							Archive Frozen
	10:45	LDW-T3-A-SN001-PS-2									
	10:45	SS-22									
	10:45	SS-21									
	10:45	SS-20									
		SS-19									
		SS-18									
		SS-17									
		SS-16									
		SS-15									
		SS-14									
		SS-13									
		SS-12									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Derek Pelletier</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>08/03/04 10:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

Windward environmental LLC
 ● 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

3 of 5

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1453

Project/Client Name: LDW
 Windward Project No: 01-08-06-22
 Contact Name: Matt Luxon
 Sampled By: SME, BAC, MGL

Ship to: Axys
 Attn: Gregory Brooks Shipping Date: 8/3/04
 Shipping address: 2045 Miller Rd W Airbill Number: 9462 5129 1979
Surrey, BC Canada V4N 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08-02-04	10:45	LDW-T3-A-SN001 - SS-11		FF-L							Archive Frozen
		SS-10									
		SS-09									
		SS-08									
		SS-07									
		SS-06									
		SS-05									
		SS-04									
		SS-03									
		SS-02									
		SS-01									
	13:17	LDW-T1-E-TRO03-SS-17									
		SS-16									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Derek Jellebauf</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>08/03/04 10:55</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Windward environmental LLC
 ● 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1456

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axy's
 Attn: Georgina Brookes
 Shipping address: 2045 Mills Rd W
Sidney BC Canada V8L 3S8
 Shipping Date: 8/3/04
 Airbill Number: 8462 5129 1979

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>08-02-04</u>	<u>13:13</u>	<u>LDW-TI-F-TR003-PS-22</u>	<u>—</u>	<u>1 Fish</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>Archive Frozen</u>
		<u>PS-21</u>									
		<u>PS-20</u>									
		<u>PS-19</u>									
		<u>PS-18</u>									
		<u>PS-17</u>									
		<u>PS-16</u>									
		<u>PS-15</u>									
		<u>PS-14</u>									
		<u>PS-13</u>									
		<u>PS-12</u>									
		<u>PS-11</u>									

Total Number of Containers _____ **Purchase Order / Statement of Work #** _____

1) Released by: <u>Derek Bellamy</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>8/3/04 13:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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 Tel: 206.378.1364
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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1457

Project/Client Name: LDW
 Windward Project No: 04-09-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axx
 Attn: Grassie Brooks Shipping Date: 8/13/04
 Shipping address: 2045 Mills Rd W Airbill Number: 8462 5129 1579
Sidney, BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08-02-04	13:13	LDW-TI-E-TRO03-ES-30		Fish							Archive Frozen
↓	↓	ES-31									
		ES-29									
		LDW-TI-E-TRO03-SF01									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Derek Pelletier</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>8/8/04 18:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1458

Project/Client Name: LDW
 Windward Project No: 04-08-0622
 Contact Name: MATT LUXON
 Sampled By: MIKE FANDEL

Ship to: AXYS
 Attn: GEORGINA BROOKS Shipping Date: 8.03.04
 Shipping address: 2045 MILLS RD. W Airbill Number: 848251291879
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]				
8.02.04	11:45	LDW-T3-D-SN002-SS32	1	fish							Archive Frozen				
		SS-31													
		SS-30													
		SS-29													
		SS-34													
		SS-33													
		SS-28													
		SS-27													
		SS-26													
		SS-25													
		SS-24													
		SS-23													
		PS-03													
Total Number of Containers			Purchase Order / Statement of Work #												
1) Released by: <u>Derek Pelletier</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>8/3/04 12:00</u>				1) Rec'd by: Company: Date/Time:				2) Released by: Print name: Signature: Company: Date/Time:				1) Rec'd by: Company: Date/Time:			

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1459

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: JMF, RAL, MGL

Ship to: AXYS
 Attn: GEORGINA BROOKS Shipping Date: 8/03/04
 Shipping address: 2045 MILLS RD. W Airbill Number: 8462 51291879
SIDNEY, BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8.02.04	13:40	LDW-T4-E-SN004-SF-01	1	Ash							Archive Frozen
	12:08	LDW-T1-A-TR002-ES-2									
		ES-4									
		ES-3									
		ES-9									
		ES-1									
		ES-10									
		ES-5									
		ES-11									
		ES-6									
		ES-8									
		ES-7									
		RF-1									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Breck Palletter</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>8/3/04 13:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



● 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 3

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1450

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL, RAC

Ship to: AXYS
 Attn: Georgina Brooks
 Shipping address: 2045 Mills Rd W
Sidney, BC Canada V8L 3S8
 Shipping Date: 08/03/04
 Airbill Number: 846251291879

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/02/04	11:26	LDW-TI-R-TR001-SS-1		1 fish	_____						Archive frozen
	13:13	LDW-TI-E-TR003-ES-28		1 fish							
	13:13	LDW-TI-E-TR003-ES-27		1 fish							
	13:13	LDW-TI-E-TR003-ES-26		1 fish							
	13:13	LDW-TI-E-TR003-ES-25		1 fish							
	13:13	LDW-TI-E-TR003-ES-24		1 fish							
	13:13	LDW-TI-E-TR003-ES-23		1 fish							
	13:13	LDW-TI-E-TR003-ES-22		1 fish							
	13:13	LDW-TI-E-TR003-ES-21		1 fish							
	13:13	LDW-TI-E-TR003-ES-20		1 fish							
	13:13	LDW-TI-E-TR003-ES-19		1 fish							
	13:13	LDW-TI-E-TR003-ES-18		1 fish							
	13:13	LDW-TI-E-TR003-ES-17		1 fish							

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Derek Pelletier</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>8/3/04 12:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Windward environmental LLC
 ● 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1452

Project/Client Name: LDW Ship to: AXYS
 Windward Project No: 04-08-06-22 Attn: GEORGINA BROOKS Shipping Date: 08.03.04
 Contact Name: MATT LUXON Shipping address: 2045 MILLS RD W Airbill Number: 846251291879
 Sampled By: MAL RAC SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8.02.04	13:12	LDW-T1-E-TR002-ES-16		1 fish							Archive Frozen
		ES-15									
		ES-14									
		ES-13									
	12:08	LDW-T1-A-TR002-PS-9									
		-PS-6									
		PS-7									
	12:08	LDW-T1-A-TR002-SS-6									
		SS-4									
		SS-7									
		SS-5									
		PS-5									
		PS-8									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: Derek Peltier
 Print name: Derek Peltier
 Signature: [Signature]
 Company: Windward Env.
 Date/Time: 7/3/04 12:00

1) Rec'd by:
 Company:
 Date/Time:

2) Released by:
 Print name:
 Signature:
 Company:
 Date/Time:

1) Rec'd by:
 Company:
 Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

- 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



CHAIN-OF-CUSTODY/TEST REQUEST FORM

1455

Project/Client Name: LDW
Windward Project No: 04-08-06-22
Contact Name: MATT LUXON
Sampled By: MGL RAC

Ship to: Axys
Attn: GEORGINA BROOKS
Shipping address: 2045 MILLS RDW
SIDNEY BC CANADA V8L 3S8
Shipping Date: 08.03.04
Airbill Number: 846251291879

Table with columns: Sample Collection Date (m/d/y), Time, Sample Identification, Volume of Sample / # of Containers, Matrix, Test(s) Requested (check test(s) required), Comments / Instructions [Jar tag number(s)].

Total Number of Containers, Purchase Order / Statement of Work #

1) Released by: Brock Peltier, Signature: Brock Peltier, Company: Windward Env., Date/Time: 8/3/04 12:00
1) Rec'd by:
Company:
Date/Time:
2) Released by:
Print name:
Signature:
Company:
Date/Time:
1) Rec'd by:
Company:
Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
* Instructions for completion of Chain-of-Custody/Test Request Form on back.



200 West Mercer Street
Suite 401
Seattle, WA 98119
Tel: 206.378.1364
Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:
Date of receipt:
Condition upon receipt:
Cooler temperature:
Laboratory W.O. #:
Time of receipt:
Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1470

Project/Client Name: LDW
 Windward Project No: 04080622
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon and Robert Complita

Ship to: Axys Analytical Services
 Attn: Geranna Brooks Shipping Date: 108-04-04
 Shipping address: 2045 Milk Road West Airbill Number: 7469 715 7851
Sidney, BC, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample/# of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/03/04	09:45	LDW-72-B-TRUB-ES-01	1 fish								Archive frozen
		LDW-72-B-TRUB-ES-02									
		LDW-72-B-TRUB-ES-03									
		LDW-72-B-TRUB-ES-04									
		-ES-05									
		-ES-06									
		-ES-07									
		-ES-08									
		-ES-09									
		-ES-10									
		-ES-11									
		-ES-12									
		-ES-13									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Robert Complita
 Print name: Robert Complita
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/3/04 14:00

1) Rec'd by: [Signature]
 Company: [Company]
 Date/Time: 8/3/04 14:00

2) Released by: [Signature]
 Print name: [Name]
 Signature: [Signature]
 Company: [Company]
 Date/Time: 8/3/04 14:00

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

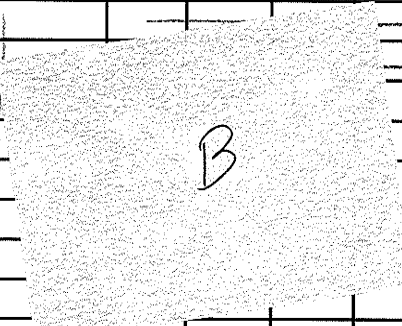
CHAIN-OF-CUSTODY/TEST REQUEST FORM

1471

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: NGI - RAC

Ship to: Axys Analytical Services
 Attn: Georgina Brooks Shipping Date: 08-04-04
 Shipping address: 2045 Mills Road West Airbill Number: 8023 500 8151
Sidney, BC, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/03/04	0945	LDW-T2-B-TR08-PS-14		1 fish							archive frozen
		-PS-15									
		-R-16									
08/03/04	1348	LDW-T3-E-TR05-PS-4									
		LDW-T3-F-TR05-PS-5									
		LDW-T3-E-TR05-PS-6									
		LDW-T3-E-TR05-PS-7									
		LDW-T3-E-TR05-PS-08									
		LDW-T3-E-TR05-PS-09									
		LDW-T3-E-TR05-PS-10									
		LDW-T3-E-TR05-PS-11									
		LDW-T3-E-TR05-PS-12									
		LDW-T3-F-TR05-PS-13									



Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 16:00</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL + KAC

Ship to: Amps Analytical Services
 Attn: Georgina Brooks Shipping Date: 18-04-04
 Shipping address: 2045 Mills Road West Airbill Number: 3012 595 7151
Sidney, BC, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/03/04	1348	LDW-73-F-TRUIS-PS-14		High							archive TRUCN
		LDW-73-F-TRUIS-PS-15									
		LDW-73-F-TRUIS-PS-16									
		LDW-73-F-TRUIS-PS-17									
		LDW-73-F-TRUIS-PS-18									
09/09/04	1348	LDW-73-F-TRUIS-ES-01									
08/03/04	1348	LDW-73-F-TRUIS-FC-02									
18/03/04	1348	LDW-73-F-TRUIS-SS-35									
		-SS-36									
		-SS-37									
		-SS-38									
		-SS-39									
		-SS-40									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>4/3/04 14:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>4/3/04 10:00</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>4/3/04 14:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

Windward environmental LLC
 ● 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

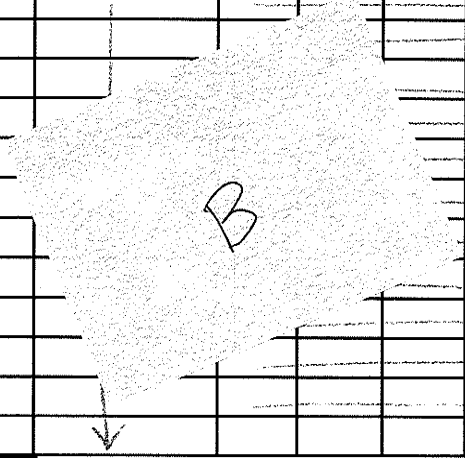
Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1473

Project/Client Name: LNW Ship to: Axis Analytical Services
 Windward Project No: 04-08-116-72 Attn: Georgina Brooks Shipping Date: 109-11-04
 Contact Name: Matt Luxon Shipping address: 7015 Mills Rd W Airbill Number: 8803 5707 7151
 Sampled By: NGI + KAC Sidney, BC, Canada V&L 308

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/23/04	1345	LDW-72-E-TRUS - SS-41		Water							Active piece
		LDW-72-F-TRUC - SS-42									
		LDW-72-F-TRUS - SS-43									
		- SS-44									
		- SS-45									
		- SS-46									
		- SS-47									
		- SS-48									
		- SS-49									
		- SS-50									
		- SS-51									
		- SS-52									
		- SS-53									



Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/23/04 12:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/23/04 16:00</u>	2) Released by: <u>[Signature]</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/23/04 16:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1474

Project/Client Name: LDW
 Windward Project No: 14-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL + RAC

Ship to: Axys Analytical Services
 Attn: Georgina Brooks Shipping Date: 08-04-04
 Shipping address: 7045 Mills Road West Airbill Number: 2262 727 8151
Sidney, BC, Canada V8L 5S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample /# of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/03/04	1349	LDW-73-F-TRUC - SS 54		High							Archive in PC
		- SS-55									
		- SS-56									
		- SS-57									
		- SS-58									
		- SS-59									
		- SS-60									
		- SS-61									
		- SS-62									
		- SS-63									
		- SS-64									
		- SS-65									
		- SS-66									

B

Total Number of Containers: _____ Purchase Or _____

1) Released by: Robert Compton
 Print name: Robert Compton
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/3/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/3/04 16:00

Signature: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1468

Project/Client Name: LDW
 Windward Project No: 01-09-06-22
 Contact Name: Matt Lawson
 Sampled By: RAC, MGL

Ship to: Axys Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/4/04
 Shipping address: 2045 Milk Rd. W Airbill Number: 8462 5128 8151
Sidney, BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	9:45	LDW-T2-B-TR08-PP-01	✓	1 Fish							Airline Frozen
		PP-02	✓								
		PP-03	✓								
		PP-04	✓								
		PP-05	✓								
		PP-06	✓								
		PP-07	✓								
		PP-08	✓								
		PP-09	✓								
		PP-10	✓								
	10:58	LDW-T2-B-TR08-PP-02	✓								
		LDW-T2-B-TR08-PP-03	✓								
		LDW-T2-B-TR08-PP-04	✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Robert Complita</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward Environmental</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 10:15 AM</u>	2) Released by: <u>[Signature]</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 10:00</u>	1) Rec'd by: Company: Date/Time:
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

Windward environmental LLC
 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1466

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: RAC MGL

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/14/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 846251288151
SIDNEY, BC CANADA V8L 3S9

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	10:56	LDW-T2-E-TR010-PP01	14 ✓	fish							Archive Frozen
	10:56	LDW-T2-E-TR010-PP01		fish							
		LDW-T2-E-TR010-PP02		fish							
		LDW-T2-E-TR010-PP02		fish							
		LDW-T2-E-TR010-PP04		fish							
	11:41	LDW-T2-E-TR011-SS07	✓	fish							
	11:41	LDW-T2-E-TR012-SS08	✓	fish							
	11:41	LDW-T2-E-TR012-SS09	✓	fish							
	11:41	LDW-T2-E-TR012-SS10	✓	fish							
	11:41	LDW-T2-E-TR012-SS11	✓	fish							
	11:41	LDW-T2-E-TR012-SS12	✓	fish							
	11:41	LDW-T2-E-TR012-SS13	✓	fish							
	11:41	LDW-T2-E-TR012-SS14	✓	fish							

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Robert Complot
 Print name: _____
 Signature: [Signature]
 Company: Windward
 Date/Time: 08/03/04 1215

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/14/04 10:15am

2) Released by: [Signature]
 Print name: Ara Siddons
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/14/04 12:05

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1467

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: RAC MGL

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/4/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 84251288151
SIDNEY BC CANADA

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	11:41	LDW-72-E-TR012-SS-0915 ✓	1 Fish								Archive Frozen
	9:45	LDW-T2-B-TR008-SS-X16 ✓									
	9:45	SS-X17 ✓									
	9:45	SS-X18 ✓									
	9:45	SS-X19 ✓									
	9:45	SS-X20 ✓									
		SS-X21 ✓									
		SS-X22 ✓									
		SS-X23 ✓									
		SS-X24 ✓									
		SS-X25 ✓									
		SS-X26 ✓									
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: <u>Robert Compitella</u> Print name: <u>Robert Compitella</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/03/04 1215</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 12:15pm</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 12:00</u>	1) Rec'd by: Company: Date/Time:
--	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

4 of 4

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1469

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: RAC, MGL

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/4/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 846251288151
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	9:45	LDW-T3-R-T0008-165	✓	1 Lsch							Archive - Frozen
		SS-38	✓								
		SS-39	✓								
		SS-40	✓								
		SS-41	✓								
		SS-42	✓								
		SS-43	✓								
		SS-44	✓								
		SS-45	✓								
		SS-46	✓								
		SS-47	✓								
		SS-48	✓								
		SS-49	✓								
		SS-50	✓								
		SS-51	✓								
		SS-52	✓								
		SS-53	✓								
		SS-54	✓								
		SS-55	✓								
		SS-56	✓								
		SS-57	✓								
		SS-58	✓								
		SS-59	✓								
		SS-60	✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Robert Complita</u> Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 10:00 am</u>	2) Released by: <u>Sara Stillman</u> Print name: <u>Sara Stillman</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 12:00</u>	1) Rec'd by: Company: Date/Time:
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1461

Project/Client Name: LDN
 Windward Project No: 04-08 06 22
 Contact Name: Mark Wilson
 Sampled By: RAC MGL

Ship to: Days Analytical Services
 Attn: Geneva Bunker Shipping Date: 8/4/04
 Shipping address: 6045 19th St NE Airbill Number: 8488 5137 8151
Edney BS UPL 353

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/03/04	8:20	LDN T1C TRUS ES 002	1 L	1 L							archive frozen
		LDN T1C TRUS ES 003	1 L	1 L							archive frozen
		LDN T1C TRUS ES 004	1 L	1 L							archive frozen
		LDN T1C TRUS ES 005	1 L	1 L							archive frozen
		LDN T1C TRUS ES 006	1 L	1 L							archive frozen
		LDN T1C TRUS ES 007	1 L	1 L							archive frozen
		LDN T1C TRUS ES 008	1 L	1 L							archive frozen
		LDN T1C TRUS ES 009	1 L	1 L							archive frozen
		LDN T1C TRUS ES 010	1 L	1 L							archive frozen
		LDN T1C TRUS ES 011	1 L	1 L							archive frozen
		LDN T1C TRUS ES 012	1 L	1 L							archive frozen
8/03/04	8:20	LDN T1C TRUS ES 013	1 L	1 L							archive frozen
8/03/04	8:20	LDN T1C TRUS ES 014	1 L	1 L							archive frozen

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complitz</u> Print name: _____ Signature: <u>Robert Complitz</u> Company: <u>Windward</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>[Company]</u> Date/Time: <u>8/4/04 12:15 PM</u>	2) Released by: _____ Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 12:00 PM</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
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 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1462

Project/Client Name: LDW
 Windward Project No: 24-08-0032
 Contact Name: Matt Loman
 Sampled By: RAC, MGL

Ship to: LDW
 Attn: Deborah Penick
 Shipping address: 5045 Mill Rd W
Salmon, WA 98148
 Shipping Date: 8/1/04
 Airbill Number: 848R 5123 215

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
8/3/04	8:20	LDW-TI-C-TRUCS-PS-230	X	Wish							archive frozen	
		LDW-TI-C-TRUCS-PS-231		Wish								archive frozen
		LDW-TI-C-TRUCS-PS-232		Wish								archive frozen
		LDW-TI-C-TRUCS-PS-233		Wish								archive frozen
		LDW-TI-C-TRUCS-SS-234		Wish								archive frozen
		LDW-TI-C-TRUCS-SS-235		Wish								archive frozen
		LDW-TI-C-TRUCS-SS-236		Wish								archive frozen
		LDW-TI-C-TRUCS-SS-237		Wish								archive frozen
		LDW-TI-C-TRUCS-SS-238		Wish								archive frozen
		LDW-TI-C-TRUCS-SS-239		Wish								archive frozen
8/3/04	7:57	LDW-TI-C-TRUCS-PS-240	X	Wish							archive frozen	
8/3/04	9:06	LDW-TI-F-TRUC7-PA-01		Wish								archive frozen
	9:05	LDW-TI-F-TRUC7-PA-02		Wish								archive frozen
	9:08	LDW-TI-F-TRUC7-PA-03	Wish								archive frozen	
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 12:15 pm</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 12:05</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>[Company]</u> Date/Time: <u>[Date/Time]</u>
---	--	--	---

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* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Tel: 206.378.1364
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1463

Project/Client Name: LOW
 Windward Project No: 01-08-06-03
 Contact Name: Robert Compton
 Sampled By: RAC MGL

Ship to: Arc
 Attn: Antonio Proke
 Shipping address: 5050 Mills Rd W
 Shipping Date: 2/11/04
 Airbill Number: 8482 5738 2151

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
01/3/04	9:08	LOW 11-E-TRU07-PP-04	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	40	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	41	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	42	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	43	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	44	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	45	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	46	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	47	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	48	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	49	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	50	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	51	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	52	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	53	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	54	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	55	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	56	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	57	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	58	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	59	1/gal	1/gal							archive frozen
9:08	LOW 11-E-TRU07-SS-04	60	1/gal	1/gal							archive frozen

Total Number of Containers: _____ Purchase _____ Segment of Work # _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>2/3/04 12:15 pm</u>	2) Released by: <u>Sara Thurman</u> Print name: <u>Sara Thurman</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>2/1/04 16:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1464

Project/Client Name: LOW
 Windward Project No: 2007-02-02-03d
 Contact Name: Matt Larson
 Sampled By: RAC, MGL

Ship to: Hwy
 Attn: contaminant analysis Shipping Date: 8/3/04
 Shipping address: 2047 Miller Rd W Airbill Number: 8923/STEP 2451
Clary & VRC PLY

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	8:08	LOW T1 P-TC07 ES-08-14	X	LIQUID							archival portion
8/3/04	9:08	LOW T1 P-TC07 ES-08-14	X	LIQUID							archival portion
8/3/04	9:08	LOW T1 P-TC07 SS-08-14	X	LIQUID							archival portion

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: _____ Company: <u>Windward</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: _____ Company: <u>Windward</u> Date/Time: <u>8/3/04 12:15 pm</u>	2) Released by: <u>Sara J. Williams</u> Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1465

Project/Client Name: LDW
 Windward Project No: 01-01-02-02
 Contact Name: Matt Larson
 Sampled By: RAC

Ship to: Arvo
 Attn: California Hooker
 Shipping address: 2400 Mill Rd W / Factory Rd VAC 258
 Shipping Date: 8/14/04
 Airbill Number: 4625/35 2151

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/13/04	11:41	LDW-T2-E-TR012-PS01		1 jar							archive frozen
8/13/04	11:41	LDW-T2-E-TR012-PS02		1 jar							archive frozen
	11:41	LDW-T2-E-TR012-PS03		1 jar							archive frozen
	11:41	LDW-T2-E-TR012-PS04		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-SS01		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-SS02		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-SS03		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-SS04		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-SS05		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-SS06		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-PP01		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-PP02		1 jar							archive frozen
	10:58	LDW-T2-E-TR010-PP03		1 jar							archive frozen

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complitz</u> Print name: <u>Robert Complitz</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/03/04 12:15</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/13/04 12:15 PM</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/13/04 12:15</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

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 Suite 401
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 Tel: 206.378.1364
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1 of 4

Windward Environmental

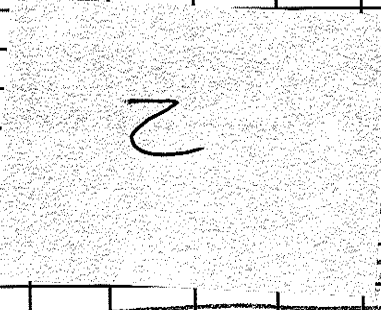
CHAIN-OF-CUSTODY/TEST REQUEST FORM

1475

Project/Client Name: LDW
 Windward Project No: 01-08-06-22
 Contact Name: Matt Luxton
 Sampled By: JMF

Ship to: Axis Analytical
 Attn: Georgina Brooks Shipping Date: 08/05/04
 Shipping address: 2045 Mills Road W Airbill Number: 8462 5128 8140
Sedney, BC, Canada VBL 358

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
8/1/04	1245	LDW-72-B-SN011-SS-47	X	1 USG							archival photo	
		SS-48										
		SS-49										
		SS-50										
		SS-51										
		SS-52										
		SS-53										
		SS-54										
		SS-55										
		SS-56										
		SS-57										
8/3/04	1120	LDW-71-B-SN009-SS-18										
		-19										



Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complita</u> Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-04-04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Jerek Pelletier</u> Print name: <u>Jerek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

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 Tel: 206.378.1364
 Fax: 206.217.0089



To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 4

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1496

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: IMF

Ship to: Axys Analytical
 Attn: Georgina Brooks Shipping Date: 8/5/04
 Shipping address: 7045 Mills Road W Airbill Number: 8462 5128 8140
Sidney, BC Canada V8L3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	1120	LDW-T1-B-SN009-SS-20	X	fish	[Redacted]						archive frozen
		" SS-21		"	[Redacted]						"
		" SS-22		"	[Redacted]						"
		" SS-23		"	[Redacted]						"
		" SS-24		"	[Redacted]						"
		" SS-25		"	[Redacted]						"
		" SS-26		"	[Redacted]						"
		" SS-27		"	[Redacted]						"
		" SS-28		"	[Redacted]						"
		" SS-29		"	[Redacted]						"
		" SS-30		"	[Redacted]						"
		" SS-31		"	[Redacted]						"
		" SS-32	"	[Redacted]						"	

2

Total Number of Containers: _____ Purchase Order / Statement: _____

1) Released by: <u>Robert Complitz</u> Print name: <u>Robert Complitz</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-04-04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Signature]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

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 Tel: 206.378.1364
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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDN
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: IMF

Ship to: Ar4s Analytical
 Attn: Georgina Brooks Shipping Date: 8/5/04
 Shipping address: 2095 Mills Road W Airbill Number: 8462 5128 8140
Sidney, BC Canada V8L358

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>8/3/04</u>	<u>11:20</u>	<u>LDN-T1-B-SN009-SS-33</u>	X	<u>fish</u>							<u>archive / frozen</u>
<u>8/3/04</u>	<u>1120</u>	<u>" SS-34</u>		<u>"</u>							<u>"</u>
	<u>1500</u>	<u>LDN-T4-C-SN014-SS-81</u>		<u>"</u>							<u>"</u>
		<u>" SS-82</u>		<u>"</u>							<u>"</u>
		<u>" SS-83</u>		<u>"</u>							<u>"</u>
		<u>" SS-84</u>		<u>"</u>							<u>"</u>
		<u>" SS-85</u>		<u>"</u>							<u>"</u>
		<u>" SS-86</u>		<u>"</u>							<u>"</u>
		<u>" SS-87</u>		<u>"</u>							<u>"</u>
		<u>" SS-88</u>		<u>"</u>							<u>"</u>
		<u>" SS-89</u>	<u>"</u>							<u>"</u>	
		<u>" SS-90</u>	<u>"</u>							<u>"</u>	
		<u>" SS-91</u>	<u>"</u>							<u>"</u>	

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-01-04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:10</u>	Company: _____ Date/Time: _____
---	---	--	------------------------------------

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

4 of 4

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1321

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: JMF

Ship to: Arlys Analytical
 Attn: Margina Brooks Shipping Date: 8/5/04
 Shipping address: 2045 Mills Rd W Airbill Number: 8462 5128 8140
Surrey BC Canada V8L3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>8/3/04</u>	<u>1500</u>	<u>LDW-T4-C-SN014-SS-93</u>		<u>1/15ish</u>							<u>archive jar</u>
		<u>" SS-94</u>		<u>"</u>							<u>"</u>
		<u>LDW-T4-C-SN014-PS-32</u>		<u>"</u>							<u>"</u>
		<u>" PS-33</u>		<u>"</u>							<u>"</u>
		<u>" PS-34</u>		<u>"</u>							<u>"</u>
	<u>1425</u>	<u>LDW-T4-C-SN013-PS-35</u>		<u>"</u>							<u>"</u>
		<u>" PS-36</u>		<u>"</u>							<u>"</u>
		<u>" PS-37</u>		<u>"</u>							<u>"</u>
<u>8/5/04</u>	<u>10:00</u>	<u>LDW-T4-C-SN014-SS-92</u>		<u>"</u>							<u>"</u>

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Robert Complit
 Print name: Robert Complit
 Signature: [Signature]
 Company: Windward
 Date/Time: 08-04-04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

2) Released by: [Signature]
 Print name: [Signature]
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/5/04 17:00

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1479

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: RAC, MGL

Ship to: Axys Analytical Services
 Attn: Genevieve Brooks Shipping Date: 8/15/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 940251280140
SIDNEY BC CANADA V8L3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	14:18	LDW-T3-C-TRO16-673		1 Fish							Archive frozen
		TRU-SS-67									
		SS-68									
		SS-69									
		SS-70									
		SS-71									
		SS-72									
	13:08	LDW-T3-A-TRO13-5601									
		PP-04									
		PP-05									
		PP-06									
		PP-07									
		PP-08									
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: <u>Robert Complita</u> Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>windward</u> Date/Time: <u>8/3/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>windward</u> Date/Time: <u>8/3/04 16:00</u>	2) Released by: <u>Josak Pelletier</u> Print name: <u>Josak Pelletier</u> Signature: <u>[Signature]</u> Company: <u>windward</u> 17:00 Date/Time: <u>8/5/04</u>	1) Rec'd by: Company: Date/Time:
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1480

Project/Client Name: LOW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Livon
 Sampled By: RAC MCL

Ship to: Axys Analytical Services
 Attn: Carolina Brooks Shipping Date: 8/5/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 846251288180
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	13:08	LOW-A-TR013-SS-73		1 Fish	_____						Archive Frozen
		SS-74									
		SS-75									
		SS-76									
		SS-77									
		SS-78									
	13:25	LOW-T3-B-TR014-SS-79									
		SS-80									
		SS-81									
		SS-82									
		SS-83									
		SS-84									
		SS-85									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: Robert Compton
 Print name: Robert Compton
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/3/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/3/04 16:00

2) Released by: Derek Pelletier
 Print name: Derek Pelletier
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/5/04 17:00

1) Rec'd by:
 Company:
 Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Suite 401
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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1481

Project/Client Name: LDW
 Windward Project No: 04-08.06-22
 Contact Name: MATT LUXON
 Sampled By: MGL, RAC

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/15/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 846251288140
SIDNEY BC CANADA V8L3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
8/13/04	13:27	LDW-T3-B-TRO14-SS-86	1	Fs								
		-SS-87										
		-SS-88										
		-SS-89										
		-SS-90										
		-SS-91										
		-PP-09										
		-PP-10										
8/13/04	13:27	LDW-T3-B-TRO14-PS-28										
		PS-29										
		PS-30										
		PS-31										
		PS-32										
Total Number of Containers			Purchase Order / Statement of Work #									

COC correct:
 LDW-T3-B-TRO14-SS-86
 SS-87
 SS-88

Time: 13:27

1) Released by: <u>Robert Compton</u> Print name: Signature: <u>Robert Compton</u> Company: <u>Windward</u> Date/Time: <u>8/13/04 16:00</u>	1) Rec'd by: <u>Randy H...</u> Company: <u>Windward</u> Date/Time: <u>8/13/04 16:00</u>	2) Released by: <u>Derek Peltier</u> Print name: Signature: <u>Derek Peltier</u> Company: <u>Windward</u> Date/Time: <u>8/15/04 17:00</u>	1) Rec'd by: Company: Date/Time:
---	---	---	--

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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1482

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL, RAC

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA PROOKS Shipping Date: 8/14/04
 Shipping address: 2045 MILLS ROAD NW Airbill Number: 8462 5128 8140
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/13/04	13:27	LDW-T3-B-TR014-PS-33	1	Fish							Archive Frozen
	13:08	LDW-T3-A-TR013-PS-34									
		-PS-35									
		-PS-36									
		-PS-37									
		-PS-38									
		-PS-39									
		-PS-40									
		-ES-04									
		-ES-05									
		-PS-06									
	13:27	LDW-T3-B-TR014-SFO2									
	13:48	LDW-T3-E-TR015-PP-10									
Total Number of Containers				P							

Sample label correct;
 COC should read
LDW-T3-B-TR014-SFO2
 instead of
LDW-T3-A-TR014-SFO2

1) Released by: Robert Compton
 Print name:
 Signature: Robert Compton
 Company: Windward
 Date/Time: 8/13/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/13/04 16:00

1) Rec'd by:
 Company:
 Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MAL, RAC

Ship to: AXYS ANALYTICAL SERVICES 1491
 Attn: GEORGINA BROOKS Shipping Date: 8/10/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 8462528810
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/7/04	14:18	LDW-T3-C-TROM-8540		1 Fish							Archive Frozen
		↓ -85-42		↓							
	14:18	LDW-T3-D-TROM-8592									
		↓ -85-93									
		↓ -85-94									
		↓ -85-95									
		↓ -85-96									
		↓ -85-97									
		↓ -85-98									
		↓ -85-99									
		↓ -85-100									
		↓ -85-101									
		↓ -85-102									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 16:00</u>	2) Released by: <u>Derek Pelletier</u> Print name: <u>Derek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL, RAC

Ship to: AXYS ANALYTICAL SERVICES - 1492
 Attn: GEORGINA BROOKS Shipping Date: 8/10/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 846251288/90
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	14:18	LDW-T3-P-TM017-SS-103	1	Fish	_____						Archive frozen
		-SS-104									
		-SS-105									
		-SS-106									
		-SS-107									
		-SS-108									
		-SS-109									
		-SS-110									
		-SS-111									
		-SS-112									
		-SS-113									
		-SS-114									
		-SS-115									
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: <u>Robert Complitz</u> Print name: Signature: <u>Robert Complitz</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 16:00</u>	1) Rec'd by: <u>Tracy Atin</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 16:00</u>	2) Released by: <u>Derek Pellefer</u> Print name: Signature: <u>Derek Pellefer</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: Company: Date/Time:
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1493

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL, RAC

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 3/10/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: 846251288190
SIDNEY BC CANADA V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
3/3/04	14:18	LDW-73-D-7407-SS-116	1 Fish								Archive Frozen
		-SS-117									
		-SS-118									
		-SS-119									
		-SS-120									
		-SS-121									
		-SS-122									
		-SS-123									
		-SS-124									
		-SS-125									
		-SS-126									
		-SS-127									
		-LS-07									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complita</u> Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>3/3/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>3/3/04 16:00</u>	2) Released by: <u>Deek Peltier</u> Print name: <u>Deek Peltier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>3/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1474

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LIXON
 Sampled By: MGL RAC

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/10/04
 Shipping address: ~~2045 MILLS ROAD~~ Airbill Number: 946251283180
SIDNEY BC CANADA ~~V8L3S8~~

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	14:18	LDW-T3-D-TK017-ES-08		1 Fish							Archive Frozen
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: Robert Compton Print name: Robert Compton Signature: Robert Compton Company: Windward Env. Date/Time: 8/3/04 16:00			1) Rec'd by: [Signature] Company: Windward Date/Time: 8/3/04 16:00			2) Released by: Derek Peltier Print name: Derek Peltier Signature: [Signature] Company: Windward Date/Time: 8/5/04 17:00			1) Rec'd by: Company: Date/Time:		

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



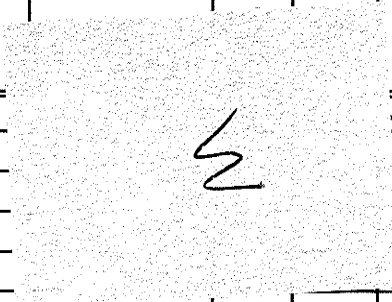
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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1475

Project/Client Name: LDW
 Windward Project No: 04-08-06-72
 Contact Name: Matt Luxon
 Sampled By: MGL + RAC

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 2/15/04
 Shipping address: 2645 J.M. McLeod Rd W Airbill Number: ~~8462 5128 8140~~
Sidney, BC, Canada 148 358 8462 5128 8140

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
08/03/04	1025	LDW-T2-A-TR009-SS-39									airline broken	
		-SS-39										
		-SS-40										
		-SS-41										
		-SS-42										
		-SS-43										
		-SS-44										
		-SS-45										
		-SS-46										
		-ES-17										
		-ES-18										
		-ES-19										
		-ES-20										

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/3/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1476

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUYON
 Sampled By: MGL & RAL

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/5/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: ~~8462 5128 8140~~
SIDNEY, BC CANADA V8L 3S9 8462 5128 8140

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/03/04	10:25	LDW-T7-A-TR009-ES-21		1 fish							Archive Frozen
		-ES-22									
		-ES-23									
		-ES-24									
		-ES-25									
		-ES-26									
		-ES-27									
		-ES-28									
		-ES-29									
		-ES-30									
		-ES-31									
		-ES-32									
		-ES-33									
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1477

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL & RAC

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/15/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: ~~8462 5128 814~~
SIDNEY, BC CANADA V8L 3S8 8462 5128 814

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
8/13/04	10:25	LDW-T2-A-TR009-PP-15 -PS-09		1 Fish							Archive - Frozen	
		-PS-10		3								
		-PS-11										
		-PS-12										
		-PS-13										
		-PS-14										
	14:18	LDW-T3-D-TR017-PP-01 -PP-02 -PP-03 -PS-19 -PS-20 -PS-21										
Total Number of Containers				Purchase Order / Statement of Work #								
1) Released by: Robert Compton Print name: Robert Compton Signature: Robert Compton Company: Windward Date/Time: 8/15/04 13:00			1) Rec'd by: Company: Date/Time:			2) Released by: Print name: Signature: Company: Date/Time:			1) Rec'd by: Company: Date/Time:			

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1478

Project/Client Name: LDW
 Windward Project No: 04-CX-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL + RAC

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 8/5/04
 Shipping address: 2045 MILLS ROAD W Airbill Number: ~~846251282140~~
SIDNEY BC CANADA V8L 3S8 8462 5128 2140

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/3/04	14:18	LDW-TS-D-TR017-13-22		1 Fish	_____						Archive Fish
↓	↓	-PS-23		↓							↓
↓	↓	-PS-74		↓							
↓	↓	-PS-25		↓							
↓	↓	-PS-26		↓							
↓	↓	-PS-27		↓							

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 19:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1500 A
1500

Project/Client Name: LDW
 Windward Project No: 14-08-06-22
 Contact Name: Math Luxon
 Sampled By: MSL + RAC

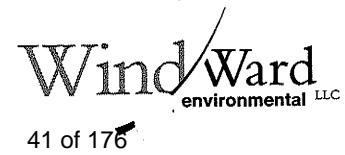
Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/5/04
 Shipping address: 3045 Mills Rd W Airbill Number: 8462 5138 8140
Sidney, BC, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	1312	LDW-TM-A-TR02K-SS-61		1/kh							archive frozen
		-SS-62									
		-SS-63									
		-SS-64									
		-SS-65									
		-SS-66									
		-SS-67									
		-SS-68									
		-SS-69									
		-SS-70									
		-SS-71									
		-SS-72									
		-SS-73									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complich</u> Print name: <u>Robert Complich</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/04/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Derek Pelletier</u> Print name: <u>Derek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1428

Project/Client Name: LDW
 Windward Project No: 14-08-06-22
 Contact Name: Alain Luxon
 Sampled By: ALCL

Ship to: Axis Analytical Services
 Attn: Georgina Roberts Shipping Date: 8/5/04
 Shipping address: Box 1111111111 Airbill Number: 8462 5128 8140
Salem BC Canada VPL PSP

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	1312	LDW-T4-D-TR025-SS-74		High							Archive frozen
		LDW-T4-D-TR025-SS-75									
		CC-76									
		CS-77									
		CC-78									
		SS-79									
		SS-80									
		LDW-T4-D-TR025-PS-27									
		PS-28									
		PS-29									
		PS-30									
		PS-31									
		LDW-T4-D-TR025-DP-1									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complitz</u> Print name: <u>Robert Complitz</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08/04/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Derek Pelletier</u> Print name: <u>Derek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1499

Project/Client Name: LAW Ship to: Axys Analytical Services
 Windward Project No: 04-08-06-27 Attn: Georgina Brooks Shipping Date: 8/5/04
 Contact Name: Keith Luxon Shipping address: 3040 Mills Rd W Airbill Number: 8462 5128 3140
 Sampled By: MICL Gatineau Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	1312	Low TH D: FROZE SF-10	-	1 Arch.							archive frozen
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: <u>Robert Campbell</u> Print name: <u>Robert Campbell</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>			1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>			2) Released by: <u>Derek Pelletier</u> Print name: <u>[Signature]</u> Signature: <u>[Signature]</u> Company: <u>windward</u> Date/Time: <u>8/5/04 17:00</u>			1) Rec'd by: Company: Date/Time:		

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1487

Project/Client Name: LEOV
 Windward Project No: 04062687
 Contact Name: Mark Luxon
 Sampled By: Mark Luxon

Ship to: Avco Analytical Services
 Attn: Andrea Roberts Shipping Date: 8/5/04
 Shipping address: 2010 10th Ave NW Airbill Number: 846251077140
Seattle, WA, 98107 VRL PTD

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
8/4/04	16:00	LEOV 04062687-1	100 ml	Water								
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: Robert Compton
 Print name: Robert Compton
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

2) Released by: Derek Peltier
 Print name: Derek Peltier
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/5/04 17:00

1) Rec'd by:
 Company:
 Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1488

Project/Client Name: LDW
 Windward Project No: 14-02-04-00
 Contact Name: Alta Luman
 Sampled By: Alta Luman

Ship to: Env. Analytical Services
 Attn: Katherine Brooks Shipping Date: 8/5/04
 Shipping address: 1030 N. 10th St Airbill Number: 8462 5128 8140
Selma, VA, 22458 VRL 358

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	N/A	LDW 14-02-04-00-01	-25.2	Soil							
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								
			-25.2								

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Complita</u> Print name: _____ Signature: <u>Robert Complita</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Derek Peltier</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1489

Project/Client Name: 1000
 Windward Project No: 04-18-06-22
 Contact Name: Mark Luxton
 Sampled By: ALICE + NAE

Ship to: Arx Analytical Services
 Attn: Colin Brock Shipping Date: 7/5/04
 Shipping address: 2145-111th Rd W Airbill Number: 7462 5128 7140
Sudbury, NB, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
7/4/04	1:00	1000-18-06-22-01		Water							
		-02-01									
		-02-02									
		-02-03									
		-02-04									
		-02-05									
		-02-06									
		-02-07									
		-02-08									
		-02-09									
		-02-10									
		-02-11									
		-02-12									
		-02-13									
		-02-14									
		-02-15									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Robert Complitz
 Print name: Robert Complitz
 Signature: [Signature]
 Company: Windward
 Date/Time: 7/4/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 7/4/04 16:00

2) Released by: Orin Bellator
 Print name: Orin Bellator
 Signature: [Signature]
 Company: Windward
 Date/Time: 7/5/04 17:00

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

4 of 4

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1490

Project/Client Name: LDN Ship to: Axis Analytical Services

Windward Project No: 84-07-16-22 Attn: Christina Parks Shipping Date: 8/5/04

Contact Name: Math Egan Shipping address: 3600 44th St NW Airbill Number: 8462 5128 8140

Sampled By: HJGL + MAC Edeney, P.E., Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<i>8/4/04</i>	<i>14:00</i>	<i>100-7423 74019-50-54</i>		<i>Water</i>							<i>See below for...</i>
		<i>100-7423 74019-55-60</i>									
		<i>100-7423 74019-57-27</i>									
		<i>50-24</i>									
		<i>50-25</i>									
		<i>50-26</i>									
		<i>50-27</i>									
		<i>50-28</i>									
		<i>50-29</i>									
		<i>50-30</i>									

Total Number of Containers _____ **Purchase Order / Statement of Work #** _____

1) Released by: <i>Robert Complitz</i> Print name: _____ Signature: <i>Robert Complitz</i> Company: <i>Windward</i> Date/Time: <i>8/4/04 16:00</i>	1) Rec'd by: <i>[Signature]</i> Company: <i>Windward</i> Date/Time: <i>8/4/04 16:00</i>	2) Released by: <i>Derek Hollet, et.</i> Print name: _____ Signature: <i>[Signature]</i> Company: <i>Windward</i> Date/Time: <i>8/5/04 17:00</i>	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1483

Project/Client Name: LDWG Ship to: Axis Analytical Services
 Windward Project No: 02-00-06-22 Genevieve Brooks Shipping Date: 8/5/04
 Contact Name: Matt Luxon Billing address: 3045 Mills Road W Airbill Number: 8462 5128 8140
 Sampled By: RAC MGL Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identific		Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	9:58	LDW-T4-A-TRO21-15-01	1 Fish							Archive - frozen
		PS-02								
		PS-03								
		PS-04								
		PS-05								
		LDW-T4-A-TRO21-55-01								
		SS-02								
		SS-03								
		SS-04								
		SS-05								
		SS-06								
		SS-07								
		SS-08								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Robert Compton</u> Print name: <u>Robert Compton</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Derek Pelletier</u> Print name: <u>Derek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 4

Windward Environmental

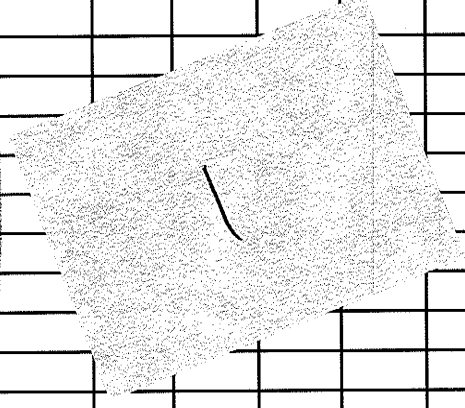
CHAIN-OF-CUSTODY/TEST REQUEST FORM

1484

Project/Client Name: LDWIG
Windward Project No: 04-08-06-22
Contact Name: MIAT LUXOM
Sampled By: PAC.MGL

Ship to: Anys Analytical Services
Attn: Geciana Brooks
Shipping address: 2045 Mills Road W
Shipping Date: 8/5/04
Airbill Number: 8462 5137 8140
Sidney BC Canada V8L3S8

Table with columns: Sample Collection Date (m/d/y), Time, Sample Identification, Volume of Sample / # of Containers, Matrix, Test(s) Requested (check test(s) required), Comments / Instructions [Jar tag number(s)].



Total Number of Containers: Purchase Order / Statement of Work #

1) Released by: Robert Complin
Signature: Robert Complin
Company: Windward
Date/Time: 8/4/04 16:00
1) Rec'd by: [Signature]
Company: Windward
Date/Time: 8/4/04 16:00
2) Released by: Derek Pella
Signature: [Signature]
Company: Windward
Date/Time: 8/5/04 17:00
1) Rec'd by:
Company:
Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:
Date of receipt:
Condition upon receipt:
Cooler temperature:
Laboratory W.O. #:
Time of receipt:
Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1485

Project/Client Name: LDWG Ship to: Axis Analytical Services
 Windward Project No: 09-08-06-22 Attn: Geovanna Brooks Shipping Date: 8/5/04
 Contact Name: MAH Luxorn Shipping address: 2015 Mills Road W Airbill Number: 8482 5128 8140
 Sampled By: RAC, MGL Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	10:33	LDW-TA-B-712022-SS-21									Archive - frozen
		SS-22									
		SS-23									
		SS-24									
		SS-25									
		SS-26									
		SS-27									
		SS-28									
		SS-29									
		SS-30									
		SS-31									
		SS-32									
		SS-33									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Robert Complita</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Deborah Bellafior</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1486

Project/Client Name: LDWG
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/5/04
 Shipping address: 2045 Mills Road W. Airbill Number: 8482 5788 8140
Sidney BC Canada V8L3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	16:33	LDW- 14-B-7A022-SS-34		1 Fish							Archive - Frozen
		SS-35									
		SS-36									
		SS-38									
		SS-39									
		SS-41									
8/4/04	16:33	LDW- 14-B-7A022-SS-37									Archive frozen
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: Robert Complita
 Print name: Robert Complita
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

2) Released by: Derek Palletier
 Print name: Derek Palletier
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/5/04 17:00

1) Rec'd by: [Signature]
 Company: [Signature]
 Date/Time: [Signature]

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



CHAIN-OF-CUSTODY/TEST REQUEST FORM

1382

Project/Client Name: LDW
 Windward Project No: 04-08-06-02
 Contact Name: Aliah Laxon
 Sampled By: MGL

Ship to: Axis Analytical Services
 Attn: Gregoria Brooks Shipping Date: 8/5/04
 Shipping address: 205 Mills Rd W Airbill Number: 8462 5128 8140
Sidney, PE, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	0819	LDW-72-D-TR04- KS-20		fish							Analytical report
		↓ PK-21									
		LDW-72-D-TR04-SS-68									
		↓ SS-14									
		↓ SS-70									
		LDW-72-D-TR04-FS-111									
		↓ FS-42									
		↓ FS-42									
		↓ FS-44									
		↓ FS-45									
		↓ FS-46									
		↓ FS-117									
		↓ PK-119									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Campbell</u> Print name: <u>Robert Campbell</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Derek Pelletier</u> Print name: <u>Derek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	---	--

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 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1383

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: M. Luxon
 Sampled By: AGL

Ship to: AXIS Analytical Services
 Attn: Richard Weeks Shipping Date: 8/5/04
 Shipping address: 2000 Hillside W Airbill Number: 8462 5128 840
Sidney, BC, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
8/4/04	0719	LDW-72-D-7809-TC-49		High								
8/4/04	0902	LDW-72-F-7809-SP-1										
		LDW-72-F-7809-SP-03										
		- SP-04										
		- SP-05										
		- SP-06										
		- SP-07										
		LDW-73-F-7809-PP-10										
		- PP-11										
		- PP-12										
		- PP-13										
		LDW-73-F-7809-PS-41										
		- PS-42										
Total Number of Containers			Purchase Order / Statement of Work #									

1) Released by: <u>Robert Campbell</u> Print name: <u>Robert Campbell</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Derek Pelletier</u> Print name: <u>Derek Pelletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: Company: Date/Time:
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

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 Fax: 206.217.0089



CHAIN-OF-CUSTODY/TEST REQUEST FORM

1384

Project/Client Name: LDW
 Windward Project No: 04-08-06-72
 Contact Name: Neil Luxon
 Sampled By: MGL, RAC

Ship to: Axis Analytical Services
 Attn: Keeliana Brooks Shipping Date: 8/5/04
 Shipping address: 2045 Mills Rd W Airbill Number: 8460 5138 9140
Sidney BC, Canada VBL 358

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	0907	LDW-72-TR070-PS-43		fish							archive frozen
		LDW-72-TR070-PS-44									
		-R-45									
		-R-46									
		-R-47									
		-R-48									
		-R-49									
		-R-50									
		-R-51									
		-R-52									
		-PS-53									
		-PS-54									
		-PS-55									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Robert Campbell
 Print name: Robert Campbell
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

2) Released by: [Signature]
 Print name: [Name]
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/5/04 17:00

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1385

Project/Client Name: LDW Ship to: Axys Analytical
 Windward Project No: 04-08-06-32 Attn: Erinna Brink Shipping Date: 8/5/04
 Contact Name: Math Luxon Shipping address: 2045 Mills Rd. W Airbill Number: 842 5/08 7140
 Sampled By: RAC MCL Sidney, RC VZ 358

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	0900	LDW-73-E-TR070 -PS 56		fish							Archive Frozen
		-PS 57									
		-SS-92									
		-SS-93									
		-SS-94									
		-SS-95									
		-SS-96									
		-SS-97									
		-SS-98									
		-SS-99									
		-SS-100									
		-SS-101									
		-SS-102									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: <u>Robert Compita</u> Print name: <u>Robert Compita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Deek Pillemer</u> Print name: <u>Deek Pillemer</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: Company: Date/Time:
---	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1386

Project/Client Name: LOW Ship to: Arys Analytical
 Windward Project No: 04-07-06-02 Attn: Eraina Planks Shipping Date: 8/5/04
 Contact Name: Matt Luxon Shipping address: 2045 Mills Rd W Airbill Number: 2462 5107 2140
 Sampled By: RAC, MGL Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/4/04	0930	LOW-T3 F-TK030-SS-103		16sh							Araina Planks
		SS-104									
		SS-105									
		SS-106									
		SS-107									
		SS-108									
		SS-109									
		SS-110									
		SS-111									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Campbell</u> Print name: <u>Robert Campbell</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>[Signature]</u> Print name: <u>[Name]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	---	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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 Fax: 206.217.0089

1 of 2

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1380

Project/Client Name: LOW
 Windward Project No: 08-09-16-22
 Contact Name: Math Luxon
 Sampled By: MLG

Ship to: Axys Analytical Services
 Attn: Guinevere Brooks Shipping Date: 8/5/04
 Shipping address: 2000 Merrick Rd W Airbill Number: 8462 5138 8140
Sidney, BC, Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>8/4/04</u>	<u>16:00</u>	<u>LOW 12-C-7804 15-15</u>		<u>1/16th</u>							<u>in duplicate frozen</u>
		<u>15-16</u>									
		<u>15-17</u>									
		<u>15-18</u>									
		<u>15-19</u>									
		<u>LOW 12-C-7804-15-24</u>									
		<u>15-24</u>									
		<u>15-25</u>									
		<u>15-26</u>									
		<u>15-27</u>									
		<u>15-28</u>									
		<u>15-29</u>									
		<u>15-30</u>									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: Robert Compiton
 Print name: Robert Compiton
 Signature: [Signature]
 Company: Windward
 Date/Time: 08-04-04 16:00

1) Rec'd by: [Signature]
 Company: Windward
 Date/Time: 8/4/04 16:00

2) Released by: Jack Peltier
 Print name: Jack Peltier
 Signature: [Signature]
 Company: Windward
 Date/Time: 8/5/04 17:00

1) Rec'd by:
 Company:
 Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1381

Project/Client Name: LDW
 Windward Project No: 04 04 16 22
 Contact Name: Math Livan
 Sampled By: Alge

Ship to: Axys Analytical Services
 Attn: Corinna Hooke Shipping Date: 8/5/04
 Shipping address: 2615 Hink Rd W Airbill Number: 8462 5108 7140
Sidney, BC, Canada VFL 358

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/04/04	0755	LDW 72-C-TRWY - SS-66		fish							archive frozen
		SS-67									
		LDW 72-C-TRWY - FC-24									
		FC-25									
		FC-26									
		FC-27									
		FC-28									
		FC-29									
		FC-30									
		FC-31									
		FC-32									
		FC-33									
		FC-34									
		FC-35									
		FC-36									
		FC-37									
		FC-38									
		FC-39									
		FC-40									
		FC-41									
		FC-42									
		FC-43									
		FC-44									
		FC-45									
		FC-46									
		FC-47									
		FC-48									
		FC-49									
		FC-50									
		FC-51									
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		FC-58									
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		FC-60									
		FC-61									
		FC-62									
		FC-63									
		FC-64									
		FC-65									
		FC-66									
		FC-67									
		FC-68									
		FC-69									
		FC-70									
		FC-71									
		FC-72									
		FC-73									
		FC-74									
		FC-75									
		FC-76									
		FC-77									
		FC-78									
		FC-79									
		FC-80									
		FC-81									
		FC-82									
		FC-83									
		FC-84									
		FC-85									
		FC-86									
		FC-87									
		FC-88									
		FC-89									
		FC-90									
		FC-91									
		FC-92									
		FC-93									
		FC-94									
		FC-95									
		FC-96									
		FC-97									
		FC-98									
		FC-99									
		FC-100									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compton</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-04-04 1600</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/4/04 16:00</u>	2) Released by: <u>Quik Peltola</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/5/04 17:00</u>	1) Rec'd by: Company: Date/Time:
--	---	---	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 5

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1375

Project/Client Name: LDWG
 Windward Project No: 14-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC MGL

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/6/04
 Shipping address: 2045 Mill Rd W Airbill Number: 8462 5178
Sidney BC Canada V6L 3S8 8/7/04

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/5/04	11:14	LDW-T2-F-TR053-25-61		fish							Archive - frozen
			SS-72								
			SS-78								
			SS-79								
			SS-80								
			SS-82								
			SS-83								
			SS-84								
8/5/04	11:58	LDW-T3-C-TR035-51-02									
			SS-114								
			SS-116								
			SS-115								
8/5/04	11:40	LDW-T3-C-TR054-51-08									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Matt Luxon</u> Print name: <u>Matt Luxon</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

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 Fax: 206.217.0089



CHAIN-OF-CUSTODY/TEST REQUEST FORM

1376

Project/Client Name: LDWG
 Windward Project No: 04 08 06 22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axis Analytical Services
 Attn: Geanna Brooks Shipping Date: 08/06/04
 Shipping address: 2015 Mills Rd W Airbill Number: 8462 5128 8173
Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/5/04	11:40	LDN-T3C-TR039-PS-02		1 Fish							Archive-frozen
		PS-03									
		PS-04									
		PS-05									
		PS-13									
8/5/04	13:06	LDN-T3C-TR039-PS-09									
		PS-10									
		PS-11									
		PS-12									
		PS-14									
		PS-15									
		PS-16									
		PS-17									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>MGL</u> Print name: <u>Matt Luxon</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1377

Project/Client Name: LDWG
 Windward Project No: 04-09-06-22
 Contact Name: Matt Luxam
 Sampled By: RAC, MGL

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 08/06/04
 Shipping address: 2045 Mills Rd W Airbill Number: 81167 5179 8193
Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/5/04	13:06	LDW-T3-C-TR036-SS-112		fish							archive-frozen
		SS-113									
		SS-114									
		PP-1A									
8/5/04	16:47	LDW-T2-D-TR032-SS-71									
		SS-72									
		SS-73									
		SS-74									
		SS-75									
		SS-76									
		SS-77									
		SS-78									
		SS-79									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>MGL</u> Print name: <u>Matt Luxam</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

13/8

Project/Client Name: LONG
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 08/06/04
 Shipping address: 2045 Mills Rd W Airbill Number: 8162-5126 8173
Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/5/04	10:47	LOW-T2-D-T2032-SS-80		1 Fish							Archive - frozen
		SS-81									
		PS-22									
		PS-23									
		PS-24									
		PS-25									
		PS-26									
		PS-27									
		ES-50									
		ES-51									
		ES-52									
		ES-53									
		ES-54									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>MGL</u> Print name: <u>Matt Luxon</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1379

Project/Client Name: LDWG
Windward Project No: 14-08-06-22
Contact Name: Matt Luxon
Sampled By: RAC, MGLD

Ship to: Axus Analytical Services
Attn: Germaine Brooks
Shipping address: 2045 Mills Rd W
Sidney BC Canada V8L 3S8
Shipping Date: 08/06/04
Airbill Number: 21167 5124 8173

Table with columns: Sample Collection Date (m/d/y), Time, Sample Identification, Volume of Sample / # of Containers, Matrix, Test(s) Requested (check test(s) required), Comments / Instructions [Jar tag number(s)].

Total Number of Containers, Purchase Order / Statement of Work #

1) Released by: [Signature], Print name: Matt Luxon, Company: Windward, Date/Time: 8/6/04 17:00
1) Rec'd by:
2) Released by:
1) Rec'd by:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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Tel: 206.378.1364
Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Table with columns: Date of receipt, Condition upon receipt, Cooler temperature, Laboratory W.O. #, Time of receipt, Received by.

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1387

Project/Client Name: LDW Ship to: Axys
 Windward Project No: 04-08-06-22 Attn: Georgina Brooks Shipping Date: 08-06-04
 Contact Name: Matt Luxon Shipping address: 2045 MILK RD W Airbill Number: 8462 5128 ~~8154~~
 Sampled By: RAC, MGL Sidney BC Canada V8L 3S8 8173

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]				
08-06-04	09:21	LDW-TI-D-TR029-SS-51		1 FISH	_____						Archive Frozen				
		-SS-52													
		-SS-53													
		-SS-54													
		-SS-55													
	10:20	LDW-TI-D-TR030-SS-56													
		-TR031-SS-57													
		-TR032-SS-58													
		-TR033-SS-59													
		-TR034-SS-60													
	13:46	LDW-TI-F-TR037-SS-46													
		-SS-47													
		-SS-48													
Total Number of Containers			Purchase Order / Statement of Work #												
1) Released by: <u>Robert Complita</u> Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-06-04 17:00</u>				1) Rec'd by: Company: Date/Time:				2) Released by: Print name: Signature: Company: Date/Time:				1) Rec'd by: Company: Date/Time:			

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1388

Project/Client Name: LDW Ship to: AxyS
 Windward Project No: 04-08-06-22 Attn: Georgina Brooks Shipping Date: 08-06-04
 Contact Name: Matt Luxon Shipping address: 2045 Mills Rd West Airbill Number: 8462 5128 857
 Sampled By: RAC, MGL Sidney BC Canada V8L 3S8 8173

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08-05-04	1346	LDW-T1-F-TR037-SS-49		1 Fish	_____						Archive Frozen
		-SS-50									
		-ES-51									
		-ES-52									
		-ES-53									
		-ES-54									
		-ES-55									
		-ES-56									
		-ES-57									
		-PS-35									
		-PS-36									
		-PS-37									
		-PS-38									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Robert Complita</u> Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-06-04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1389

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC, MGL

Ship to: Axys
 Attn: Georgina Brooks
 Shipping address: 2045 Mills Rd W
Sidney BC Canada
 Shipping Date: 08-06-04
 Airbill Number: 8462 5128 5151
V8L 358 8173

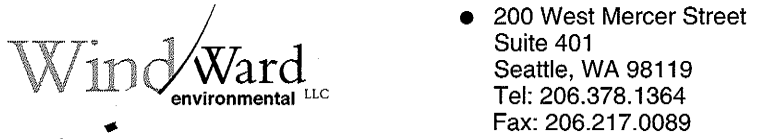
Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08-05-04	1346	LDW-T1-F-TR037-PS-39		1 Fish	_____	_____	_____	_____	_____	_____	Archive Frozen
08-05-04	1346	LDW-T1-F-TR037-PP-05		1 Fish	_____	_____	_____	_____	_____	_____	Archive Frozen
	08:14	LDW-T1-A-TR027-SS-60		↓							↓
		-PS-41									
		-PS-42									
		-PS-43									
		-PS-44									
		-PS-45									
		-PS-46									
		-PS-47									
		-ES-58									
		-ES-59									
		-ES-60									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Robert Compita</u> Print name: <u>Robert Compita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>08-06-04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Laxon
 Sampled By: RAC, MGL

Ship to: Axis
 Attn: Georgina Brooks Shipping Date: 08-06-04
 Shipping address: 2045 Mills Rd W Airbill Number: 8462 5128 8451
Sidney BC Canada V8L 3S8 8173

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							Comments / Instructions [Jar tag number(s)]
08-05-04	08:14	LDW-TT-A-TR027-ES-61		FISH								Archive Frozen
↓	↓	-ES-62		↓								↓
		-ES-63										
		-ES-64										
		-ES-65										

Total Number of Containers		Purchase Order / Statement of Work #	
1) Released by: <u>Robert Conplitz</u> Print name: Signature: <u>[Signature]</u> Company: <u>windward</u> Date/Time: <u>08-06-04 1:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1321

Project/Client Name: LDW
 Windward Project No: 04-78-06-22
 Contact Name: Matt Lyon
 Sampled By: MGL AMP

Ship to: Arys Analytical
 Attn: Georgina Brooks
 Shipping address: 2845 Mills Rd.
Sidney, BC Canada V8C 3S8
 Shipping Date: 8/6/04
 Airbill Number: 8462 5128 8173

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/6/04	8:30	LDW-TI-C-TRMO-SS-61		1 Fish							Archive Frozen
		ES-62									
		PP-06									
		PS-48									
		PS-49									
		PS-50									
		ES-66									
		ES-67									
		ES-68									
		ES-69									
		ES-70									
		ES-71									
		ES-72									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: <u>Mark Heller</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1500 B
~~1500~~

Project/Client Name: LOW Ship to: Anys Analytical
 Windward Project No: 04-08-06-22 Attn: Georgina Rourke Shipping Date: 8/6/04
 Contact Name: Matt Luxon Shipping address: 2047 Mills Rd. Airbill Number: 846251289173
 Sampled By: MGL AMP Sidney, BC Canada V5L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/6/04	8:30	LOW-T1-C-TR040-ES-72		1 E-h							Archive Frozen
	10:16	LOW-T2-D-TR042-RS-30									
		RS-31									
		RS-32									
		RS-33									
		SS-85									
		SS-86									
		SS-87									
		SS-88									
		SS-89									
		SS-90									
		SS-91									
		ET-6P									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Derek Palleter</u> Print name: _____ Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

3 of 7

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1372

Project/Client Name: LAW
 Windward Project No: 04-08-06-02
 Contact Name: Matt Luxon
 Sampled By: AMP MEC

Ship to: Axy's Analytical
 Attn: Christina Banks
 Shipping address: 2045 Milk Rd W.
Sidney BC Canada VPC 3S8
 Shipping Date: 8/6/04
 Airbill Number: 8462 5128 8193

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/6/04	10:16	LAW-T2-D-TR042-ES-64		1 Fish	_____						Alphano Egon
	↓	ES-65		↓							↓
		ES-66									
	9:36	LAW-T4-R-TR041-5-95									
		ES-96									
		ES-97									
		ES-98									
		ES-99									
		ES-100									
		ES-101									
		ES-102									
		ES-103									
		ES-104									
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: <u>Mark Blasing</u> Print name: <u>Mark Blasing</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 19:00</u>			1) Rec'd by: Company: Date/Time:			2) Released by: Print name: Signature: Company: Date/Time:			1) Rec'd by: Company: Date/Time:		

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

4 of 7

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL, KAZ, DMP

Ship to: Axis Analytical Services **1393**
 Attn: Georgina Brooks Shipping Date: 8/6/04
 Shipping address: 7050 Mills Rd W Airbill Number: 8462 5128 8173
Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/6/04	0936	LDW-F4-R-T2041-SS-105		fish							archive frozen
		SS-106									
		SS-107									
		SS-108									
		SS-109									
		SS-110									
		SS-111									
		SS-112									
		SS-113									
		SS-114									
		LDW-TU-R-T2041-PS-38									
		- PS-39									
		- PS-40									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>MGL</u> Print name: <u>Matt Luxon</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1354

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL, DMP

Ship to: Axys Analytical
 Attn: Georgina Brooks Shipping Date: 8/6/04
 Shipping address: Boys Mills Rd W Airbill Number: 8462 5128 8173
Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/6/04	1106	LDW-TL-F-TROU4-PS-74		Fish							archive frozen
		-ES-75									
		-ES-76									
		-ES-77									
		PS-51									
		PS-52									
		PS-53									
		SS-64									
		CS-65									
		CS-66									
		CS-67									
	0713	LDW-TLA-TRO3E-PS-53									
		-PS-54									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>DMP</u> Print name: <u>Dave Belletier</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

6 of 7

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1326

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Nath Luxon
 Sampled By: MGL, DMP

Ship to: Axys Analytical Services
 Attn: Georgina Brooks Shipping Date: 08/06/04
 Shipping address: 2045 Mills Rd W Airbill Number: 8462 5178 873
Sidney BC Canada V8L 3S8

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
08/06/04	0743	LDW-T1-A-TR038 - PS-55 - PS-55		High							archive frozen
		- PS-56 - PS-56									
		- PS-92									
	0807	LDW-T1-A-TR029-PP-07									
		- SS-48									
		- SS-49									
		- PS-57									
		- PS-18									
	1044	LDW-T2-B-TR012-PS-34									
		- PS-35									
		- PS-36									
		- SS-92									
		- SS-93									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Mark Peltier</u> Print name: Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>7/6/04 17:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

7 of 7

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1327

Project/Client Name: LDW
 Windward Project No: 04-08-06-72
 Contact Name: Math Luxon
 Sampled By: MGL, BMP

Ship to: Axys Analytical Services
 Attn: Georgina Brooks Shipping Date: 10/16/04
 Shipping address: 5045J Mills Rd W Airbill Number: 951102 5128 8173
Sidney BC Canada V8L 3S9

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/6/04	11:27	LDW-TR-045-B-59		High							archive frozen
		PS-60									
		PS-11									
		PS-62									
		B-63									
		EC-79									
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: <u>BMP</u> Print name: <u>David Pellicani</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>8/6/04 17:00</u>			1) Rec'd by: Company: Date/Time:			2) Released by: Print name: Signature: Company: Date/Time:			1) Rec'd by: Company: Date/Time:		

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1440

Project/Client Name: LDW
 Windward Project No: 04-08-22 04-08-06-22
 Contact Name: Matt Inyon
 Sampled By: RAC

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/31/04
 Shipping address: 2045 Milk Rd W Airbill Number:
Sydney BC VBL 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/20/04	1205	LDW-TI-FSTII-PS-082	1 Lish	hsslu	/						Hold-archive frozen
	1202	LDW-TI-F-CTH-SC-052	Perab								
		SC053									
	1119	LDW-TI-D-ST07-SC-037									
		SC-038									
		SC039									
		PS-071	1 Lish								
		PS-072	D								
		PS-073									
	1132	LDW TI-D-ST06-SC-047	1 CAB								
		SC-043									
		SC-044									
		SC-045									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Pierce</u> Print name: Signature: <u>Shannon Pierce</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/04 1606</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

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* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1441

Project/Client Name: LDW
 Windward Project No: 14-09-06-22
 Contact Name: Mall Luxon
 Sampled By: RNC

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/21/09
 Shipping address: 2045 Mills Rd W Airbill Number: _____
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>8/21/09</u>	<u>1132</u>	<u>LDW-TI-D-ST08-SC-046</u>	<u>1 can</u>	<u>hssm</u>							<u>10LO - archive frozen</u>
		<u>SC-047</u>	↓								
		<u>SC-048</u>	↓								
		<u>PS-078</u>	<u>1 fish</u>								
		<u>PS-079</u>									
		<u>PS-080</u>									
		<u>PS-081</u>									
	<u>1154</u>	<u>LDW-TI-E-ST10-PS-074</u>									
		<u>PS-075</u>									
		<u>PS-076</u>									
		<u>PS-077</u>									
		<u>SC-049</u>	<u>1 grab</u>								
		<u>SC-050</u>	↓								

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Peice</u> Print name: Signature: <u>Shannon Peice</u> Company: <u>Windward Env.</u> Date/Time: <u>8/21/09 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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CHAIN-OF-CUSTODY/TEST REQUEST FORM

1438

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Ajus Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/31/04
 Shipping address: 7045 Mills Rd W. Airbill Number: _____
Sydney BC V6L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/30/04	11:45	LDW-TI-E-ST09-SC-021	1 CRV	ISSUE	<div style="font-size: 4em; opacity: 0.5;">X</div>						HOLD archive frozen
		SC-022									
		SC-023									
		SC-024									
		SC-025									
		SC-026									
	1222	LDW-TI-F-ST12-SC-027									
		SC-028									
		SC-029									
		SC-030									
		SC-031									
		SC-032									
		SC-033									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: Shannon Pura
 Print name:
 Signature: Shannon Pura
 Company: Windward Env.
 Date/Time: 8/31/04 1600

1) Rec'd by:
 Company:
 Date/Time:

2) Released by:
 Print name:
 Signature:
 Company:
 Date/Time:

1) Rec'd by:
 Company:
 Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.

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 Fax: 206.217.0089



To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1439

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: RAC

Ship to: Axys & Analytical Services
 Attn: Georgina Brocks Shipping Date: 8/31/04
 Shipping address: 2045 Mills Rd. W. Airbill Number:
Sydney BC V6L3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/26/04	1222	LDW-TI-E-ST17-SC-034	1 CRAB	tissue							HOLD-archive folder
	992	LDW-TI-A-ST01-SC-016									
		SC-017									
		SC-018									
		PS-069	1 BISH								
		PS-070									
	1121	LDW-TI-D-CT07-SC-041	1 CRAB								
	1220	LDW-TI-F-CT12-SC-040									
	1205	LDW-TI-E-ST11-SC-019									
		SC-026									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Reid</u> Print name: Signature: <u>Shannon Reid</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1435

Project/Client Name: LDW
 Windward Project No: 08-09-06-22
 Contact Name: Malloryin
 Sampled By: M.L. PAC

Ship to: Axys Analytical Services
 Attn: Georgina Hooks Shipping Date: 8/31/07
 Shipping address: 2045 Mills Rd W Airbill Number: 8902 6487 5151
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/30/07	955	LDW-T4-R TR646 PS-116	1 jar	Ascol							HOLD archive folder
↓	↓	↓ PS-117	↓	↓							
↓	↓	↓ PS-118	↓	↓							
8/30/07	1042	LDW-T1-C-ST06-SC-01	1 jar								
↓	↓	↓ SC-02	↓	↓							
↓	↓	↓ SC-03	↓	↓							
↓	↓	↓ SC-04	↓	↓							
↓	↓	↓ PS-64	↓	↓							
8/30/07	1038	LDW-T1-C-ST06-PS-05	1 jar								
↓	↓	↓ PS-06	↓	↓							
↓	↓	↓	↓	↓							
8/30/07	1026	LDW-T1-B-CT01/PC001	1 jar								
8/30/07	1010	LDW-T1-B-ST04-SC-005	1 jar								
↓	↓	↓ HC-002	↓	↓							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Shannon Pierce</u> Print name: Signature: <u>Shannon Pierce</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/07 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
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 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of B2 JEM

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1436

Project/Client Name: LDW
 Windward Project No: 08-07-06-22
 Contact Name: Matt Luvon
 Sampled By: MGL.PAC

Ship to: Alys Analytical services
 Attn: Georgina Brooks Shipping Date: 8/31/07
 Shipping address: 2145 Mills Rd W Airbill Number: 8402 6489 5151
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]						
8/20/07	957	LDW-TI-A-CT02-DC-001	1 total	Acid	X						Hold archive folder						
↓	↓	↓ SC-006	↓	↓													
↓	↓	↓ SC-007	↓	↓													
8/20/07	1006	LDW-TI-B-ST02-SC-008	↓	↓													
8/20/07	1044	LDW-TI-C-CT06-DC-002	↓	↓													
8/20/07	1009	LDW-TI-B-CT02-RC-003	↓	↓													
↓	↓	↓ RC-004	↓	↓													
↓	↓	↓ DC-003	↓	↓													
8/20/07	954	LDW-TI-A-ST02-SC-009	↓	↓													
↓	↓	↓ SC-010	↓	↓													
↓	↓	↓ SC-011	↓	↓													
↓	↓	↓ PS-067	1 H-H	↓													
↓	↓	↓ PS-068	↓	↓													
Total Number of Containers				Purchase Order / Statement of Work #													
1) Released by: <u>Shannon Perce</u> Print name: Signature: <u>Shannon Perce</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/07 1600</u>			1) Rec'd by: Company: Date/Time:									2) Released by: Print name: Signature: Company: Date/Time:			1) Rec'd by: Company: Date/Time:		

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

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To be completed by Laboratory upon sample receipt:



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 Fax: 206.217.0089

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1425

Project/Client Name: LDW
 Windward Project No: 08-04-16-22 04-08-06-22
 Contact Name: Mia H Luxon
 Sampled By: MGL, RAC

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/31/04
 Shipping address: 2045 Mills Rd W. Airbill Number: 8902 6489 5162
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>8/30/04</u>	<u>1357</u>	<u>LDW-74-D-TROS3-SF-11</u>	<u>1 fish</u>	<u>ISSUE</u>	X						<u>Hard archive process</u>
		<u>PS-41</u>			X						
		<u>PS-42</u>									
		<u>PS-43</u>									
		<u>PS-44</u>									
		<u>PS-45</u>									
		<u>PS-46</u>									
		<u>PS-47</u>									
		<u>PS-48</u>									
		<u>PS-49</u>									
		<u>PS-50</u>									
		<u>PS-51</u>									
		<u>PS-52</u>									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Pierce</u> Print name: <u>Shannon Pierce</u> Signature: _____ Company: <u>Windward Env.</u> Date/Time: <u>8/31/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1426

Project/Client Name: LDW
 Windward Project No: ~~04-18-06-22~~ 04-18-06-22
 Contact Name: Matt Inxon
 Sampled By: MGI

Ship to: Axis Analytical Services
 Attn: Georgina Brooks Shipping Date: 8/31/04
 Shipping address: 7045 Mills Rd W. Airbill Number: 8462 6489 5162
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/30/04	1357	LDW-T4-D-TR053-PS-531	1 JSH	By Issue							HAD-archive folder
		PS-541									
		PS-551									
		PS-561									
		PS-57									
		PS-581									
		PS-591									
		PS-601									
		PS-611									
8/30/04	1245	LDW-T4-C-TR051-PP-02	1								
		PP-02									
		PP-12									
		PS-62									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Reue</u> Print name: Signature: <u>Shannon Reue</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1427

Project/Client Name: LDW
 Windward Project No: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL

Ship to: Am Axis Analytical Services
 Attn: Georgina Brooks
 Shipping address: 2045 Mills Rd. W.
Sydney BC V6L 3P3
 Shipping Date: 8/31/04
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/30/04	12:45	LDW-T4-C-TR051-PS-63	1 / 15h	hssne	X						MUD-archive project
		PS-64	1								
		PS-65	1								
		PS-66	1								
		PS-67	1								
		PS-68	1								
		PS-69	1								
		PS-70	1								
		PS-71	1								
		PS-72	1								
		PS-73	1								
8/30/04	1322	LDW-T4-C-TR052-PS-75	1								

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Peice</u> Print name: Signature: <u>Shannon Peice</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
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 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1428

Project/Client Name: LDW
 Windward Project No: 18-04-06-22 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL

Ship to: Axis Analytical Services
 Attn: Gerardo B. Pook Shipping Date: 8/31/07
 Shipping address: 2045 Mills Rd. W Airbill Number: _____
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/30/07	1322	LDW-1-C-TROS2-PS-076 / 1/15h	1/15h	ASSINE							HOLD archive from h
		PS-077 ✓									
		PS-078 ✓									
		PS-079 ✓									
		PS-080 ✓									
		PS-081 ✓									
		PS-082 ✓									
		PS-083 ✓									
		PS-084 ✓									
		PS-085 ✓									
		PS-086 ✓									
		PS-087 ✓									
		PS-088 ✓									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Pierce</u> Print name: <u>Shannon Pierce</u> Signature: _____ Company: <u>Windward Env.</u> Date/Time: <u>8/31/07 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1429

Project/Client Name: LDW
 Windward Project No: 08-04-06-22 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: MGL

Ship to: Axis Analytical Services
 Attn: Gebrina Brooks Shipping Date: 8/31/04
 Shipping address: 2045 Mills Rd W. Airbill Number: _____
Sydney BC V8L 3P3

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/24/04	1322	LDW T4-CTP052-PS-089	1 fish	issue	X						KID-archive/atom
		PS-090	✓								
		PS-091	✓								
		SF-013	✓								
		SF-014	✓								
8/30/04	1131	LDW T3-D-TRUSD-SP-001	✓								
		DE-001	✓								
		PS-069	✓								
		PS-070	✓								
		PS-071	✓								
		SP-003	✓								
		ES-015	✓								
		SF-007	✓								

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by: <u>Shannon Peirce</u> Print name: _____ Signature: <u>Shannon Peirce</u> Company: <u>Windward Env.</u> Date/Time: <u>8/31/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
---	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 3

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1443

Project/Client Name: LDW
 Windward Project No: 04 08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 At: ATTN: Georgina Brooks
 Sh: 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/31/04	1224	LDW-T2-E-019-SC-015	1 CRAB	TRACED	X						Hold archive paper
		SC-016	✓								
		SC-017	✓								
		SC-018	✓								
		PS-49	1/15								
		PS-50	✓								
		PS-51	✓								
		PS-52	✓								
		PS-53	✓								
		PS-54	✓								
		PS-55	✓								
8/31/04	1252	LDW-T2-E-C22-SC-23	1 CRAB								
Total Number of Containers				Purchase Order / Statement of Work #							
1) Released by: <u>Shannon Preece</u> Print name: <u>Shannon Preece</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>9/1/04 1600</u>			1) Rec'd by: Company: Date/Time:		2) Released by: Print name: Signature: Company: Date/Time:			1) Rec'd by: Company: Date/Time:			

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1444

Project/Client Name: LDW
 Windward Project No: 04-09-06-27
 Contact Name: Math Luxon
 Sampled By: RNC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/31/04	1235	LDW-T2-D-S20-SC-19	1 jar	issue							HOD-archival work
	↓	↓ PS-57	1 jar								
8/31/04	1243	LDW-T2-E-121-SC-20	1 jar								
	↓	↓ SC-21	1 jar								
8/31/04	1245	LDW-T2-F-S21-PS-58	1 jar								
	↓	↓ PS-59	1 jar								
	↓	↓ PS-60	1 jar								
	↓	↓ SC-22	1 jar								
8/31/04	1253	LDW-T2-E-S22-SC-24	1 jar								
	↓	↓ PS-61	1 jar								
	↓	↓ PS-62	1 jar								
8/31/04	1309	LDW-T2-F-S24-PS-63	1 jar								
	↓	↓ PS-64	1 jar								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Peirce</u> Print name: <u>Shannon Peirce</u> Signature: _____ Company: <u>Windward Env.</u> Date/Time: <u>9/1/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1445

Project/Client Name: LDW
 Windward Project No: 04-08-06-27
 Contact Name: MAH Luxon
 Sampled By: RAC

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/31/04	1309	LDW-T2-F-S24-PS-65	11	MSH							HOLD archive jar set
8/21/04	1300	LDW-T2-F-C23-SC-25	11	CRAL							
8/31/04	1304	LDW-T2-E-S23-SC-26									
		SC-27	✓								
		SC-28	✓								
		SC-29	✓								
		SC-30	✓								
		SC-31	✓								
		SC-32	✓								

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Pierce</u> Print name: <u>Shannon Pierce</u> Signature: _____ Company: <u>Windward Env.</u> Date/Time: <u>9/1/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: _____ Company: _____ Date/Time: _____
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 4

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1447

Project/Client Name: LDW
 Windward Project No: 0918-06-22
 Contact Name: Matt Luxem
 Sampled By: MTL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/07
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>8/31/07</u>	<u>1350</u>	<u>LDW-T3-F-TR63-PS-89</u>	<u>1 jar</u>	<u>residue</u>							<u>11010-air chn - for m</u>
		<u>PS-90</u>									
		<u>PS-91</u>									
		<u>PS-92</u>									
		<u>PS-93</u>									
		<u>PS-94</u>									
		<u>PS-95</u>									
		<u>PS-96</u>									
		<u>PS-97</u>									
		<u>SS-157</u>									
		<u>SS-160</u>									
		<u>SS-161</u>									
		<u>PP18</u>									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Shannon Pierce
 Print name: _____
 Signature: Shannon Pierce
 Company: Windward Env.
 Date/Time: 9/1/07 1600

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

2) Released by: _____
 Print name: _____
 Signature: _____
 Company: _____
 Date/Time: _____

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

3 of 4

Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1448

Project/Client Name: LDW
 Windward Project No: 04-08-016-22
 Contact Name: Matt Nixon
 Sampled By: MBL

Ship to: Axy's Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/31/04	1350	LDW-T3-F-TR63-ES-16	1/15L	Residue	X						HWP-archival program
		ES-17	✓								
		SF-12	✓								
		SF-13	✓								
		SF-14	✓								
8/31/04	1225	LDW-T3-B-TR64-PS-87	✓								
		PS-88	✓								
		PS-98	✓								
		PS-99	✓								
		PS-100	✓								
		PS-101	✓								
		ES-10	✓								
8/31/04	1322	LDW-T3-B-TR62-PS-112	✓								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Pierce</u> Print name: Signature: <u>Shannon Pierce</u> Company: <u>Windward Env.</u> Date/Time: <u>9/1/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	1) Rec'd by: Company: Date/Time:
--	--	--	--

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



• 200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1449

Project/Client Name: LDW
 Windward Project No: 04-09-06-27
 Contact Name: Matt Luxon
 Sampled By: MBL, ML

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]																																																		
8/31/04	1322	LDW-T3-B-TR62-DC-02	1 jar	issue	 <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 																																																								HARD archive process
8/31/04	917	LDW-74-D-TR57-F-23	1 fish																																																										
		SF-24																																																											
		PS-131																																																											
		PS-132																																																											
		PS-133																																																											

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Shannon Peirce
 Print name: Shannon Peirce
 Signature: [Signature]
 Company: Windward Env.
 Date/Time: 9/1/04 1600

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

2) Released by: _____
 Print name: _____
 Signature: _____
 Company: _____
 Date/Time: _____

1) Rec'd by: _____
 Company: _____
 Date/Time: _____

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2000

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: MGL

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Pierce

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							Comments / Instructions [Jar tag number(s)]	
8/31/04	1012	LDW-T4-D-TR58-PP-7	1	tissue									HOLD-archive prefer
		SP-1	✓										
		SP-2	✓										
		SP-3	✓										
		SP-4	✓										
		SP-5	✓										
		SP-6	✓										
		SP-7	✓										
		SP-8	✓										
8/31/04	1114	LDW-T3-B-TR59-SS-152	2										
		SS-153	✓										
		SS-154	✓										
Total Number of Containers				Purchase Order / Statement of Work #									

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Shannon Pierce</u>		Print name:	
Signature: <u>Shannon Pierce</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/1/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

* Distribution: White copies accompany shipment; yellow retained by consignor.



200 West Mercer Street
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 Tel: (206) 378-1364
 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler Temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 14-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MBL

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Form filled out by: Shannon Pierce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
8/31/04	820	LDW-T3-B-TR57-SS-155	fish	tissue							HOLD - archive from
		SS-156									
		SS-157									
		SS-158									
8/31/04	820	LDW-T4-B-TR54-SS-115									
		SF-18									
		SF-19									
		PS-119									
		PS-120									
		ES-6									
8/3/04	845	LDW-T4-B-TR56-DC-1	11	crab							
		SF-22	11	fish							
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: <u>Shannon Pierce</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Shannon Pierce</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>7/1/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

* Distribution: White copies accompany shipment; yellow retained by consignor.



200 West Mercer Street
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 Tel: (206) 378-1364
 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MBL

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Form filled out by: Shannon Perce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
8/31/04	845	LDW-T4-B-TR56-PS-122	1 fish	tissue							HOLD - archive jar
		PS-123	✓								
		PS-124	✓								
		PS-125	✓								
		PS-126	✓								
		PS-127	✓								
		PS-128	✓								
		PS-129	✓								
		PS-130	✓								
8/31/04	830	LDW-T4-B-TR55-PS-121	✓								
		SF-20	✓								
		SF-21	✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Shannon Perce</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Shannon Perce</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/1/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler Temperature:	Received by:

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2003

Project/Client Name: LDW
 Project Number: D400-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Pierce

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/31/04	1010	LDW-T2-A-C13-SC-1	1 crab ✓	Assue							HOLD archive folder
↓	↓	↓ SC-2	↓ ✓	↓							
		↓ SC-3	↓ ✓								
8/31/04	1012	LDW-T2-A-S13-SC-4	↓ ✓								
↓	↓	↓ PS-37	1 fish ✓								
		↓ PS-38	↓ ✓								
		↓ PS-39	↓ ✓								
8/31/04	1021	LDW-T2-A-C14-SC-5	1 crab ✓								
↓	↓	↓ RC-1	↓ ✓								
8/31/04	1030	LDW-T2-B-C15-SC-6	↓ ✓								
8/31/04	1042	LDW-T2-B-S16-SC-7	↓ ✓								
8/31/04	1050	LDW-T2-C-C17-SC-8	↓ ✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Shannon Pierce</u>		Print name:	
Signature: <u>Shannon Pierce</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>	Date/Time:	Company:	Date/Time:
Date/Time: <u>9/1/04 1600</u>		Date/Time:	

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDN
 Project Number: 07-08-06-22
 Contact Name: Math Luxon
 Sampled By: RAC

Ship to: Axyx Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/07
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Parel

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
8/31/07	1048	LDN-T2-C-S17-SC-9	1 crak ✓	tissue								HUB - archive from
		SC-10	✓									
		SC-11	✓									
		SC-12	✓									
		SC-13	✓									
		PS-46	1 fish ✓									
		PS-47	✓									
8/31/07	1101	LDN-T2-C-S18-PS-48	1 crak ✓									
		PS-14	1 crak ✓									
8/31/07	1023	LDN-T2-A-S14-PS-40	1 fish ✓									
		PS-41	✓									
		PS-42	✓									
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by: <u>Shannon Parel</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Shannon Parel</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/1/07 1600</u>	Date/Time:	Date/Time:	Date/Time:

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Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDN
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Form filled out by: Shannon Purce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)							Comments / Instructions (Jar tag number(s))	
<u>8/31/04</u>	<u>1023</u>	<u>LDN-T2-A-S14-PS-43</u>	<u>1 gisk</u> ✓	<u>tissue</u>									<u>NO-archive protocol</u>
↓	↓	↓ PS-44	↓ ✓	↓									↓
		↓ PS-45	↓ ✓	↓									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Purce</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Shannon Purce</u>	Company:	Print name:	Company:
Signature: <u>Shannon Purce</u>		Signature:	
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/1/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2009

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Mat Luxon
 Sampled By: RAC

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Perry

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/1/04	1508	LDW-TI-B-CT28-DC-16	1 jar	tissue							HWD-archive frozen
		DC-17	✓								
		DC-18	✓								
		DC-19	✓								
9/1/04	1535	LDW-TI-C-CT30-DC-20	✓								
		DC-21	✓								
		DC-22	✓								
		DC-23	✓								
		DC-24	✓								
		DC-25	✓								
9/1/04	1448	LDW-TI-A-CT26-DC-26	✓								
9/1/04	1535	LDW-TI-C-CT-30-DC-21	✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Shannon Perry</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Shannon Perry</u>		Print name:	
Signature: <u>Shannon Perry</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/2/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2008

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04
 Airbill Number: _____

Form filled out by: Shannon Pierce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/1/04	1500	LDW-TI-B-CT28-DC08	1 can	tissue	<div style="font-size: 4em; opacity: 0.5;">X</div>						Hold-archive-jar
		DC09									
		DC10									
		DC11									
		DC12									
		DC13									
		DC14									
		DC15									
9/1/04	1640	LDW-TI-E-ST34-SC115	1								
		SC116									
		PS105	1	fish							
		PS106	1								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Pierce</u> Print name: _____ Signature: <u>Shannon Pierce</u> Company: <u>Windward Env</u> Date/Time: <u>9/2/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: _____ Company: _____ Date/Time: _____
---	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2011

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Pure

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/1/04	1640	LDW-T1-F-ST34-PS-107	1 fish	tissue							HOLD-archive frozen
		LDW-T1-F-ST34-PS-104	1 fish	tissue							
9/1/04	1648	LDW-T1-F-ST35-SC-51	1 crab								
		SC-55									
		SC-56									
		SC-57									
		SC-58									
		SC-59									
		SC-60									
		SC-61									
		SC-62									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Shannon Pure</u>		Company: _____		Print name: _____		Company: _____	
Signature: <u>Shannon Pure</u>		Date/Time: _____		Signature: _____		Date/Time: _____	
Company: <u>Windward Env</u>		Date/Time: <u>9/2/04 1600</u>		Company: _____		Date/Time: _____	

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TES

Nº 2007

Project/Client Name: LDW6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Bob Compton

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Ship to:
 Attn:
 Shipper:

Date: Sept 2, 2004
 nber: _____

Form filled out by: SGM

Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/01/04	15:35	LDW-TI-C-CT30-S-85	1 grab	✓							
}	16:53	LDW-TI-F-CT36-SK-82	1 grab	✓						Archive	Frozen
	"	LDW-TI-F-CT36-SC-83	1 grab	✓							
	"	LDW-TI-F-CT36-SC-84	1 grab	✓						until	compositing instructions
	15:28	LDW-TI-C-ST29-PS-87	1 grab	✓							
		LDW-TI-C-ST29-PS-88	1 grab	✓						recovered	
		LDW-TI-C-ST29-SC-79	1 grab	✓							
		LDW-TI-C-ST29-SC-80	1 grab	✓							
		LDW-TI-C-ST29-SC-81	1 grab	✓							
		LDW-TI-C-ST29-RC-07	1 grab	✓							
	15:11	LDW-TI-B-ST28-SC-78	1 grab	✓							
		LDW-TI-B-ST28-PS-83	1 grab	✓							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:
 Print name: Susan McHoddy
 Signature: [Signature]
 Company: Windward
 Date/Time: 08/02/04 4:00

1) Rec'd by:
 Company:
 Date/Time:

2) Released by:
 Print name:
 Signature:
 Company:
 Date/Time:

2) Rec'd by:
 Company:
 Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

N^o 2010

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Bob Complita

Ship to: Axys Analytical Services
ATTN: Georgina Brooks
2045 Mills Road W
Sidney, BC V8L 3S8

Date: Sept 2, 2004

Shipper: _____
 Form filled out by: SIM Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/01/04	15:40	LDW-T1-C-ST30-SC-76	✓	1 grab							
	"	LDW-T1-C-ST30-SC-77	✓	"							
	"	LDW-T1-C-ST30-PS-85	✓	"							
	16:34	LDW-T1-E-CT33-SC-74	✓	↓							
	"	LDW-T1-E-CT33-SC-75	✓								
	16:32	LDW-T1-E-ST33-SC-68	✓								
		LDW-T1-E-ST33-SC-69	✓								
		LDW-T1-E-ST33-SC-70	✓								
		LDW-T1-E-ST33-SC-71	✓								
		LDW-T1-E-ST33-SC-72	✓								
		LDW-T1-E-ST33-SC-73	✓								
		LDW-T1-E-ST33-PS-83	✓								
Total Number of Containers				Purchase Order / Statement of Work #							

Archive Frozen

until composting instructions received

1) Released by: Print name: <u>Susan M. G...dy</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>9/02/04 4:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2012

Project/Client Name: LDW 6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Bob Complita

Ship to: Axy's Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Date: Sept 2, 2004
 Number: _____

Form filled out by: SEM Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/01/04	16:37	LDW-T1-S-ST33-PS84	✓ 1	leads							
	15:26	LDW-T1-C-CT29-SC-63	✓								
	"	LDW-T1-C-CT29-SC-64	✓							Archive frozen	
	"	LDW-T1-C-CT29-SC-65	✓								
	"	LDW-T1-C-CT29-SC-66	✓								
	"	LDW-T1-C-CT29-SC-67	✓								
	"	LDW-T1-C-CT29-RC-05	✓								
	"	LDW-T1-C-CT29-RC-06	✓								
	"	LDW-T1-C-CT29-RC-05	✓								

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	<u>Susan McGoody</u>	Company:		Print name:		Company:	
Signature:	<u>Susan McGoody</u>	Date/Time:		Signature:		Date/Time:	
Company:	<u>Windward</u>	Date/Time:		Company:		Date/Time:	
Date/Time:	<u>8/02/04 4:00</u>						

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2014

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Bob Complita

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/02/04
 Bill Number: _____
 Turnaround requested: _____

Form filled out by: SEM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/01/04	16:54	LDW-T1-F-CT36	PS-100 ✓								
	}	}	PS-101 ✓							Archive Trozer until composting instructions received	
			PS-102 ✓								
			PS-103 ✓								
			SC-112 ✓								
			SC-113 ✓								
			SC-114 ✓								
9/01/04	14:37	LDW-T1-A-ST25	PS-97 ✓								
	}		PS-98 ✓								
			PS-99 ✓								
9/01/04	14:35	LDW-T1-A-CT25	SC-110 ✓								
			SC-111 ✓								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Susan M. [Signature]</u>		Company: _____		Print name: _____		Company: _____	
Signature: <u>[Signature]</u>		Date/Time: _____		Signature: _____		Date/Time: _____	
Company: <u>Windward</u>		Date/Time: <u>09/02/04 4:00</u>		Company: _____		Date/Time: _____	

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Bob Complita

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/02/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: SCM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [jar tag number(s)]
15:00	9/01/04	LDW-T1-B-5527	PS-95	✓							
		↓	PS-96	✓							
		↓	SC-109	✓							
9/01/04	14:58	LDW-T1-B-6277	SC107	✓							
		↓	SC108	✓							
		↓	DC-07	✓							
	16:17	LDW-T1-D-6231	RC-08	✓							
	16:45	LDW-T1-F-6235	SC-95	✓							
			SC-96	✓							
			DC-06	✓							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Susan McGroddy</u> Signature: <u>Susan McGroddy</u> Company: <u>Windward</u> Date/Time: <u>9/02/04 4:00</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL, RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04
 Airbill Number: _____
 Turnaround requested: _____

Form issued by: Shannon Piere

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/1/04	1215	LDW-T3-E-TRO70-ES-20	1 fish	tissue	<div style="font-size: 4em; opacity: 0.5;">X</div>						HOD archive frozen
		ES-21	↓								
		ES-22	↓								
		SP-06	↓								
		SP-07	↓								
		SP-08	↓								
		SP-09	↓								
		SP-10	↓								
9/1/04	1618	LDW-T1-D-ST31-PS-89	↓								
		PS-90	↓								
		PS-91	↓								
		PS-92	↓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Shannon Piere</u> Print name: _____ Signature: <u>Shannon Piere</u> Company: <u>Windward Env</u> Date/Time: <u>9/2/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST RECEIPT FORM

Project/Client Name: LDW
 Project Number: 04-09-06-22
 Contact Name: Matt Luxon
 Sampled By: ML, RAC

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Pearce

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/1/04	1618	LDW-TI-D-ST31-PS-93	1 fish	tissue							HOLD - archive folder
		PS-94	↓								
		SC-103	11 crabs								
		SC-104	↓								
		SC-105	↓								
		SC-106	↓								
9/1/04	1448	LDW-TI-A-ST26-SC-97									
		SC-98	↓								
		SC-99	↓								
		SC-100	↓								
		SC-101	↓								
		SC-102	↓								

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: <u>Shannon Pearce</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Shannon Pearce</u>	Company: _____	Print name: _____	Company: _____
Signature: <u>Shannon Pearce</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Windward Env</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>9/2/04 1600</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL, RAC

Ship to: _____
 Attn: _____ Shipping Date: 9/2/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Shannon Pierce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/1/04	1627	LDW-TI-D-CB22-SC86	1	tissue							HOLD-archive for arch
		SC-87									
		SC-88									
		SC-89									
9/1/04	1626	LDW-TI-D-ST32-SC90	1								
		SC-91									
		SC-92									
		SC-93									
		SC-94									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Shannon Pierce</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Shannon Pierce</u>	Company:	Signature:	Company:
Company: <u>Windward, Inc</u>		Company:	
Date/Time: <u>9/2/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-09-06-22
 Contact Name: Math Inxon
 Sampled By: MGL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04, 2004
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/1/04	1215	LDW-T3-E-TR70-PS-13	fish	tissue							HOLD-archive frozen
		PS-14									
		PP-20									
		PP-21									
		PP-22									
9/1/04	1330	LDW-T3-A-TR71-ES-23									
		ES-24									
		PS-115									
		PS-116									
		PP-23									
		PP-24									
		PP-25									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Perez</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Shannon Perez</u>		Print name:	
Signature: <u>Shannon Perez</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/2/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 14-08-06-22
 Contact Name: Mat Luxon
 Sampled By: MGL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/2/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Pierce

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [jar tag number(s)]
9/1/04	1010	LDW-T4-B-TR66-DC-04	1 crab	tissue							HOLD-archive for arch
9/1/04	1030	LDW-T4-B-TR68-SF-25	1 fish								
			PS-140								
			PS-141								
			PS-142								
9/1/04	1200	LDW-T3-E-TR69-SP-05	1 crab								
			DC-01	1 crab							
			PP-19	1 fish							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Pierce</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Shannon Pierce</u>	Company: _____	Print name: _____	Company: _____
Signature: <u>Shannon Pierce</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Windward & Env</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>9/2/04 1600</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 3

CHAIN-OF-CUSTODY/TEST RECEIPT FORM

Nº 2043

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: RAC

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____

Form filled out by: Shannon Pierce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/04	1205	LDW-T2-B-CT040-RC-2	1 grab	Tissue							HOLD-archive process
		SC-42									
		SC-43									
		SC-44									
		SC-45									
9/2/04	1230	LDW-T2-C-ST042-SC-46									
		SC-47									
		SC-48									
		PS-70	1 fish								
9/2/04	1147	LDW-T2-A-ST037-SC-55	1 grab								
		SC-56									
9/2/04	1158	LDW-T2-B-CT039-SC-59									

Total Number of Containers		Purchase Order / Statement of Work #	
1) Released by: <u>Shannon Pierce</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:	Company:	Print name:	Company:
Signature: <u>Shannon Pierce</u>		Signature:	
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/7/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2026

Project/Client Name: LDW
 Project Number: 01-08-06-22
 Contact Name: MaH LIX m
 Sampled By: RAC

Ship to: AxyS Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/07
 Airbill Number: _____

Form filled out by: Shannon Pierce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
9/2/07	1206	LDW-T2-B-ST070-SC-33	1 crab	✓ tissue								HOLD-archive folder
		SC-34		✓								
		SC-35		✓								
		SC-36		✓								
		SC-37		✓								
		SC-38		✓								
		SC-39		✓								
		SC-40		✓								
		SC-41		✓								
		PS-66	✓ fish									
		PS-67	✓									
		PS-68	✓									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Pierce</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Shannon Pierce</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/3/07 1600</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 3

CHAIN-OF-CUSTODY / TEST REQUEST FORM

Nº 2028

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Preece

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/04	1402	LDW-T2-E-ST046-SC-61	1 Unit	✓ tissue							HOLD - archive protein
		SC-62		✓							
		SC-63		✓							
		SC-64		✓							
		SC-65		✓							
		SC-66		✓							
		SC-67									
		PS-77	1 fish	✓							
		PS-78		✓							
		PS-79		✓							
		PS-80		✓							
9/2/04	1358	LDW-T2-E-CT046-DC-01	1 Unit	✓							

Total Number of Containers		Purchase Order / Statement of Work #	
1) Released by: <u>Shannon Preece</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Shannon Preece</u>	Company:	Print name:	Company:
Signature:	Company:	Signature:	Company:
Company: <u>Windward Env</u>	Company:	Company:	Company:
Date/Time: <u>9/7/04 1600</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MaH Ivan
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Purcell

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/2/04	1350	LDW-T2-E-ST045-SC-67	1 grab	✓ ISSUE							HOLD - archive paper
↓	↓	SC-68	↓	✓							
↓	↓	SC-69	↓	✓							
↓	↓	SC-70	↓	✓							
↓	↓	PS-81	1 fish	✓							
9/2/04	1348	LDW-T2-E-ST045-SC-71	1 grab	✓							
9/2/04	1332	LDW-T2-D-ST043-SC-72	↓	✓							
↓	↓	PS-82	1 fish	✓							
↓	↓	PS-83	↓	✓							
9/2/04	1411	LDW-T2-F-ST047-SC-75	1 grab	✓							
↓	↓	SC-76	↓	✓							
↓	↓	PS-84	1 fish	✓							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Shannon Purcell</u> Signature: <u>[Signature]</u> Company: <u>Windward Env</u> Date/Time: <u>9/7/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
---	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2030

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: RAC

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Pierce

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/2/04	1330	LDW-T2-D-CT043-SC-73	1 crab ✓	tissue							HOLD-archive folder
↓	↓	↓ SC-74	↓ ✓	↓							
9/2/04	1411	LDW-T2-F-CT047-SC-77	↓ ✓	↓							
9/2/04	1338	LDW-T2-D-CT044-SC-78	↓ ✓	↓							
9/2/04	1340	LDW-T2-D-ST044-PS-85	1 fish ✓	↓							
9/2/04	1422	LDW-T2-F-ST048-PS-86	↓ ✓	↓							
↓	↓	↓ PS-87	↓ ✓	↓							
		↓ SC-79	1 crab ✓	↓							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Shannon Pierce</u> Signature: <u>Shannon Pierce</u> Company: <u>Windward Env</u> Date/Time: <u>9/7/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
---	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2031

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: RAC, MGL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____

Form filled out by: Shannon Pearce Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
9/2/04	1134	LDW-T2-A-ST038-SC-53	1 jar	tissue								HOLD archive protein
		SC-54	↓									
		PS-71	1 fish									
		PS-72	↓									
		PS-73	↓									
9/2/04	1146	LDW-T2-A-CT037-SC-57	1 jar									
		SC-58	↓									
		RC-03	↓									
9/2/04	1133	LDW-T2-A-CT038-SC-49										
		SC-50	↓									
		SC-51	↓									
		SC-52	↓									

Total Number of Containers		Purchase Order / Statement of Work #	
1) Released by: Print name: <u>Shannon Pearce</u> Signature: <u>Shannon Pearce</u> Company: <u>Windward Env.</u> Date/Time: <u>9/7/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MaH Luvon
 Sampled By: RAC, mgl

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Purce

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/04	1219	LDW-T2-C-ST041-PS-74	1 fish	tissue							HOLD archive folder
↓	↓	↓ PS-75	↓	↓							
		↓ PS-76	↓	↓							
9/2/04	1355	LDW-T3-E-TR082-PS-120	↓								
↓	↓	↓ PS-121	↓	↓							
		↓ PS-122	↓	↓							
		↓ PS-123	↓	↓							
		↓ PP-29	↓	↓							
		↓ PP-30	↓	↓							
9/2/04	1435	LDW-T3-F-TR083-SP-11	↓								
↓	↓	↓ SF-17	↓	↓							
		↓ PS-119	↓	↓							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Shannon Purce</u> Signature: <u>Shannon Purce</u> Company: <u>Windward Env.</u> Date/Time: <u>9/7/04 1600</u>	1) Rec'd by: _____ Company: _____ Date/Time: _____	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: _____ Company: _____ Date/Time: _____
--	---	--	---

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2033

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Mat Luxon
 Sampled By: RAC, MGL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/07
 Invoice Number: _____
 Around requested: _____

Form filled out by: Shannon Puvell

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))				
9/2/04	1322	LDW-T3-E-TR081-SF-10	1 fish	tissue							HOLD-archive protocol				
		SF-19													
		ES-27													
		PP-31													
		PP-32													
		PP-33													
		PS-124													
		PS-125													
		PS-126													
Total Number of Containers				Purchase Order / Statement of Work #											
1) Released by: <u>Shannon Puvell</u>				1) Rec'd by:				2) Released by:				2) Rec'd by:			
Print name: <u>Shannon Puvell</u>				Company:				Print name:				Company:			
Signature: <u>Shannon Puvell</u>				Date/Time: _____				Signature:				Date/Time: _____			
Company: <u>Windward Env</u>				Date/Time: <u>9/7/07 1600</u>				Company:				Date/Time: _____			

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 4

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2034

Project/Client Name: LDW
 Project Number: 01-08-06-22
 Contact Name: Math Inxon
 Sampled By: MBL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/07
 Bill Number: _____

Form filled out by: Shannon Peave Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/2/07	8:48	LDW-T4-D-TR074-PP-10	1/15k	tissue							HOLD archive folder
9/2/07	920	LDW-T4-B-TR075-PS-151									
		PS-152									
		PS-153									
		SF-34									
9/2/07	820	LDW-T4-D-TR072-SF-32									
		SF-33									
9/2/07	1100	LDW-T4-B-TR077-PS-144									
		PS-145									
		PS-146									
		ES-19									
		SF-29									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Peave</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Shannon Peave</u>	Company: _____	Print name: _____	Company: _____
Signature: <u>[Signature]</u>	Date/Time: _____	Signature: _____	Date/Time: _____
Company: <u>Windward E.W.</u>		Company: _____	
Date/Time: <u>9/7/07 1600</u>		Date/Time: _____	

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

2 of 4

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2035

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Lixson
 Sampled By: MBL

Ship to: Axyx Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Peelle

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/04	952	LDW-T4-D-TR076-SF 30	1 fish	Issue							HOLD-archive frozen
		SF 31									
		PP-9									
		PS-147									
		PS-148									
		PS-149									
		PS-150									
9/2/04	1200	LDW-T3-A-TR080-PP-28									
		ES-25									
		ES-26									
		PS-117									
		PS-118									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Shannon Peelle</u> Signature: <u>[Signature]</u> Company: <u>Windward Env.</u> Date/Time: <u>9/7/04 1600</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
---	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

3 of 4

CHAIN-OF-CUSTODY/TEST RECEIPT FORM

Nº 2036

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Mat Lixon
 Sampled By: MBL

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Poiry

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/04	1118	LDW-T4-B-TR078-ES 7	1 fish ✓	tissue								HOLD - archive jar tag
		ES-8	✓									
		ES-9	✓									
		ES-10	✓									
		ES-11	✓									
		ES-12	✓									
		ES-13	✓									
		ES-14	✓									
		ES-15	✓									
		ES-16	✓									
		ES-17	✓									
		ES-18	✓									
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Shannon Poiry</u>		Company:		Print name:		Company:	
Signature: <u>[Signature]</u>		Date/Time:		Signature:		Date/Time:	
Company: <u>Windward Env</u>		Date/Time: <u>9/7/04 1600</u>		Company:		Date/Time:	

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Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

4 of 4

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2037

Project/Client Name: LDW
 Project Number: 01-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/7/07
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Shannon Perle

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/2/07	1118	LDW-T4-B-TR078-DC-5	1 canister	✓ tissue							1101 D - archive protocol
9/2/07	833	LDW-T4-D-TR073-SF-26	1 fish	✓							
↓	↓	SF-27	↓	✓							
↓	↓	SF-28	↓	✓							
		PS-143	↓	✓							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Shannon Perle</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Shannon Perle</u>	Company: _____	Print name: _____	Company: _____
Signature: <u>Shannon Perle</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Windward Env.</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>9/7/07 1600</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 5

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2044

Project/Client Name: LDW6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/07/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: S. McGroddy

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
9/03/04	9:20	LDW-T4-A-TROB	SP-9 ✓	1 Fish								
			SF-35 ✓	↓	X						Archive Frozen	
			SF-36 ✓									
			FS-34 ✓									
			PS-154 ✓									
			PS-155 ✓									
			PS-157 ✓									
			PS-157 ✓									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Susan McGroddy</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: _____	Company: _____	Print name: _____	Company: _____
Signature: <u>[Signature]</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Windward</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>9/07/04 2:00</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler * erature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDL
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 9/13/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: L. Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/7/04	7:50	LDW-74-A-TR087	PS-158 ✓	Fish							
	7:40		PS-159 ✓								
			PS-160 ✓								
			PS-161 ✓								
			PS-162 ✓								
			SF-37 ✓								
			SF-38 ✓								
			SF-39 ✓								
			ES-35 ✓								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Linda Marsh</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: _____	Company: _____	Print name: _____	Company: _____
Signature: <u>Linda Marsh</u>	Date/Time: _____	Signature: _____	Date/Time: _____
Company: <u>Windward</u>	Date/Time: <u>9/07/04 2:00</u>	Company: _____	Date/Time: _____

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 9/07/2004
 Shipper: _____ Airbill Number: _____
 Form filled out by: Linda Marshall Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/03/04	10:19	LDW-T4-A - TR088	PS-163 ✓	1 fish							
			PS-164 ✓								
			FS-36 ✓								Archive
			FS-37 ✓								Frozen
			ES-38 ✓								
			ES-39 ✓								
			ES-40 ✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Linda Marshall</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>[Signature]</u>	Company:	Signature:	Company:
Company: <u>Woodward</u>		Company:	
Date/Time: <u>9/07/04 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

4 of 5

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2047

Project/Client Name: LDWG
 Project Number: 14-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: Linda Marshall
 Shipping Date: 9/07/2004
 Airbill Number: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/3/04	1:53	LDW-T3-D-TR096	ES-28 ✓	1 fish							
			ES-29 ✓								Archive
			PS-127 ✓								Frozen
			PS-128 ✓								
			PS-129								
			PS-130 ✓								
			PS-131 ✓								
			PS-132 ✓								
			PS-133 ✓								
			PS-134 ✓								
			SP-12 ✓								
			SF-20 ✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:		Company:		Print name:		Company:	
Signature:		Date/Time:		Signature:		Date/Time:	
Company:				Company:			
Date/Time:				Date/Time:			

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2052

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 09/07/2004
 Shipper: _____ Airbill Number: _____
 Form filled out by: Linda Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/3/04	11:27	LDW-T4-A-TR091	ES-20	1 Fish							
			ES-21								archive
			ES-22								fro zen
			ES-23								
			ES-24								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Linda Marsh</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Linda Marsh</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/7/04 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

2 of 7

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2055

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 09-07-04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Linda Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/3/04	1:31	LDW-T3-B-TR095	PP-34 / 1 fish								Archive frozen
			PP-35 ✓								
			PP-36 ✓								
			PP-37 ✓								
			PP-38 ✓								
			PP-39 ✓								
			PP-40 ✓								
			PS-135 ✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Linda Marsh</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Linda Marsh</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/07/04 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler* erature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____
 Shipper: _____
 Shipping Date: 9/07/04
 Airbill Number: _____
 Form filled out by: Linda Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/3/04	11:52	LDW-T4 15	PP-121	fish							
		LDW-T4-B-TR092	PP-111								Archive
			ES-251								Frozen
			ES-261								
			ES-271								
			ES-281								
			ES-291								
			ES-301								
			ES-311								
			ES-321								
			ES-331								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Linda Marsh</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Linda Marsh</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/07/04</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler * temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 09-07-04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Linda Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/3/04	8:34	LDW-T4-D-TR085	SF-40 ✓	1 Fish							
↓	↓	↓	SF-41 ✓	↓	/						Archive
			SF-42 ✓	↓							Frozen
Total Number of Containers				Purchase Order / Statement of Work #							
1) Released by: <u>Linda Marsh</u>		1) Rec'd by:			2) Released by:			2) Rec'd by:			
Print name:		Company:			Print name:			Company:			
Signature: <u>Linda Marsh</u>		Date/Time:			Signature:			Date/Time:			
Company: <u>Windward</u>		Date/Time: <u>9/6/04</u>			Company:			Date/Time:			
Date/Time: <u>9/6/04</u>					Date/Time:						

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 09/07/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Linda Maish Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/3/04	11:00	LDW-T4-B-TRC 90	ES-43 ✓	1 Fish								
			ES-44 ✓									Archive
			ES-45 ✓									frozen
			ES-46 ✓									
			ES-47 ✓									
Total Number of Containers				Purchase Order / Statement of Work #								
1) Released by: <u>Linda Maish</u>			1) Rec'd by:			2) Released by:			2) Rec'd by:			
Print name:			Company:			Print name:			Company:			
Signature: <u>Linda Maish</u>			Date/Time:			Signature:			Date/Time:			
Company: <u>Windward</u>			Date/Time: <u>9/07/04 2:00</u>			Company:			Date/Time:			

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: Math Luxon

Ship to: _____
 Attn: _____
 Shipper: _____
 Shipping Date: 9/8/04
 Airbill Number: _____
 Form filled out by: Linda Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/7/04	14:55	LDW-11-D-TR115	ES 80 ✓	1 Fish								Archive Frozen
			PS 108 ✓									
			PS 109 ✓									
			PS 110 ✓									
			PS 111 ✓									
			PP 8 ✓									
			DC 27 ✓	1 crab								
			SS 70 ✓	1 fish								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Linda Marsh</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: _____	Company: _____	Print name: _____	Company: _____
Signature: <u>Linda Marsh</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Woodward</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>9/8/04 2:00</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LAWG
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: Math Luxon

Ship to: _____
 Attn: _____ Shipping Date: 9/8/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Delek Peltier Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/7/04	11:52	LAW-T3-F-TR110-PS-147 ✓		1 fish							Archive Frozen
		-PS-148 ✓									
		-PS-149 ✓									
		-PP-48 ✓									
		-PP-47 ✓									
		-PP-49 ✓									
		-PP-50 ✓									
		-PP-51 ✓									
		-DC-09 ✓		1 crab							
		-DC-10 ✓		"							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Delek Peltier</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>[Signature]</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/8/04 2:00pm</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-US-06-22
 Contact Name: Mat Luxon
 Sampled By: Mat Luxon

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: Linda Marsh
 Shipping Date: 9/8/04
 Airbill Number: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
9/7/04	14:09	LDW-T3-D-TR113	ES 31	1 Fish								
			PS 146									Archive
			PP 41									Geo 200
			PP 42									
			PP 43									
			PP 44									
			PP 45									
			PP 46									
			DC 8	1 crab								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Linda Marsh</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: _____	Company: _____	Print name: _____	Company: _____
Signature: <u>Linda Marsh</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Windward</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>9/08/04 2:00</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler * erature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LOW/G
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: Math Luxon

Ship to: _____
 Attn: _____ Shipping Date: 9/8/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Derek Pelletier Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/7/04	12:10	LOW-T3-D-TR112- PPS2	PPS2 ✓	Fish							Archive Frozen
"	"	"	PPS3 ✓	"							
	11:52	LOW-T3-F-TR110-ES32 ✓		"							
		-ES33 ✓		"							
		-ES34 ✓		"							
		-ES35 ✓		"							
		-ES36 ✓		"							
		-ES37 ✓		"							
		-ES38 ✓		"							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Derek Pelletier</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>[Signature]</u>	Company:	Signature:	Company:
Company: <u>Windward Env.</u>		Company:	
Date/Time: <u>9/8/04 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-10-22
 Contact Name: Math Luxon
 Sampled By: Math Luxon

Ship to: _____
 Attn: _____ Shipping Date: 9/8/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Linda Marsh Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/7/04	7:50	LDW-T3-B-TR97	PS-155 ✓	fish							
	8:04	LDW-T3-B-TR98	ES-41 ✓	↓							Archive
	↓	↓	-SC-11 ✓	crab							Frozen
	8:20	LDW-T3-B-TR99	-ES-39 ✓	fish							
	9:05	LDW-T3-D-TR101	-PP-59 ✓								
	↓	↓	-PP-60 ✓								
	↓	↓	-PP-61 ✓								
	9:32	LDW-T3-F-TR102	-PP-55 ✓								
	↓	↓	-PS-153 ✓								
	↓	↓	-PS-154 ✓								
	9:52	LDW-T3-F-TR103	-PP-56 ✓								
	↓	↓	-PP-57 ✓								

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Linda Marsh</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Linda Marsh</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/8/2004 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWS
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: _____
 Attn: _____ Shipping Date: 9/8/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: Derek Pelletier Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/7/04	13:10	LDW-T3-F-TR111-PS-150V	1 Fish	fish							Archive Frozen
		↓ PS-151V									
		↓ PP-54V									
	14:55	LDW-T1-D-TR114-PS-112V									
		↓ PS-113V									
	9:52	LDW-T3-F-TR103-ES-40V									
	10:29	LDW-T3-A-TR105-PS-152V									
	11:00	LDW-T3-A-TR107-DE-11V	1 crab	crab							
	11:26	LDW-T3-B-TR109-PP-58V	1 fish	fish							
		↓ PS-156V									
	14:55	LDW-T1-D-TR115-SS-70V	"	"							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Derek Pelletier</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>[Signature]</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/8/04 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Bob Comphita

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: Linda Marsh
 Shipping Date: 9/08/04
 Airbill Number: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/07/04	13:57	LDW-T4-E-571 -	PS 167 ✓	fish							
	13:52	LDW-T4-E-570 -	PS 168 ✓	?							Archive
	13:45	LDW-T4-E-569 -	PS-166 ✓	↓							Frozen
	13:17	LDW-T4-B-564 -	SC 3 ✓	crab							
	13:17	LDW-T4-B-C64 -	DC-6 ✓	↓							
	13:11	LDW-T4-B-563 -	PS 165 ✓	fish							
	12:55	LDW-T4-A-561 -	SC-1 ✓	crab							
	↓	↓	SC-2 ✓	↓							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Linda Marsh</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Linda Marsh</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/08/2004 2:00</u>	Date/Time:	Date/Time:	Date/Time:

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Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2084

Project/Client Name: LDW 6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/9/04
 Bill Number: _____
 Turnaround requested: _____

Form filled out by: Sim

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/8/04	9:21	LDW-T2-F-TR119	P5-92 ✓	1 G3h							
9/8/04	10:02	LDW-T4-TR120	R-116 ✓	↓							
			SS-117 ✓								
			SS-118 ✓								Archive frozen
			SS-119 ✓								
			SS-120 ✓								
			SS-121 ✓								
9/8/04	11:16	LDW-T1-B-TR122	RC-10 ✓	↓							
			DL-33 ✓								
9/8/04	11:40	LDW-T1-B-TR123	SS-R3 ✓								
			CC-120 ✓								
9/8/04	12:25	LDW-T1-D-TR124	RF-2								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Susan M. [Signature]</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>9/9/04 3pm</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
---	--	--	--

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Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

#3 of 3

CHAIN-OF-CUSTODY/TEST REQUEST

Nº 2087

Project/Client Name: LDW 6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/9/04
 Bill Number: _____
 Turnaround requested: _____

Form filled out by: SEM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/8/04	12:01	LDW-T4-2-5T083	SS-122✓	1 fish							
	12:07	LDW-T4-2-5T084	PS-172✓								
			PS-173✓								
	11:56	LDW-T4-2-5T082	PS-174✓								Archive Frozen
	11:51	LDW-T4-2-5T081	PS-169✓								
			PS-170✓								
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Susan M. Gaddy</u>		Print name:	
Signature: <u>[Signature]</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/9/04 3pm</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWOG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/9/04
 Airbill Number: _____

Form filled out by: SEM Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/8/04	8:00	LDW-TZ-Σ-TR116-ES-67 ✓	1 Fish								
		PS-93 ✓									
		PS-94 ✓									Archive
		PS-95 ✓									frozen
		PS-96 ✓									
		SS-102 ✓									
		SS-103 ✓									
		SS-104 ✓									
		SS-105 ✓									
		SS-106 ✓									
		SS-107 ✓									
		SS-108 ✓									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Susan M. Brody</u>				Print name:			
Signature: <u>[Signature]</u>		Company:		Signature:		Company:	
Company: <u>Windward</u>				Company:			
Date/Time: <u>9/9/04 3pm</u>		Date/Time:		Date/Time:		Date/Time:	

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

3 of 4

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2083

Project/Client Name: LDW 6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/1/04
 Airbill Number: _____

Form filled out by: SGM Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]		
9/8/04	8:48	LDW-TZ-E-TR118	PS-89 ✓	1582									
			PS-90 ✓										
			PS-91 ✓										
			SS-94 ✓										
			SS-95 ✓										
			SS-96 ✓										
9/8/04	9:21	LDW-TZ-E-TR119	SC-81 ✓										
			SS-97 ✓										
			SS-98 ✓										
			SS-99 ✓										
			SS-100 ✓										
			SS-101 ✓										
Total Number of Containers				Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Susan M. ...</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>9/1/04 3pm</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
---	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2088

Project/Client Name: LDWB- Fish & Crab Chem
 Project Number: _____
 Contact Name: SUSAN M^o Broddy
 Sampled By: Bob Complita

Ship to: Ship to: Axys Analytical Services
 Attn: ATTN: Georgina Brooks
 Shipper: 2045 Mills Road W
Sidney, BC V8L 3S8
 Form filled out by: _____ Date requested: 9/13/04

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/9/04	13:09	LDW-T3-A- 585 -SC-17		tissue							Hold samples frozen
9/9/04	13:09	LDW-T3-A-585-PS-157		↓							
↓	↓	↓ PS-158									
9/9/04	13:18	LDW-T3-A-086-SC-16									
9/9/04	1323	LDW-T3-B-087-SC-12									
9/9/04	1324	LDW-T3-B-S87-SC-13									
9/9/04	1330	LDW-T3-B-088-SC-14									
9/9/04	1343	LDW-T3-C-S90-PS- 159									
↓	↓	↓ PS-160									
↓	↓	↓ PS-161									
↓	↓	↓ PS-162									
9/9/04	1351	LDW-T3-D-S91-SC-15		↓							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>Maryann Welsch</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Maryann Welsch</u>	Company: _____	Print name: _____	Company: _____
Signature: <u>[Signature]</u>	Company: <u>Windward Environmental</u>	Signature: _____	Company: _____
Date/Time: <u>9-13-04 0930am</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWD - Fish & Crab Chem.
 Project Number: _____
 Contact Name: Susan McBroddy
 Sampled By: Bob Complita

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/13/04
 Invoice Number: _____
 Amount requested: _____

Form filled

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/9/04	1402	LDW-T3-D-092-DC-12		tissue							hold archive frozen
9/9/04	1403	LDW-T3-D-892-SC-20		↓							
↓	↓	↓	SC-21								
9/9/04	1418	LDW-T3-E-S94-	SC-18								
↓	↓	↓	SC-19								
9/9/04	1432	LDW-T3-F-096-	DC-13								
9/9/04	1429	LDW-T3-F-S96-	SC-22		↓						
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>AMW</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Maryann Weisbach</u>		Print name:	
Signature: <u>[Signature]</u>	Company:	Signature:	Company:
Company: <u>Windward Environmental</u>		Company:	
Date/Time: <u>9-13-04 0930 am</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2090

Project/Client Name: LDWb- Fish + Crab Chem.
 Project Number: 04-06-06-22
 Contact Name: Susan M^o Broddy
 Sampled By: Bob Nompita

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/13/04
 Inbill Number: _____
 around requested: _____

Form filled

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/10/04	1510	LDW-T3-A-ST97-	SC 23	Tissue							hold archive frozen
↓	↓	↓	SC 24	↓							
↓	↓	↓	SC 25	↓							
↓	↓	↓	SC 26	↓							
9/10/04	1516	LDW-T3-A-CT98	SC 27	↓							
9/10/04	1536	LDW-T3-D-ST102	SC 28	↓							
↓	↓	↓	SC 29	↓							
9/10/04	1540	LDW-T3-D-ST103	SC 30	↓							
↓	↓	↓	SC-31	↓							
9/10/04	1546	LDW-T3-E-CT104-	DC-14	↓							
9/10/04	1602	LDW-T3-F-CT-107-	DC 15	↓							
9/10/04	1604	LDW-T3-F-ST107-	SC 32	↓							

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>MW</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Maryann Welsch</u>	Company: _____	Print name: _____	Company: _____
Signature: <u>MW</u>	Date/Time: _____	Signature: _____	Date/Time: _____
Company: <u>Windward Environmental</u>		Company: _____	

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2097

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Sam

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
9/14/04		BL-CT-DC-1 ✓		1 vials								
		BL-CT-DC-2 ✓		↓	X						Archive	
		BL-CT-DC-3 ✓										Container
		BL-CT-DC-4 ✓										
		BL-CT-DC-5 ✓										
		BL-CT-DC-6 ✓										
		BL-CT-DC-7 ✓										
		BL-CT-DC-8 ✓										
		BL-CT-DC-9 ✓										
		BL-CT-DC-10 ✓										
		BL-CT-DC-11 ✓										
		BL-CT-DC-12 ✓										
Total Number of Containers						Purchase Order / Statement of Work #						

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Susan McGoody</u>				Print name:			
Signature: <u>Susan McGoody</u>		Company:		Signature:		Company:	
Company: <u>Windward</u>				Company:			
Date/Time: <u>9/15/04 3pm</u>		Date/Time:		Date/Time:		Date/Time:	

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Bill Number: _____

Form filled out by: SSM Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/14/04		BL-CT-DC-13 ✓		1 card							
		BL-CT-DC-14 ✓		↓	X						Archive Frozen
		BL-CT-DC-15 ✓									
		BL-CT-DC-16 ✓									
		BL-CT-DC-17 ✓									
		BL-CT-DC-18 ✓									
		BL-CT-DC-19 ✓									
		BL-CT-DC-20 ✓									
		BL-CT-DC-21 ✓									
		BL-CT-DC-22 ✓									
		BL-CT-DC-23 ✓									
		BL-CT-DC-24 ✓									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Susan M. Goodby</u>		Company: _____		Print name: _____		Company: _____	
Signature: <u>Susan M. Goodby</u>		Date/Time: _____		Signature: _____		Date/Time: _____	
Company: <u>Windward</u>		Date/Time: <u>9/15/04 3pm</u>		Company: _____		Date/Time: _____	

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: SSM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/14/04		BL-TR-ES-25 ✓		1 Fish							
		BL-TR-ES-26 ✓		↓	X						
		BL-TR-ES-27 ✓									
		BL-TR-ES-28 ✓									
		BL-TR-ES-29 ✓									
		BL-TR-ES-30 ✓									
		BL-TR-ES-31 ✓									
		BL-TR-ES-32 ✓									
		BL-TR-ES-33 ✓									
		BL-TR-ES-34 ✓									
		BL-TR-ES-35 ✓									
		BL-TR-ES-36 ✓									

Archive
 6020

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Susan M. Gaddy</u>		Print name:	
Signature: <u>Susan M. Gaddy</u>	Company:	Signature:	Company:
Company: <u>Windward</u>		Company:	
Date/Time: <u>9/15/04 3pm</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 5

CHAIN-OF-CUSTODY / TEST REQUEST FORM

No 2099

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: SGM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/14/04		BL-CT-DC-25 ✓		1 each							
		BL-CT-DC-26 ✓		↓	X	X	X	X	X	X	Archive Green
		BL-CT-DC-27 ✓									
		BL-CT-DC-28 ✓									
		BL-CT-DC-29 ✓									
		BL-CT-DC-30 ✓									
		BL-CT-DC-31 ✓									
		BL-CT-DC-32 ✓									
		BL-CT-DC-33 ✓									
		BL-CT-SC-1 ✓									
		BL-CT-SC-2 ✓									
		BL-CT-SC-3 ✓									

Total Number of Containers _____ **Purchase Order / Statement of Work #** _____

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	<u>Susan M. Gaddy</u>	Print name:		Print name:		Print name:	
Signature:	<u>Susan M. Gaddy</u>	Signature:		Signature:		Signature:	
Company:	<u>Windward</u>	Company:		Company:		Company:	
Date/Time:	<u>9/15/04 3pm</u>	Date/Time:		Date/Time:		Date/Time:	

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To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 5

CHAIN-OF-CUSTODY / TEST REQUEST FORM

Nº 2100

Project/Client Name: LDW 6
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: Sam

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/14/04		BL-CT-SC-4 ✓	✓	1 can							
		BL-CT-SC-5 ✓	✓	↓							
		BL-TR-SS-1 ✓	✓	1 fish							
		SS-2 ✓	✓	↓	<div style="font-size: 4em; opacity: 0.5;">X</div>						Archive Frozen
		SS-3 ✓	✓								
		SS-4 ✓	✓								
		SS-5 ✓	✓								
		SS-6 ✓	✓								
		SS-7 ✓	✓								
		SS-8 ✓	✓								
		SS-9 ✓	✓								
		SS-10 ✓	✓								
Total Number of Containers											

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	<u>Susan M. Gaddy</u>	Company:		Print name:		Company:	
Signature:	<u>[Signature]</u>	Date/Time:		Signature:		Date/Time:	
Company:	<u>Windward</u>	Date/Time:	<u>9/15/04 3pm</u>	Company:		Date/Time:	

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY / TEST REQUEST FORM

Nº 2101

Project/Client Name: LOWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Airbill Number: _____
 Turnaround requested: _____

Form filled out by: SEM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/14/04		BL-TR-SS-11 ✓		1 Gish							
		SS-12 ✓		↓	X						Archive Frozen
		SS-13 ✓									
		SS-14 ✓									
		SS-15 ✓									
		SS-16 ✓									
		SS-17 ✓									
		SS-18 ✓									
		SS-19 ✓									
		SS-20 ✓									
		SS-21 ✓									
		SS-22 ✓									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	<u>Sean W. Gaddy</u>	Company:		Print name:		Company:	
Signature:	<u>[Signature]</u>	Date/Time:		Signature:		Date/Time:	
Company:	<u>Windward</u>	Date/Time:	<u>9/15/04 3pm</u>	Company:		Date/Time:	

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

4 of 5

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2102

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Bill Number: _____
 Turnaround requested: _____

Form filled out by: SEM

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
7/14/04		BL-TR-SS-23 ✓		15g							Archive frozen
		SS-24 ✓									
		SS-25 ✓									
		SS-26 ✓									
		SS-27 ✓									
		SS-28 ✓									
		SS-29 ✓									
		SS-30 ✓									
		SS-31 ✓									
		SS-32 ✓									
		SS-33 ✓									
		SS-34 ✓									

Total Number of Containers

Purchase Order / Statement of Work #

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Susan M. Bradley</u>	Company:	Print name:	Company:
Signature: <u>Susan M. Bradley</u>	Date/Time:	Signature:	Date/Time:
Company: <u>Windward</u>	Date/Time: <u>9/15/04 3PM</u>	Company:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

5 of 5

CHAIN-OF-CUSTODY/TEST REQUEST

No 2103

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon

Ship to: Axys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 9/15/04
 Invoice Number: _____
 Form filled out by: SGM Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/14/04		RL-TR-SS-35 ✓		1 Fish							
		SS-36 ✓		↓	X						
		SS-37 ✓									
		SS-38 ✓									
		BL-CT-DC-34 ✓									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	<u>Susan McGroady</u>	Company:		Print name:		Company:	
Signature:	<u>[Signature]</u>	Date/Time:		Signature:		Date/Time:	
Company:	<u>Windward</u>			Company:			
Date/Time:	<u>9/15/04 3pm</u>			Date/Time:			

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Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2104

Project/Client Name: _____
 Project Number: 04-08-06-22
 Contact Name: Math Luxon
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: 8480 6068777
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
<u>09/16/04</u>	<u>16:30</u>	<u>EP-CT-DC-1</u>	<u>1 CRAB</u>	<u>TISSUE</u>							<u>ARCHIVE FROZEN</u>
		<u>- DC-2</u>									
		<u>- DC-3</u>									
		<u>- DC-4</u>									
		<u>- DC-5</u>									
		<u>- DC-6</u>									
		<u>- DC-7</u>									
		<u>- DC-8</u>									
		<u>- DC-9</u>									
		<u>- DC-10</u>									
		<u>- DC-11</u>									
		<u>- DC-12</u>									
Total Number of Containers				Purchase Order / Statement of Work #							
1) Released by:			1) Rec'd by:				2) Released by:			2) Rec'd by:	
Print name: <u>Theresa M. Stephens</u>			[Signature]				Print name: <u>BILLIAN KEGEC</u>			[Signature]	
Signature: <u>Theresa M. Stephens</u>			Company: <u>ARI</u>				Signature: <u>ARI</u>			Company:	
Company: <u>Windward Environmental LLC</u>			Date/Time: <u>9/17/04 17:45</u>				Company: <u>ARI</u>			Date/Time: <u>9/20/04 08:45</u>	
Date/Time: <u>9/17/04 3:00pm</u>							Date/Time: <u>9/20/04 08:45</u>				

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Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipping Date: _____
 Shipper: _____
 Airbill Number: 8480 6016 8777
 Form filled out by: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)										Comments / Instructions (Jar tag number(s))
9/16/04	16:30	EP-CT-DC-13	1 CRAB	TISSUE	/										ARCHIVE FROZEN
		-DC-14													
		-DC-15													
		BL-ST-SC-6													
		SC-7													
		-SC-8													
		-SC-9													
		-SC-10													
		-SC-11													

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name:	Theresa M. Stephens			Print name:	BRIAN KEECE		
Signature:	Theresa M. Stephens	Company:	AGI	Signature:	MGL	Company:	
Company:	Windward Environmental LLC	Date/Time:	9/17/04 1645	Company:		Date/Time:	9/20/04 0815

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

N^o 2105

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Vuxon
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: 848060168755
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/16/04	11:30	EP-TR-ES-1	1 Fish	Tissue							ARCHIVE FROZEN
		-ES-2									ARCHIVE FROZEN
		-ES-3									
		-ES-4									
		-ES-5									
		-ES-6									
		-ES-7									
		-ES-8									
		ES-9									
		ES-10									
		ES-11									
		ES-12									
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: <u>Theresa Stephens</u>			1) Rec'd by: <u>[Signature]</u>			2) Released by: <u>[Signature]</u>			2) Rec'd by: _____		
Print name: <u>Theresa Stephens</u>			Company: <u>ART</u>			Print name: <u>[Signature]</u>			Company: _____		
Signature: <u>Theresa Stephens</u>			Date/Time: <u>9/17/04 3:00pm</u>			Signature: <u>[Signature]</u>			Date/Time: <u>9/20/04 0845</u>		
Company: <u>Windward Environmental</u>						Company: <u>9/20/04 0845</u>					

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipping Date: _____
 Shipper: _____
 Airbill Number: 8480 60016 8755
 Form filled out by: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/16/04	16:30	EP-TR-ES-13	1 FISH	TISSUE							ARCHIVE FROZEN
		↓ -ES-14	↓	↓							
		↓ -ES-15	↓	↓							
		EP-ST-SC-1	1 CRAB								
		↓ -SC-2	↓	↓							
		↓ -SC-3	↓	↓							
		↓ -SC-4	↓	↓							
		↓ -SC-5	↓	↓							
		EP-TR-SS-1	1 FISH								
		↓ -SS-2	↓	↓							
		↓ -SS-3	↓	↓							
		↓ -SS-4	↓	↓							
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Theresa M. Stephens</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward Environmental</u> Date/Time: <u>9/17/04 3:00pm</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>AKI</u> Date/Time: <u>9/17/04 1645</u>	2) Released by: <u>[Signature]</u> Print name: <u>Brian [unclear]</u> Signature: <u>AAI</u> Company: _____ Date/Time: <u>9/20/04 0845</u>	2) Rec'd by: Company: _____ Date/Time: _____
--	---	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipping Date: _____
 Shipper: _____
 Airbill Number: 848060168744
 Form filled out by: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/16/04	16:30	EP-TR-SS-5	1 FISH	TISSUE							ARCHIVE FROZEN
		-SS-6									
		-SP-1									
		EP-CT-DC-30	1 CRAB								
		-31									
		-32									
		-33									
		-34									
		-35									

Total Number of Containers: _____ Purchase Order / Statement of Work #: _____

1) Released by: Print name: <u>TERESA M. STEPHENS</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/17/04 3:00pm</u>	1) Rec'd by: <u>MGL</u> Company: <u>ARE</u> Date/Time: <u>9/17/04 1645</u>	2) Released by: <u>Bill</u> Print name: <u>BILL</u> Signature: <u>ARI</u> Company: _____ Date/Time: <u>9/20/04 0815</u>	2) Rec'd by: Company: _____ Date/Time: _____
---	---	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: 848060168766
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/16/04	11:30	EP-CT-DC-16	1 CRAB	TISSUE							ARCHIVE FROZEN
		DC-17									
		DC-18									
		DC-19									
		DC-20									
		DC-21									
		DC-22									
		DC-23									
		DC-24									
		DC-25									
		DC-26									
		DC-27									
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: Print name: <u>Theresa M. Stephens</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward Environmental</u> Date/Time: <u>9/17/04 3:00pm</u>			1) Rec'd by: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>9/17/04 1645</u>			2) Released by: Print name: <u>Brian J. Regel</u> Signature: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>9/20/04 0845</u>			2) Rec'd by: Company: Date/Time:		

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDVV
 Project Number: 04-08-06-22
 Contact Name: Matt Luxon
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: 84806016 87160
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
09/16/04	16:30	EP-OT-DC-28	1 crab	tissue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	hold airline in case
	16:30	DC-29	↓	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Total Number of Containers			Purchase Order / Statement of Work #								
1) Released by: Print name: <u>Theresa M. Stephens</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/17/04 3:00pm</u>			1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>9/17/04 1645</u>			2) Released by: <u>[Signature]</u> Print name: <u>BRITNEY KEBEL</u> Signature: <u>ARI</u> Company: <u>912010710845</u> Date/Time: _____			2) Rec'd by: Company: Date/Time:		

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

1 of 4

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2111

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: _____
 Attn: _____ Shipping Date: _____
 Shipper: _____ Airbill Number: 848060169214
 Form filled out by: _____ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/16/04	16:30	EP-TR-ES-16	1 FISH	TISSUE							ARCHIVE FROZEN
		ES-17									
		ES-18									
		ES-19									
		ES-20									
		ES-21									
		ES-22									
		ES-23									
		ES-24									
		ES-25									
		ES-26									
		ES-27									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Theresa H. Stephens</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward Environmental</u> Date/Time: <u>9/17/04 3:00pm</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>9/17/04 1645</u>	2) Released by: <u>[Signature]</u> Print name: <u>BRIAN REED</u> Signature: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>9/20/04 0845</u>	2) Rec'd by: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: 8480 6016 9214
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/16/04	16:30	EP-TR-ES-28	1 FISH	TISSUE							ARCHIVE FROZEN
		ES-29									
		ES-30									
		ES-31									
		ES-32									
		ES-33									
		ES-34									
		ES-35									
		ES-36									
		ES-37									
		ES-38									
		ES-39									

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Theresa M. Stephens</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward Environmental</u> Date/Time: <u>9/17/04 3:00pm</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>9/17/04 1645</u>	2) Released by: <u>[Signature]</u> Print name: <u>BRIANNE GEE</u> Signature: <u>[Signature]</u> Company: <u>ART</u> Date/Time: <u>9/20/04 0845</u>	2) Rec'd by: _____ Company: _____ Date/Time: _____
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Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: _____
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: 848060169214
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/16/04	16:30	EP-TR-ES-40	1 FISH	TISSUE							ARCHIVE FROZEN
		ES-41									
		ES-42									
		ES-43									
		ES-44									
		ES-45									
		ES-46									
		ES-47									
		ES-48									
		ES-49									
		ES-50									
		ES-51									
Total Number of Containers			Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Theresa M. Stephens</u> Signature: <u>Theresa M. Stephens</u> Company: <u>Windward</u> Date/Time: <u>9/17/04 3:00pm</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>9/17/04 1645</u>	2) Released by: <u>ES-24</u> Print name: <u>BRIANKEGEE</u> Signature: <u>ARI</u> Company: Date/Time: <u>9/20/04 0845</u>	2) Rec'd by: Company: Date/Time:
--	---	---	--

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Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: LDW
 Project Number: 04-08-06-22
 Contact Name: MATT LUXON
 Sampled By: MGL

Ship to: AXYS ANALYTICAL SERVICES
 Attn: GEORGINA BROOKS Shipping Date: 9/20/2004
 Shipper: 2045 MILLS ROAD W Airbill Number: 8480601687880402
 Form filled out by: SIDNEY BC VBL 358 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
9/17/04		EP-TR-SS-67	1 FSU	TISSUE							ARCHIVE FROZEN
		SS-78									
		SS-89									
		SS-910									
		SS-2011									
		SP-2									
		PP-1									
		EP-ST-SC-46	1 CERAB								
		SC-77									
		SC-88									
		SC-79									
		SC-810									
Total Number of Containers			12	Purchase Order / Statement of Work #							

1) Released by: <u>ANGELITA RODRIGUEZ</u>	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name:		Print name:	
Signature: <u>Angelita RA</u>	Company:	Signature:	Company:
Company: <u>WINDWARD ENVIRONMENTAL</u>		Company:	
Date/Time: <u>9/20/2004 8:15</u>	Date/Time:	Date/Time:	Date/Time:

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 3

CHAIN-OF-CUSTODY TEST REQUEST FORM

Nº 2150

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Robert Complita (RAC)
 Sampled By: RAC

Ship to: Alys Analytical Services
 ATTN: Georgina Brooks
 2045 Mills Road W
 Sidney, BC V8L 3S8

Shipping Date: 13-OCT-2004

Airbill Number: _____

Form filled out by: RAC Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
07-OCT-2004	-	BL-TR-SS-39	1 Fish	Tissue							Archive Frozen
	-	SS-40									
	-	SS-41									
	-	SS-42									
	-	SS-43									
	-	SS-44									
	-	SS-45									
	-	SS-46									
	-	SS-47									
	-	SS-48									
	-	SS-49									
	-	SS-50									

Total Number of Containers: 12 Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>Robert Complita</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>13-OCT-2004 / 1500</u>	1) Rec'd by: Company: Date/Time:	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	--	--	--

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler * temperature: _____	Received by: _____

2 of 3

CHAIN-OF-CUSTODY/T

QUEST FORM

Nº 2149

Project/Client Name: LDWG
 Project Number: 04-08-06-22
 Contact Name: Robert Complita (RAC)
 Sampled By: RAC

Ship to: Axys Analytical Services
ATTN: Georgina Brooks
2045 Mills Road W
Sidney, BC V8L 3S8

Shipping Date: 13-OCT-2004

Shipper: _____

Bill Number: _____

Form filled out by: RAC

Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
07-OCT-2004	-	BL-TR-SS-51	1 Fish	Tissue							Archive Frozen
	-	SS-52									
	-	SS-53									
	-	SS-54									
	-	SS-55									
	-	SS-56									
	-	SS-57									
	-	SS-58									
	-	SS-59									
	-	SS-60									
	-	SS-61									
	-	SS-62									
Total Number of Containers			<u>2</u>	Purchase Order / Statement of Work #							

1) Released by: <u>Robert Complita</u>	1) Rec'd by: _____	2) Released by: _____	2) Rec'd by: _____
Print name: _____	Company: _____	Print name: _____	Company: _____
Signature: <u>Robert Complita</u>	Company: _____	Signature: _____	Company: _____
Company: <u>Windward</u>	Company: _____	Company: _____	Company: _____
Date/Time: <u>13-OCT-2004 / 1500</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

