



# CHAIN OF CUSTODY RECORD

ITEMS LISTED IN RED MUST BE COMPLETED BY CUSTOMER

<b>PROJECT NAME</b>		<b>CUSTOMER</b>			PLEASE SHIP SAMPLES TO: ATTN: CODY ZITOUN 1500 8TH STREET LASALLE, IL 61301				(FOR INTERNAL USE ONLY)		
<b>PROJECT LOCATION / ADDRESS</b>		<b>CUSTOMER BILLING ADDRESS</b>			P.O. NUMBER ADDITIONAL BILLING REFERENCE		ANALYSIS REQUESTED				TECH #: _____ LOGGED BY: _____ CUSTOMER SUPPORT REP: _____ REPORT ISSUED: _____ TAXABLE: _____ INVOICE INFORMATION: _____ _____ _____
<b>PROJECT CITY/STATE/ZIP</b>		<b>CUSTOMER BILLING CITY/STATE/ZIP</b>					PNOD SOIL DEMAND ASTM D7262-10 (2016) RESIDUAL PERMANGANATE ANALYSIS GROUNDWATER DEMAND ANALYSIS				
<b>SAMPLER</b>		<b>PROJECT MANAGER(S) SEND RESULTS TO</b>			RemOx® ISCO REAGENT  <input type="checkbox"/> KMnO <sub>4</sub> <input type="checkbox"/> NaMnO <sub>4</sub> <input type="checkbox"/> EITHER						
<b>SAMPLER'S SIGNATURE</b>		<b>PROJECT MANAGER(S) CONTACT E-MAIL / PHONE</b>									
<b>SAMPLE DESCRIPTION</b>		<b>DATE COLLECTED</b>	<b>TIME COLLECTED</b>	<b>SOIL TYPE</b>		<b># OF CONT</b>				<b>REMARKS</b>	
				SOIL	GW						
<b>RELINQUISHED BY: (SIGNATURE)</b>		<b>DATE</b>		<b>RECIEVED BY: (SIGNATURE)</b>				<b>DATE</b>		<b>COMMENTS: (FOR INTERNAL USE ONLY)</b> _____ _____ _____ _____	
		<b>TIME</b>						<b>TIME</b>			
<b>RELINQUISHED BY: (SIGNATURE)</b>		<b>DATE</b>		<b>RECEIVED AT LAB BY: (SIGNATURE)</b>				<b>DATE</b>			
		<b>TIME</b>						<b>TIME</b>			