

Southland Compliance Services

# Chain of Custody Record

|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|-------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|----------------|--|----------------------------------------------------------------------------------------------------|--|---------------------------|--|---------------------|--|--------------------|--|----------------------|--|
| Company: <u>City of Ray City</u>                                                                                                           |  |            |  |             |  | Environmental Testing Laboratories, Inc.<br>412 W. Walcott Street<br>Thomasville, GA 31792-4359<br>229/228-2592 (telephone)<br>229/228-2594 (telefax)<br>www.etl-inc.com                                                                                                                                                                                                                                                                                                            |  |          |  |                |  | Page <u>1</u> of <u>1</u>                                                                          |  |                           |  |                     |  |                    |  |                      |  |
| Address: <u>P.O. Box 1063 Nashville GA 31639</u>                                                                                           |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                   |  |          |  |                |  | Project Name: <u>City of Ray City</u>                                                              |  |                           |  |                     |  |                    |  |                      |  |
| Telephone Number:      Telefax Number:                                                                                                     |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  | Project Number:                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
| Sampled by (Print Name(s)) / Affiliation<br><u>Brandon Rice 539 6976</u>                                                                   |  |            |  |             |  | Analyses Requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |          |  |                |  | Project Manager:                                                                                   |  |                           |  |                     |  |                    |  |                      |  |
| Sampler(s) Signature(s)<br><u>[Signature]</u>                                                                                              |  |            |  |             |  | <div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Oil/Grease</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TDS</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TP NH3</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TKW</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Nitrate+N</div> </div> |  |          |  |                |  | Facility ID Number:                                                                                |  |                           |  |                     |  |                    |  |                      |  |
| Item No.                                                                                                                                   |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  | Field ID No.                                                                                       |  | Sample                    |  | Grab or Composite   |  | Matrix (see Codes) |  | Number of Containers |  |
|                                                                                                                                            |  | Date       |  | Time        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  | Remarks             |  | Lab Number         |  |                      |  |
| <u>1</u>                                                                                                                                   |  | <u>FFF</u> |  | <u>1/19</u> |  | <u>730</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <u>G</u> |  | <u>WW</u>      |  | <u>2</u>                                                                                           |  |                           |  |                     |  | <u>208001</u>      |  |                      |  |
| <u>2</u>                                                                                                                                   |  | <u>FFF</u> |  | <u>1/19</u> |  | <u>730</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <u>G</u> |  | <u>WW</u>      |  | <u>1</u>                                                                                           |  |                           |  |                     |  | <u>1002</u>        |  |                      |  |
| <u>3</u>                                                                                                                                   |  | <u>FFF</u> |  | <u>1/19</u> |  | <u>730</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <u>G</u> |  | <u>WW</u>      |  | <u>1</u>                                                                                           |  |                           |  |                     |  | <u>1003</u>        |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
| Shipment Method                                                                                                                            |  |            |  |             |  | Total Number of Containers <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |  |                |  | Preservatives (see Codes) ICE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                           |  |                     |  |                    |  |                      |  |
| Out: <u>/ /</u>                                                                                                                            |  | Via:       |  | Item No.    |  | Relinquished by / Affiliation                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |          |  | Date           |  | Time                                                                                               |  | Accepted by / Affiliation |  |                     |  | Date               |  | Time                 |  |
| Returned: <u>/ /</u>                                                                                                                       |  | Via:       |  |             |  | <u>BR</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |          |  | <u>1/19/17</u> |  | <u>830</u>                                                                                         |  | <u>[Signature]</u>        |  |                     |  | <u>1/19/17</u>     |  | <u>830</u>           |  |
| Additional Comments:<br><u>DO 7.4 mg/L</u><br><u>12°C</u><br><u>7.6 pH</u> <u>0.0 TRC</u>                                                  |  |            |  |             |  | Cooler Number(s) / Temperature(s) (°C)                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |          |  |                |  | Sampling Kit Number                                                                                |  |                           |  | Received in Lab By: |  |                    |  |                      |  |
|                                                                                                                                            |  |            |  |             |  | <u>on ice @ 3.5°C</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |          |  |                |  |                                                                                                    |  |                           |  | <u>[Signature]</u>  |  |                    |  |                      |  |
| MATRIX CODES:    A = Air    GW = Groundwater    SE = Sediment    SO = Soil    SW = Surface Water    WW = Wastewater    O = Other (specify) |  |            |  |             |  | PRESERVATIVE CODES:    H = Hydrochloric acid    S = Sulfuric acid    N = Nitric    Na = Sodium Hydroxide    O = Other (specify)                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |
| PRESERVATIVE CODES:    SOIL VOCs    MS = Methanol / Sodium Bisulfate    MD = Methanol / DI Water                                           |  |            |  |             |  | ETL PROJECT NO. <u>17-02223</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                |  |                                                                                                    |  |                           |  |                     |  |                    |  |                      |  |