

**ASBESTOS TEM LABORATORIES CHAIN OF CUSTODY - [www.asbestostemplabs.com](http://www.asbestostemplabs.com)**

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NEVADA: 1350 Freeport Blvd. #104, Sparks, NV 89431 Phone (775) 359-3377 Fax (775) 359-2798

Please print and send completed CoC with your samples. If you wish to email CoC, send the form as an attachment to Berkeley <[coc@asbestostemplabs.com](mailto:coc@asbestostemplabs.com)> or Reno <[schrich@asbestostemplabs.com](mailto:schrich@asbestostemplabs.com)>.

1 of 1

Company: <b>Tetra Tech</b>		Contact: <b>ED SURBROUGH</b>		Phone/Fax: <b>408-441-3269</b>		Email: <b>Edward.Surbrough@tetratech.com</b>										
Address: <b>7 West 10th Ave, Ste 412</b>		City: <b>HELENA</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>										
Job Site: <b>NDOT NOA</b>		Job No: <b>10383259</b>		P.O. No:												
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party		
Results Due:	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 10 day	Time due: _____		* Contact lab to confirm TAT			
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)		<input type="checkbox"/> TEM AHERA		<input type="checkbox"/> TEM CARB Mod. AHERA		<input type="checkbox"/> TEM EPA Yamate Level		<input type="checkbox"/> TEM NIOSH 7402, Issue 2		<input type="checkbox"/> ISO 10312		<input type="checkbox"/> ISO 13794			
Asbestos Bulk	<input checked="" type="checkbox"/> PLM Standard (EPA 600/R-93-1)		<input checked="" type="checkbox"/> PLM 400 PC		<input type="checkbox"/> PLM 1000 PC		<input type="checkbox"/> PLM 400 PC Grav. Red.		<input type="checkbox"/> PLM 1000 PC Grav. Red.		<input type="checkbox"/> TEM EPA Qualitative		<input type="checkbox"/> TEM EPA Quantitative			
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)		<input type="checkbox"/> PLM Vermiculite Attic Insulation		<input checked="" type="checkbox"/> Custom Analysis: Type <b>Mill to ASD, mm.</b>											
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only		<input type="checkbox"/> CARB 435 PLM 400 PC		<input type="checkbox"/> CARB 435 PLM 1000 PC		<input type="checkbox"/> EPA Soil Screening Qualitative		<input type="checkbox"/> TEM EPA/CARB Quantitative							
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count		<input type="checkbox"/> ASTM D-5756 Wt. %		<input type="checkbox"/> ASTM D-5756 Mass		<input type="checkbox"/> ASTM D-6840-99 Dust Wipe		<input type="checkbox"/> Total Particulates (Grav.)							
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water				<input type="checkbox"/> 100.1 Non Potable Water											
Lead	<input type="checkbox"/> Paint Chips		<input type="checkbox"/> Dust Wipe		<input type="checkbox"/> Air Cassette		<input type="checkbox"/> Soil		Lead Waste Characterization:		<input type="checkbox"/> TTLC		<input type="checkbox"/> STLC		<input type="checkbox"/> TCLP	
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____				<input type="checkbox"/> Post Test, Hold Sample Until: _____											
Custom Order	<input type="checkbox"/> Reanalysis by: _____		<input type="checkbox"/> Sensitivity: _____		<input type="checkbox"/> Composite		<input type="checkbox"/> Other: _____									
Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description					
						On	Off	Average								
BC-SS-00027		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00032		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00033		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00037		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00038		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00039		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00040		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00041		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00046		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00056		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00057		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
BC-SS-00057		5-31-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil					
Submitted By: <b>BRILLI D AND</b>		Received By:		Date/Time Submitted: <b>6-2-2014</b>		Date/Time Received:		Submitted By:		Received By:		Date/Time Submitted:		Date/Time Received:		

\*All samples will be held for 3 months from the date of receipt at ATEM. Additional sample storage time may be obtained through ATEM Customer Service

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1 of 2

Company: <b>Tetra Tech</b>		Contact: <b>ED SURBRUGG</b>		Phone/Fax: <b>406-441-3269</b>		Email: <b>Edward.Surbrugg@tetra.tech.com</b>	
Address: <b>7 West 6th Ave, STE 612</b>		City: <b>HELENA</b>		State: <b>MT</b> Zip: <b>59101</b>		Country: <b>United States</b>	
Job Site: <b>NOU NUA</b>				Job No: <b>10383259</b>		P.O. No:	
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal
	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party
Results Due:*	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day
	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 10 day	Time due: _____		* Contact lab to confirm TAT	
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHERA	<input type="checkbox"/> TEM CARB Mod. AHERA	<input type="checkbox"/> TEM EPA Yamate Level	<input type="checkbox"/> TEM NIOSH 7402, Issue 2	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 13794
Asbestos Bulk	<input checked="" type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input checked="" type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PLM Vermiculite Attic Insulation	<input checked="" type="checkbox"/> Custom Analysis: Type: <b>Mill to 250 um</b>				
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative		
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt. %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6840-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Grav.)		
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water		<input type="checkbox"/> 100.1 Non Potable Water				
Lead	<input type="checkbox"/> Paint Chips	<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> Air Cassette	<input type="checkbox"/> Soil	Lead Waste Characterization:		<input type="checkbox"/> TTLC
	<input type="checkbox"/> STLC	<input type="checkbox"/> TCLP					
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____			<input type="checkbox"/> Post Test, Hold Sample Until: _____			
Custom or	<input type="checkbox"/> Reanalysis by: _____		<input type="checkbox"/> Sensitivity: _____	<input type="checkbox"/> Composite	<input type="checkbox"/> Other: _____		

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
AL-SS-00001		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00002		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00003		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00004		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-60005		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00006		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00007		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00008		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00009		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00011		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00013		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00019		5-30-14	-	-	-	-	-	-	-	-	Surface Soil
AL-SS-00023		5-30-14	-	-	-	-	-	-	-	-	Surface Soil

Submitted By: <b>BECI DANK</b>	Received By:
Date/Time Submitted: <b>6-2-2014 0923</b>	Date/Time Received:
Submitted By:	Received By:
Date/Time Submitted:	Date/Time Received:

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1 of 1

Company: <b>TETRA TECH</b>		Contact: <b>ED SURBRUGG</b>		Phone/Fax: <b>406-441-3269</b>		Email: <b>Edward.Surbrugg@tetratech.com</b>	
Address: <b>7 WEST 6th AVE, STE 1012</b>		City: <b>HELENA</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>	
Job Site: <b>NDOT NOA</b>		Job No: <b>10383259</b>		P.O. No:			
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal
	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party
Results Due:	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input checked="" type="checkbox"/> 3 day
	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 10 day	Time due: _____ * Contact lab to confirm TAT			
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHERA	<input type="checkbox"/> TEM CARB Mod. AHERA	<input type="checkbox"/> TEM EPA Yamate Level	<input type="checkbox"/> TEM NIOSH 7402, Issue 2	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 13794
Asbestos Bulk	<input checked="" type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input checked="" type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PLM Vermiculite Attic Insulation	<input checked="" type="checkbox"/> Custom Analysis: Type: <b>Mill to 250 um</b>				
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative		
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt. %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6840-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Grav.)		
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water		<input type="checkbox"/> 100.1 Non Potable Water				
Lead	<input type="checkbox"/> Paint Chips	<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> Air Cassette	<input type="checkbox"/> Soil	Lead Waste Characterization: <input type="checkbox"/> TTLC <input type="checkbox"/> STLC <input type="checkbox"/> TCLP		
Sample Storage	<input type="checkbox"/> No Test, Hold Sample Until: _____		<input type="checkbox"/> Post Test, Hold Sample Until: _____				
Custom Order	<input type="checkbox"/> Reanalysis by: _____		<input type="checkbox"/> Sensitivity: _____	<input type="checkbox"/> Composite	<input type="checkbox"/> Other: _____		

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
BL-SS-00010		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00012		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00014		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00015		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00016		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00017		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00018		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00020		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00020		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00022		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00024		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil
BL-SS-00025		5-29-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil

Submitted By: <b>BECKI DAND</b>	Received By:
Date/Time Submitted: <b>6-2-2014 0915</b>	Date/Time Received:
Submitted By:	Received By:
Date/Time Submitted:	Date/Time Received:

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Company: <b>TETRA TECH</b>		Contact: <b>Ed Jurbvug</b>		Phone/Fax: <b>406-441-3269</b>		Email: <b>Edward.Jurbvug@tetratech.com</b>	
Address: <b>7 West 6th Ave Ste 612</b>		City: <b>Helena</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>	
Job Site		Job No: <b>10353259</b>		P O No:			
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal
	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party
Results Due:	<input type="checkbox"/> 2 hr <input type="checkbox"/> 4 hr <input type="checkbox"/> 6 hr <input type="checkbox"/> 8 hr <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 3 day <input type="checkbox"/> 4 day <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> 6 day <input type="checkbox"/> Time due: _____						* Contact lab to confirm TAT
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A) <input type="checkbox"/> TEM AHERA <input type="checkbox"/> TEM CARB Mod. AHERA <input type="checkbox"/> TEM EPA Yamate Level <input type="checkbox"/> TEM NIOSH 7402, Issue 2 <input type="checkbox"/> ISO 10312 <input type="checkbox"/> ISO 13794						
Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1) <input checked="" type="checkbox"/> PLM 400 PC <input type="checkbox"/> PLM 1000 PC <input type="checkbox"/> PLM 400 PC Grav. Red. <input type="checkbox"/> PLM 1000 PC Grav. Red. <input type="checkbox"/> TEM EPA Qualitative <input type="checkbox"/> TEM EPA Quantitative						
	<input type="checkbox"/> TEM Chatfield (Semi-Quant) <input type="checkbox"/> PLM Vermiculite Attic Insulation <input checked="" type="checkbox"/> Custom Analysis: Type: <b>Mill to 250 um</b>						
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only <input type="checkbox"/> CARB 435 PLM 400 PC <input type="checkbox"/> CARB 435 PLM 1000 PC <input type="checkbox"/> EPA Soil Screening Qualitative <input type="checkbox"/> TEM EPA/CARB Quantitative						
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count <input type="checkbox"/> ASTM D-5756 Wt. % <input type="checkbox"/> ASTM D-5756 Mass <input type="checkbox"/> ASTM D-6840-99 Dust Wipe <input type="checkbox"/> Total Particulates (Grav)						
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water <input type="checkbox"/> 100.1 Non Potable Water						
Lead	<input type="checkbox"/> Paint Chips <input type="checkbox"/> Dust Wipe <input type="checkbox"/> Air Cassette <input type="checkbox"/> Soil						Lead Waste Characterization: <input type="checkbox"/> TTLC <input type="checkbox"/> STLC <input type="checkbox"/> TCLP
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until _____ <input type="checkbox"/> Post Test, Hold Sample Until: _____						
Custom Order	<input type="checkbox"/> Reanalysis by: _____ <input type="checkbox"/> Sensitivity: _____ <input type="checkbox"/> Composite <input type="checkbox"/> Other: _____						

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (ipm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
PC-SB-00012		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Subsurface Soil - Backhoe ↓
PC-SB-00013		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SB-00014		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SB-00015		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SB-00017		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SB-00019		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SB-00020		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SS-00047		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil ↓
PC-SS-00059		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SS-00060		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SS-00061		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SS-00062		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
PC-SS-00063		6-3-14	-	-	-	-	-	-	-	<input type="checkbox"/>	

Submitted By: <b>baeli</b>	Received By:
Date/Time Submitted: <b>6/5/14 12:00</b>	Date/Time Received:
Submitted By:	Received By:
Date/Time Submitted:	Date/Time Received:

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Company: <b>Tetra Tech</b>		Contact: <b>Ed Surbrugg</b>		Phone/Fax: <b>404-441-3269</b>		Email: <b>Edward.Surbrugg@tetratech.com</b>	
Address: <b>7 West 6th Ave, Ste 412</b>		City: <b>Helena</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>	
Job Site: <b>NOOT NOA</b>		Job No: <b>10333259</b>		P.O. No:			
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal
	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party
Results Due:*	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day
	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 7 day	Time due: _____		* Contact lab to confirm TAT	
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHERA	<input type="checkbox"/> TEM CARB Mod AHERA	<input type="checkbox"/> TEM EPA Yamate Level	<input type="checkbox"/> TEM NIOSH 7402, Issue 2	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 13794
Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input checked="" type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PLM Vermiculite Attic Insulation	Custom Analysis: Type: <b>Mill. to &lt;math&gt;250 \mu m&lt;/math&gt;</b>				
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative		
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt. %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6840-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Grav.)		
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water		<input type="checkbox"/> 100.1 Non Potable Water				
Lead	<input type="checkbox"/> Paint Chips	<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> Air Cassette	<input type="checkbox"/> Soil	Lead Waste Characterization: <input type="checkbox"/> TTLC <input type="checkbox"/> STLC <input type="checkbox"/> TCLP		
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____		<input type="checkbox"/> Post Test, Hold Sample Until: _____				
Custom Order	<input type="checkbox"/> Reanalysis by		<input type="checkbox"/> Sensitivity: _____	<input type="checkbox"/> Composite		<input type="checkbox"/> Other:	

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
BC-SB-00001		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Subsurface Soil - backhoe ↓
BC-SB-00002		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SB-00003		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SB-00007		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SB-00009		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SB-00010		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SB-00011		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SS-00034		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	Surface Soil ↓
BC-SS-00035		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SS-00036		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SS-00042		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SS-00043		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SS-00044		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	
BC-SS-00045		6-2-14	-	-	-	-	-	-	-	<input type="checkbox"/>	

Submitted By: <b>[Signature]</b>	Received By: _____
Date/Time Submitted: <b>6/5/14 1200</b>	Date/Time Received: _____
Submitted By: _____	Received By: _____
Date/Time Submitted: _____	Date/Time Received: _____

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NEVADA: 1350 Freeport Blvd. #104, Sparks, NV 89431 Phone (775) 359-3377 Fax (775) 359-2798

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Company: <b>TETRA TECH</b>				Contact: <b>ED DURBRUGH</b>				Phone/Fax: <b>408-441-3219</b>				Email: <b>Edward.durbrugh@tetratech.com</b>				
Address: <b>7 West 6th Ave, Ste 101</b>				City: <b>HERGENT</b>				State: <b>MT</b> Zip: <b>59401</b>				Country: <b>United States</b>				
Job Site: <b>NDDT NOA</b>				Job No: <b>10333259</b>				P.O. No:								
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal	<input type="checkbox"/> Pickup	Billing	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 Party		
Results Due:*	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 10 day	* Time due: _____ * Contact lab to confirm TAT					
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)		<input type="checkbox"/> TEM AHERA		<input type="checkbox"/> TEM CARB Mod AHERA		<input type="checkbox"/> TEM EPA Yamate Level		<input type="checkbox"/> TEM NIOSH 7402, Issue 2		<input type="checkbox"/> ISO 10312		<input type="checkbox"/> ISO 13794			
Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1)		<input checked="" type="checkbox"/> PLM 400 PC		<input type="checkbox"/> PLM 1000 PC		<input type="checkbox"/> PLM 400 PC Grav. Red.		<input type="checkbox"/> PLM 1000 PC Grav. Red.		<input type="checkbox"/> TEM EPA Qualitative		<input type="checkbox"/> TEM EPA Quantitative			
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)		<input type="checkbox"/> PLM Vermiculite Attic Insulation		<input checked="" type="checkbox"/> Custom Analysis: Type: <b>Mill to 250um</b>											
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only		<input type="checkbox"/> CARB 435 PLM 400 PC		<input type="checkbox"/> CARB 435 PLM 1000 PC		<input type="checkbox"/> EPA Soil Screening Qualitative		<input type="checkbox"/> TEM EPA/CARB Quantitative							
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count		<input type="checkbox"/> ASTM D-5756 WL %		<input type="checkbox"/> ASTM D-5756 Mass		<input type="checkbox"/> ASTM D-6840-99 Dust Wipe		<input type="checkbox"/> Total Particulates (Grav.)							
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water				<input type="checkbox"/> 100.1 Non Potable Water											
Lead	<input type="checkbox"/> Paint Chips		<input type="checkbox"/> Dust Wipe		<input type="checkbox"/> Air Cassette		<input type="checkbox"/> Soil		Lead Waste Characterization:		<input type="checkbox"/> TTLC		<input type="checkbox"/> STLC		<input type="checkbox"/> TCLP	
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____				<input type="checkbox"/> Post Test, Hold Sample Until: _____											
Custom Order	<input type="checkbox"/> Analysis by		<input type="checkbox"/> Sensitivity: _____		<input type="checkbox"/> Composite		<input type="checkbox"/> Other: _____									

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
BC-SS-00045		6-2-14	—	—	—	—	—	—	—	<input type="checkbox"/>	Surface Swab
BC-SS-00046B		6-2-14	—	—	—	—	—	—	—	<input type="checkbox"/>	↓
BC-SS-00041B		6-2-14	—	—	—	—	—	—	—	<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Submitted By: <b>[Signature]</b>	Received By:
Date/Time Submitted: <b>6/2/14 1:00</b>	Date/Time Received:
Submitted By:	Received By:
Date/Time Submitted:	Date/Time Received:

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1001  
Email: [Edward.Surbrugg@tetradtech.com](mailto:Edward.Surbrugg@tetradtech.com)

Company: <b>TETRA TECH</b>		Contact: <b>Ed Surbrugg</b>		Phone/Fax: <b>406-441-3269</b>		Email: <b>Edward.Surbrugg@tetradtech.com</b>	
Address: <b>7 West 16<sup>th</sup> Ave, Ste 1012</b>		City: <b>Helena</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>	
Job Site: <b>NDOT NDIA</b>		Job No: <b>10353257</b>		P.O. No:			
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal
	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party
Results Due:	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day
	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 10 day	Time due: _____		* Contact lab to confirm TAT	
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHERA	<input type="checkbox"/> TEM CARB Mod. AHERA	<input type="checkbox"/> TEM EPA Yamate Level	<input type="checkbox"/> TEM NIOSH 7402, Issue 2	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 13794
Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input checked="" type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PLM Vermiculite Attic Insulation	Custom Analysis: Type <b>Mill to 250 um</b>				
Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative		
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt. %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6840-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Grav.)		
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water		<input type="checkbox"/> 100.1 Non Potable Water				
Lead	<input type="checkbox"/> Paint Chips	<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> Air Cassette	<input type="checkbox"/> Soil	Lead Waste Characterization: <input type="checkbox"/> TTLC <input type="checkbox"/> STLC <input type="checkbox"/> TCLP		
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____			<input type="checkbox"/> Post Test, Hold Sample Until: _____			
Custom Order	<input type="checkbox"/> Reanalysis by: _____		<input type="checkbox"/> Sensitivity: _____	<input type="checkbox"/> Composite	<input type="checkbox"/> Other: _____		

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
BC-HS-00001		6-3-2014	-	-	-	-	-	-	-	-	Auger Sample
BC-HS-00002		6-3-2014	-	-	-	-	-	-	-	-	Auger Sample
BC-HS-00003		6-4-2014	-	-	-	-	-	-	-	-	Auger Sample
BC-HS-00004		6-4-2014	-	-	-	-	-	-	-	-	Auger Sample
BC-SS-00048		6-4-2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00049		6-4-2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00050		6-4-2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00051		6-4-2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00052		6/4/2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00053		6/4/2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00054		6/4/2014	-	-	-	-	-	-	-	-	Surface Soil
BC-SS-00055		6/4/2014	-	-	-	-	-	-	-	-	Surface Soil

Submitted By: <b>BECKI DAND</b>	Received By:
Date/Time Submitted: <b>6-12-2014 1200</b>	Date/Time Received:
Submitted By:	Received By:
Date/Time Submitted:	Date/Time Received:

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1 of 2

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Company: <b>TETRA TECH</b>		Contact: <b>Ed Surbrugg</b>		Phone/Fax: <b>406-441-3269</b>		Email: <b>Edward.Surbrugg@tetradetech.com</b>	
Address: <b>7 West 6th Ave, Billerica</b>		City: <b>Helena</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>	
Job Site: <b>DDST NDA</b>		Job No: <b>10353259</b>		P.O. No:			
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal
	<input type="checkbox"/> Pickup	<input type="checkbox"/> Billing	<input type="checkbox"/> Fax	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> 3 <sup>rd</sup> Party
Results Due*	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day
	<input type="checkbox"/> 4 day	<input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> 10 day	Time due: _____		* Contact lab to confirm TAT	
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHERA	<input type="checkbox"/> TEM CARB Mod. AHERA	<input type="checkbox"/> TEM EPA Yamate Level	<input type="checkbox"/> TEM NIOSH 7402, Issue 2	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 13794
Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input checked="" type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PLM Vermiculite Attic Insulation	<input checked="" type="checkbox"/> Custom Analysis: Type: <b>Mil to 250 um</b>				
Asbestos Soil	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative		
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt. %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6840-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Gray.)		
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water		<input type="checkbox"/> 100.1 Non Potable Water				
Lead	<input type="checkbox"/> Paint Chips	<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> Air Cassette	<input type="checkbox"/> Soil	Lead Waste Characterization:		<input type="checkbox"/> TTLC
							<input type="checkbox"/> STLC
							<input type="checkbox"/> TCLP
Sample Storage	<input type="checkbox"/> No Test, Hold Sample Until: _____		<input type="checkbox"/> Post Test, Hold Sample Until: _____				
Custom Order	<input type="checkbox"/> Reanalysis by: _____		<input type="checkbox"/> Sensitivity: _____		<input type="checkbox"/> Composite		<input type="checkbox"/> Other: _____

Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
PC-HS-00005		6-5-2014									Auger Sample
PC-HS-00006		6-5-2014									Auger Sample
PC-BL-00001		6-5-2014									Outcrop Sample
PC-BL-00002		6-5-2014									Outcrop Sample
PC-BL-00003		6-5-2014									Outcrop Sample
PC-BL-00004		6-5-2014									Outcrop Sample
PC-BL-00005		6-5-2014									Outcrop Sample
PC-BL-00006		6-5-2014									Outcrop Sample
PC-BL-00007		6-5-2014									Outcrop Sample
PC-BL-00008		6-5-2014									Outcrop Sample
PC-BL-00009		6-5-2014									Outcrop Sample
PC-BL-00010		6-5-2014									Outcrop Sample
PC-SB-00004		6-6-2014									Test Pit Sample

Submitted By: <b>[Signature]</b>	Received By: _____
Date/Time Submitted: <b>6/12/14 12:22</b>	Date/Time Received: _____
Submitted By: _____	Received By: _____
Date/Time Submitted: _____	Date/Time Received: _____

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Company: <u>Tetra Tech</u>		Contact: <u>Ed Swirsky</u>		Phone/Fax: <u>408-441-3296</u>		Email: <u>Edward.Swirsky@tetratech.com</u>					
Address: <u>7 West 1st Ave, Ste 102</u>		City: <u>Helena</u>		State: <u>MT</u> Zip: <u>59601</u>		Country: <u>United States</u>					
Job Site: <u>NDOT MDA</u>				Job No: <u>10353259</u>		P.O. No:					
Receiving	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal				
Results Due	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day				
Alerts	<input type="checkbox"/> PCM (NIOSH 7400A) <input type="checkbox"/> TEM AHERA <input type="checkbox"/> TEM CARB Mod. AHERA <input type="checkbox"/> TEM EPA Yamato Level <input type="checkbox"/> TEM NIOSH 7402, Issue 2 <input type="checkbox"/> ISO 10312 <input type="checkbox"/> ISO 13794						* Contact lab to confirm TAT				
Alerts	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1) <input checked="" type="checkbox"/> PLM 400 PC <input type="checkbox"/> PLM 1000 PC <input type="checkbox"/> PLM 400 PC Grav. Red. <input type="checkbox"/> PLM 1000 PC Grav. Red. <input type="checkbox"/> TEM EPA Qualitative <input type="checkbox"/> TEM EPA Quantitative										
Alerts	<input type="checkbox"/> TEM Chatfield (Semi-Quant) <input type="checkbox"/> PLM Vermiculite Attic Insulation <input type="checkbox"/> Custom Analysis Type: <u>Mail to EDU</u>										
Alerts	<input type="checkbox"/> CARB 435 Prep Only <input type="checkbox"/> CARB 435 PLM 400 PC <input type="checkbox"/> CARB 435 PLM 1000 PC <input type="checkbox"/> EPA Soil Screening Qualitative <input type="checkbox"/> TEM EPA/CARB Quantitative										
Alerts	<input type="checkbox"/> ASTM D-5755 Fiber Count <input type="checkbox"/> ASTM D-5756 Wt. % <input type="checkbox"/> ASTM D-5756 Mass <input type="checkbox"/> ASTM D-6840-99 Dust Wipe <input type="checkbox"/> Total Particulates (Grav.)										
Alerts	<input type="checkbox"/> 100.2 Potable Drinking Water <input type="checkbox"/> 100.1 Non Potable Water										
Lead	<input type="checkbox"/> Paint Chips <input type="checkbox"/> Dust Wipe <input type="checkbox"/> Air Cassette <input type="checkbox"/> Soil <input type="checkbox"/> Lead Waste Characterization: <input type="checkbox"/> TTLC <input type="checkbox"/> STLC <input type="checkbox"/> TCLP										
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____ <input type="checkbox"/> Post Test, Hold Sample Until: _____										
Custom Order	<input type="checkbox"/> Reanalysis by: _____ <input type="checkbox"/> Sensitivity: _____ <input type="checkbox"/> Composite <input type="checkbox"/> Other: _____										
Sample ID	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
PC-RC-00001		6-9-14									RC1 0-9.5
PC-RC-00002		6-9-14									RC1 9.5-11
PC-RC-00003		6-9-14									RC1 11-14
PC-RC-00004		6-9-14									RC1 18.5-29.5 (sand)
PC-RC-00005		6-9-14									RC1 29.5-35 (sand)
PC-RC-00006		6-10-14									RC1 34.5-35
PC-RC-00007		6-11-14									RC2 10-14
PC-RC-00008		6-11-14									RC2 11-16
PC-RC-00009		6-12-14									RC4 1.5-4
PC-RC-00010		6-12-14									RC4 4-4.5
Submitted By: <u>[Signature]</u>		Received By:									
Date/Time Submitted: <u>6-14-14 1500</u>		Date/Time Received:									
Submitted By:		Received By:									
Date/Time Submitted:		Date/Time Received:									

\*All samples will be held for 3 months from the date of receipt at ATEM. Additional sample storage time may be obtained through ATEM Customer Service



# ASBESTOS TEM LABORATORIES CHAIN OF CUSTODY – [www.asbestostemplabs.com](http://www.asbestostemplabs.com)

CALIFORNIA: 630 Bancroft Way, Berkeley, CA 94710 Phone (510) 704-8930 Fax (510) 704-8429

NEVADA: 1350 Freeport Blvd. #104, Sparks, NV 89431 Phone (775) 359-3377 Fax (775) 359-2798

Please print and send completed CoC with your samples. If you wish to email CoC, send the form as an attachment to Berkeley <[coc@asbestostemplabs.com](mailto:coc@asbestostemplabs.com)> or Reno <[sehrlich@asbestostemplabs.com](mailto:sehrlich@asbestostemplabs.com)>.

1062

Company: <b>Tetra Tech</b>		Contact: <b>Ed Jurbrugg</b>		Phone/Fax: <b>406-441-3296</b>		Email: <b>Edward.Jurbrugg@tetratech.com</b>					
Address: <b>7 West 10th Ave, Ste 612</b>		City: <b>Helena</b>		State: <b>MT</b> Zip: <b>59601</b>		Country: <b>United States</b>					
Job Site: <b>NDDOT MDA</b>		Job No: <b>103S 3259</b>		P.O. No:							
Reporting	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> FTP	<input type="checkbox"/> EDD/State Form	<input type="checkbox"/> Verbal				
Result Due	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 4 hr	<input type="checkbox"/> 6 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> 24 hr	<input type="checkbox"/> 48 hr	<input type="checkbox"/> 3 day				
Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHRA	<input type="checkbox"/> TEM CARB Mod. AHRA	<input type="checkbox"/> TEM EPA Yamato Level	<input type="checkbox"/> TEM NIOSH 7402, Issue 2	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 18794				
Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input checked="" type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative				
Asbestos Soil	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PLM Vermiculite Attic Insulation	Custom Analysis: Type: <b>Mill to 250 um</b>								
Asbestos Soil	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative						
Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6840-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Grav.)						
Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water		<input type="checkbox"/> 100.1 Non Potable Water								
Lead	<input type="checkbox"/> Paint Chips	<input type="checkbox"/> Dust Wipe	<input type="checkbox"/> Air Cassette	<input type="checkbox"/> Soil	Lead Waste Characterization:		<input type="checkbox"/> TTLC <input type="checkbox"/> STLC <input type="checkbox"/> TCLP				
Sample Storage	<input checked="" type="checkbox"/> No Test, Hold Sample Until: _____			<input type="checkbox"/> Post Test, Hold Sample Until: _____							
Custom Order	<input type="checkbox"/> Reanalysis by: _____		<input type="checkbox"/> Sensitivity: _____	<input type="checkbox"/> Composite	<input type="checkbox"/> Other: _____						
Sample #	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	8 Hour TWA Requested	Description
						On	Off	Average			
66-BE-00011		6-6-14								<input type="checkbox"/>	Outcrop Sample
66-BE-00012		6-6-14								<input type="checkbox"/>	outcrop Sample
66-BE-00013		6-6-14								<input type="checkbox"/>	outcrop Sample
66-BE-00014		6-6-14								<input type="checkbox"/>	outcrop Sample
638 RC2 On		6-12-14								<input type="checkbox"/>	dissect Sample
644 Adit Wall		6-12-14								<input type="checkbox"/>	dissect Sample
620 On/TV3		6-12-14								<input type="checkbox"/>	outcrop Sample
OC8		6-12-14								<input type="checkbox"/>	dissect Sample
625 FI <del>Red</del>		6-12-14								<input type="checkbox"/>	float Sample
616 TV 2		6-12-14								<input type="checkbox"/>	outcrop Sample
620 SS 80F		6-12-14								<input type="checkbox"/>	float Sample
OC5		6-12-14								<input type="checkbox"/>	dissect Sample
616 TV1 disite		6-12-14								<input type="checkbox"/>	dissect Sample
Submitted By: <b>[Signature]</b>		Received By:									
Date/Time Submitted: <b>6-6-14 1500</b>		Date/Time Received:									
Submitted By:		Received By:									
Date/Time Submitted:		Date/Time Received:									

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