# LEAD SAMPLING CHAIN OF CUSTODY

Page _____ of _____

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Suwanee, GA 30024
Phone: 770-866-3200
Fax: 770-866-3259

COMPANY NAME _____

ADDRESS: _____

_____

PHONE: _____

FAX: _____

PROJECT NUMBER: _____

PROJECT NAME: _____

Email: _____

PROJECT REPRESENTATIVE: _____

SAMPLING DATE: _____

**TURNAROUND TIMES:** _____ **SAME DAY** _____ **NEXT DAY** _____ **2 DAY** _____ **3 DAY** _____ **STANDARD 5 DAY**

| DATE | SAMPLE NUMBER | TIME | TYPE | | MATRIX | | | | | LABORATORY ANALYSIS | | AREA WIPES | AIR SAMPLILNG | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | TOTAL VOLUME (LITERS) (Flow Rate x Time) | | |
| | | | COMPOSITE | GRAB | PAINT CHIPS | WATER | SOIL | WIPES | AIR FILTERS | TOTAL - LEAD | TCLP - LEAD | TOTAL AREA ($FT^2$) | Rate (L/min.) | Total Time (Min.) | Total Liters |
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Condition: Seals and/or containers intact _____ (Initials) by MAS Other_____ Sample Condition Comments:_____

| CHAIN OF CUSTODY | NAME | COMPANY | MODE OF TRANSFER | SHIPPING DATE | RECEIVED BY / DATE |
|---|---|---|---|---|---|
| First Transfer by: | | | | | |
| Second Transfer by: | | | | | |
| Third Transfer by: | | | | | |