

APPENDIX G

Chain-of-Custody Forms

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2638

NK16

Project/Client Name: East Waterway ERA

Project Number: _____

Contact Name: Matt Luxon

Sampled By: Matt Luxon

Ship to: _____

Attn: _____ Shipping Date: _____

Shipper: _____ Airbill Number: _____

Form filled out by: _____ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Hold	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
8/11/08	1340	EW08-SCUBA-W2-BRO1		TISSUE	↓								
8/11/08	1425	EW08-SCUBA-W2-BRO2											
8/11/08	1559	EW08-SCUBA-W3-BRO3											
8/11/08	1700	EW08-SCUBA-W4-BRO4											

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

1) Released by: <u>Matt Luxon</u>	1) Rec'd by: <u>Kieran Doolan</u>	2) Released by: _____	2) Rec'd by: _____
Print name: <u>Matt Luxon</u>	Print name: _____	Print name: _____	Print name: _____
Signature: <u>[Signature]</u>	Signature: _____	Signature: _____	Signature: _____
Company: <u>Windward</u>	Company: <u>ARI</u>	Company: _____	Company: _____
Date/Time: <u>8/11/08 18:20</u>	Date/Time: <u>8/11/08 18:20</u>	Date/Time: _____	Date/Time: _____

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



200 West Mercer Street
Suite 401
Seattle, WA 98119 ¹²⁰²
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: _____

00000:140

1 of 1

NK29

CHAIN-OF-CUSTODY/TEST REQUEST FORM

7.6

No 2636

Project/Client Name: East Waterway ERA

Ship to: _____

Project Number: _____

Attn: _____

Shipping Date: _____

Contact Name: Matt Luxon

Shipper: _____

Airbill Number: _____

Sampled By: Matt Luxon

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)]
8/12/08	11:01	EW08-SCUBA W5-RF05									
8/12/08	12:44	EW08-SCUBA W6-RF06									
8/12/08	13:57	EW08-SCUBA W7-RF07									
8/12/08	15:10	EW08-SCUBA W8-RF08									
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Matt Luxon</u>	1) Rec'd by: <u>Kimberly Peog</u>	2) Released by:	2) Rec'd by:
Print name: <u>Matt Luxon</u>	Company: <u>ARI</u>	Print name:	Company:
Signature: <u>[Signature]</u>	Date/Time: <u>8/12/08 18:20</u>	Signature:	Date/Time:
Company: <u>Windward Environmental</u>		Company:	

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

0111:00007

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2640

NK4

Project/Client Name: EAST WMEKWM / ERA

Ship to: _____

Project Number: 08080941

Attn: _____ Shipping Date: _____

Contact Name: DANIEL DIEDRICH

Shipper: _____ Airbill Number: _____

Sampled By: DANIEL DIEDRICH

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))
8/13/08	11:49	EW08SCUBA W9 RFA									
8/13/08	13:36	EW08SCUBA W12 RFI0									
8/13/08	15:13	EW08SCUBA W11 RFI1									
8/13/08	16:58	EW08SCUBA W12 RFI2									
8											
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>DANIEL DIEDRICH</u>	1) Rec'd by: <u>Kimberly Tigg</u>	2) Released by: _____	2) Rec'd by: _____
Print name: <u>DANIEL DIEDRICH</u>	Company: <u>ARI</u>	Print name: _____	Company: _____
Signature: <u>[Signature]</u>	Date/Time: <u>08/13/08 18:22</u>	Signature: _____	Date/Time: _____
Company: <u>Windward ENV</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: _____

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0811:00009

NM94

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2416

Project/Client Name: EWRI/ES - Fish and Crab Chemistry
 Project Number: 08-08-09-41
 Contact Name: Math Luxon
 Sampled By: Math Luxon, Thai Do

Ship to: ARI
 Attn: Sue Dunning Shipping Date: 08.27.08
 Shipper: Windward Environmental Bill 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)						Archive	Comments / Instructions (Jar tag number(s))
08.26.08	1301	EW-08-CT001-DC-01	1 crab	tissue	X							Freeze archive
08.26.08	1301	EW-08-CT001-RR-01	1 "	↓	X							Samples unbl
08.26.08	1301	EW-08-CT001-RR-02	1 "		X							notified for
08.26.08	1301	EW-08-CT001-RR-03	1 "		X							processing
08.26.08	1301	EW-08-CT001-RR-04	1 "		X							
08.26.08	1301	EW-08-CT001-RR-05	1 "		X							
08.26.08	1301	EW-08-CT001-RR-06	1 "		X							
08.26.08	1301	EW-08-CT001-RR-07	1 "		X							
08.26.08	1301	EW-08-CT001-RR-08	1 "		X							
08.26.08	1328	EW-08-ST002-RR-01	1 "		X							
08.26.08	1328	EW-08-ST002-RR-02	1 "		X							
08.26.08	1328	EW-08-ST002-RR-03	1 "	X								
Total Number of Containers			12	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>08/27/08 1600</u> <u>#800pm</u>	1) Rec'd by: <u>Kimberly Progg</u> Company: <u>ARI</u> Date/Time: <u>8/27/08 1745</u>	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:

08000:HELO

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/PS - Fish + Crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai DO

Ship to: ARI
 Attn: Sue Dunning Shipping Date: 08.27.08
 Shipper: Windward Env. 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	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
08.26.08	1328	EW-08-CT002-RR-01	1 crab	tissue	X							Freeze archive
		EW-08-CT002-RR-02			X							Samples unbl notified for processing
		EW-08-CT002-RR-03			X							
		EW-08-CT002-RR-04			X							
		EW-08-CT002-RR-05			X							
		EW-08-CT002-RR-06			X							
		EW-08-CT002-RR-07			X							
		EW-08-CT002-RR-08			X							
		EW-08-CT002-RR-09			X							
		EW-08-CT002-RR-10			X							
		EW-08-CT002-RR-11			X							
		EW-08-CT002-RR-12			X							
Total Number of Containers			12	Purchase Order / Statement of Work #								

X
X
X
+
+
X
X
X
X
X
X
X

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>Shannon Pierce</u>		Print name: <u>Kimberly Reed</u>		Print name: _____		Print name: _____	
Signature: <u>Shannon Pierce</u>		Signature: _____		Signature: _____		Signature: _____	
Company: <u>Windward Env.</u>		Company: <u>ARI</u>		Company: _____		Company: _____	
Date/Time: <u>09.29.08 1600</u>		Date/Time: <u>8/27/08 1745</u>		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:

09311:00005

NM95

CHAIN-OF-CUSTODY/TEST REQUEST FORM

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No 2641

Project/Client Name: EW RI/FS - Fish + Crab Chemistry
Project Number: 08-08-09-41
Contact Name: Matt Luxon
Sampled By: Matt Luxon

Ship to: ARI
Attn: Sue Dunihoo
Shipper: Windward Env
Form filled out by: Shannon Pierce
Shipping Date: 08-27-08
Airbill Number:
Turnaround requested:

Table with columns: Sample Collection Date, Time, Sample Identification, Volume of Sample / # of Containers, Matrix, Test(s) Requested, Comments / Instructions. Includes handwritten entries for samples EW-08-CT002-RR-13 through EW-08-CT009-RR-05.

Released by and Rec'd by information for Shannon Pierce and Kimberly Riggs, dated 8/27/08.

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To be completed by Laboratory upon sample receipt:

Form for laboratory receipt including Date of receipt, Condition upon receipt, Cooler temperature, Laboratory W.O. #, Time of receipt, and Received by.

OF 311 08008

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2417

Project/Client Name: EW RI/FS - FISH AND CRAB
 Project Number: 08-08-09-41
 Contact Name: MATT LUXON
 Sampled By: MATT LUXON, SHANNON PIERCE, DANIEL DIEDRICH

Ship to: ARI
 Attn: WINDWARD ENVIRONMENTAL Shipping Date: 08-27-08
 Shipper: SUE DUMITHOR Airbill Number: _____
 Form filled out by: DANIEL DIEDRICH Turnaround requested: _____
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)]
					Archive						
X ✓ 08-26-08	1454	EW-08-CT009-RR-06	1 crab	tissue	X						Freeze archive
X ✓	1454	EW-08-CT009-RR-07	↓	↓	X						samples until notified for processing
X ✓	1508	EW-08-CT010-RR-01	↓	↓	X						
X ✓		EW-08-CT010-RR-02	↓	↓	X						
X ✓		EW-08-CT010-RR-03	↓	↓	X						
X ✓		EW-08-CT010-RR-04	↓	↓	X						
X ✓		EW-08-CT010-RR-05	↓	↓	X						
X ✓		EW-08-CT010-RR-06	↓	↓	X						
X ✓	1529	EW-08-CT005-RR-01	↓	↓	X						
X ✓		EW-08-CT005-RR-02	↓	↓	X						
X ✓		EW-08-CT005-RR-03	↓	↓	X						
X ✓		EW-08-CT005-RR-04	↓	↓	X						
Total Number of Containers			12	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>08-27-08 1600</u>	1) Rec'd by: <u>Kimberly Dugg</u> Company: <u>ARI</u> Date/Time: <u>08/27/08 1745</u>	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: _____

08-24-00009

NMA6
5 of 7

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2422

Project/Client Name: EW RI/ES Fish and Crab Chemistry
 Project Number: DR-08-09-41
 Contact Name: Math Luxon
 Sampled By: MAT LUXON

Ship to: ARI
 Attn: Sue Dunahoo Shipping Date: 08 27. 08
 Shipper: Windward Env. 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))
					Archive						
08.26.08	1529	EW-08-CT005-RR-05	1 CRAB	ASSUR	X						Freeze archive
	1529	EW-08-CT005-KR-06			X						sampled until
	1552	EW-08-CT003-RR-01			X						noted for
	1552	EW-08-CT003-RR-02			X						processing
	1552	EW-08-CT003-RR-03			X						
	1538	EW-08-CT007-RR-01			X						
		EW-08-CT007-RR-01			X						
		EW-08-CT007-RR-02			X						
		EW-08-CT007-RR-03			X						
		EW-08-CT007-RR-04			X						
		EW-08-CT007-RR-05			X						
		EW-08-CT007-RR-06			X						
Total Number of Containers			12	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>08.27.08 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: _____

0F34:00011

NMMP

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2423

Project/Client Name: EW RI/FS Fish and Crab Chemistry
 Project Number: 08-08-09-41
 Contact Name: MAH Luxon
 Sampled By: Thai Do

Ship to: ARI
 Attn: Sue Dunihoo Shipping Date: 08.27.08
 Shipper: Windward Env. 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 (for tag number(s))
					Archive						
08.26.08	✓ 1558	EW-08-CT004-RR-01	1 crab	tissue	X						Freeze archive
	✓ 1720	EW-08-CT008-DC-01	↓		X						samples until
	✓ 1720	EW-08-CT008-DC-02	↓		X						held for
08.27.08	✓ 1056	EW-08-ST008-SR-01	9 shrimp		X						processing
	✓ 0803	EW-08-HC001-MS-01	89 mus.		X						
	✓ 0816	EW-08-HC002-MS-01	93 mus		X						
	✓ 0828	EW-08-HC003-MS-01	91 mus		X						
	✓ 0840	EW-08-HC004-MS-01	100 mus		X						
	✓ 0851	EW-08-HC005-MS-01	101 mus.		X						
	✓ 0908	EW-08-HC006-MS-01	101 mus.		X						
	✓ 0919	EW-08-HC007-MS-01	100 mus.		X						
	✓ 0931	EW-08-HC008-MS-01	100 mus.	↓	X						
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>08.27.08 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:
--	--	--	--

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

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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0834:00012

7 of 7

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 2424

Project/Client Name: EW R1/FS Fish + Crab Chemistry
 Project Number: 08-08-09-41
 Contact Name: Math Lujan
 Sampled By: Thai Do

Ship to: ARI
 Attn: Sue Dunshoo Shipping Date: 08.27.08
 Shipper: Windward Env. 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))							
					Archive														
08.27.08	0945	EW-08-HC009-MS-01	100 mus.	tissue	X								Freeze archive						
08.27.08	0954	EW-08-HC010-MS-01	100 mus.	tissue	X								sampled unlab. notated for processing						
08.27.08	1007	EW-08-HC011-MS-01	100 mus.	tissue	X														
 																			
 																			
 																			
 																			
 																			
 																			
 																			
 																			
 																			
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>					Company: _____					Print name: _____					Company: _____				
Signature: <u>Shannon Pierce</u>					Date/Time: _____					Signature: _____					Date/Time: _____				
Company: <u>Windward Env.</u>					Date/Time: <u>08.27.08 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:

OF-341:00013

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	10:32	EW-08-TR001-RR-01	1	tissue	X							Freeze archive samples until notified for processing
	10:59	EW-08-TR002-DC-01	1									
	12:26	EW-08-TR004-DC-02	1									
	16:13	EW-08-TR008-DC-03	1									
	12:26	EW-08-TR004-SR-01	6									
	14:41	EW-08-TR006-SR-02	4									
	15:13	EW-08-TR007-SR-03	5									
	16:13	EW-08-TR008-SR-04	1									
	17:29	EW-08-TR010-SR-05	1									
	10:32	EW-08-TR001-SR-01	1									
		-02	1									
		-03	1									
Total Number of Individuals			24	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>Jonathan Walter</u> Print name: <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ 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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date:
 Shipper: Windward Environmental LLC Airbill Number:
 Form filled out by: S. Replinger Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	10:32	EW-08-TR001-SS-04	1	tissue	X								
		-05	1										Freeze archive samples until notified for processing
		-06	1										
		-07	1										
		-08	1										
		-09	1										
		-10	1										
	10:59	EW-08-TR002-SS-11	1										
		-12	1										
		-13	1										
		-14	1										
	12:26	EW-08-TR004-SS-15	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Sonathon Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	12:26	EW-08-TROUA-SS-16	1	tissue	X								
		-17	1										Freeze archive samples until notified for processing
		-18	1										
		-19	1										
		-20	1										
		-21	1										
		-22	1										
		-23	1										
		-24	1										
		-25	1										
		-26	1										
		-27	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathon Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ 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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	12:26	EW-08-TR004-SS-28	1	tissue	X							Freeze archive samples until notified for processing
		-29	1									
		-30	1									
		-31	1									
		-32	1									
		-33	1									
		-34	1									
	13:02	EW-08-TR005-SS-35	1									
		-36	1									
		-37	1									
		-38	1									
	14:41	EW-08-TR006-SS-39	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Shanna Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	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:

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS- Fish and crab chemistry

Project Number: 08-08-09-41

Contact Name: Matt Luxon

Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.

Attn: Sue Dunnihoo Shipping Date:

Shipper: Windward Environmental LLC Airbill Number:

Form filled out by: S. Replinger Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	14:41	EW-08-TR006-SS-40	1	tissue	X								
		-41	1										Freeze archive samples until notified for processing
		-42	1										
		-43	1										
		-44	1										
		-45	1										
		-46	1										
		-47	1										
		-48	1										
		-49	1										
		-50	1										
		-51	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by:		1) Rec'd by: <u>Jonathan Walter</u>		2) Released by:		2) Rec'd by:	
Print name: <u>S. Replinger</u>		Company: <u>ARI</u>		Print name:		Company:	
Signature: <u>[Signature]</u>		Date/Time: <u>9/3/08 1705</u>		Signature:		Date/Time:	
Company: <u>Windward Environmental LLC</u>				Company:			
Date/Time: <u>9/3/2008 17:05</u>				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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunninghoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	15:13	EW-08-TR007-SS-52	1	tissue	X								Freeze archive samples until notified for processing
		-53	1										
		-54	1										
		-55	1										
		-56	1										
		-57	1										
		-58	1										
		-59	1										
	16:13	EW-08-TR008-SS-60	1										
		-61	1										
		-62	1										
		-63	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 12:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ 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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc. Shipping Date: _____
 Attn: Sue Dunnihoo Airbill Number: _____
 Shipper: Windward Environmental LLC Turnaround requested: _____
 Form filled out by: S. Replinger

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	16:13	EW-08-TR008-SS-64	1	tissue	X								
		-65	1										Freeze archive samples until notified for processing
		-66	1										
		-67	1										
		-68	1										
		-69	1										
		-70	1										
		-71	1										
		-72	1										
		-73	1										
		-74	1										
		-75	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathon Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ 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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc. Shipping Date: _____
 Attn: Sue Dunnihoo Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	16:13	EW-08-TR008-SS-76	1	tissue	X							Freeze archive samples until notified for processing
		-77	1									
		-78	1									
		-79	1									
		-80	1									
	10:32	EW-08-TR001-ES-01	1									
		-02	1									
		-03	1									
		-04	1									
		-05	1									
		-06	1									
		-07	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathon Walter</u> Company: <u>ART</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ 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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunninghoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	10:32	EW-08-T2001-ES-08	1	tissue	X								Freeze archive samples until notified for processing
		-09	1										
		-10	1										
		-11	1										
		-12	1										
		-13	1										
		-14	1										
		-15	1										
		-16	1										
	10:59	EW-08-T2002-ES-17	1										
		-18	1										
		-19	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathon Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ 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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	12:26	EW-08-TR004-ES-20	1	tissue	X							Freeze archive samples until notified for processing
		-21	1									
		-22	1									
		-23	1									
		-24	1									
		-25	1									
		-26	1									
		-27	1									
		-28	1									
		-29	1									
		-30	1									
		-31	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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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

Project/Client Name: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date:
 Shipper: Windward Environmental LLC Airbill Number:
 Form filled out by: S. Replinger Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	12:26	EW-08-TR004-ES-32	1	tissue	X							Freeze archive samples until notified for processing
		-33	1									
		-34	1									
		-35	1									
		-36	1									
		-37	1									
		-38	1									
		-39	1									
		-40	1									
		-41	1									
		-42	1									
		-43	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	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:

12 of 18

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS- Fish and crab chemistry

Project Number: 08-08-09-41

Contact Name: Matt Luxon

Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.

Attn: Sue Dunnihoo Shipping Date:

Shipper: Windward Environmental LLC Airbill Number:

Form filled out by: S. Replinger 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)]	
					Archive							
9/2/2008	12:26	EW-08-TR004-ES-44	1	tissue	X							Freeze archive samples until notified for processing
	13:02	EW-08-TR005-ES-45	1									
		-46	1									
		-47	1									
		-48	1									
		-49	1									
		-50	1									
		-51	1									
		-52	1									
		-53	1									
	14:41	EW-08-TR006-ES-54	1									
		-55	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	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:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	14:41	EW-08-TR006-ES-56	1	tissue	X							Freeze archive samples until notified for processing
		-57	1									
		-58	1									
		-59	1									
		-60	1									
		-61	1									
		-62	1									
		-63	1									
		-64	1									
		-65	1									
		-66	1									
		-67	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ART</u> Date/Time: <u>9/3/08 17:05</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

14 of 18

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]	
9/2/2008	14:41	EW-08-TR066-ES-68	1	tissue	X								
		-69	1										Freeze archive samples until notified for processing
		-70	1										
		-71	1										
		-72	1										
		-73	1										
		-74	1										
		-75	1										
		-76	1										
		-77	1										
		-78	1										
		-79	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ART</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: Signature: Company: Date/Time:	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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date:
 Shipper: Windward Environmental LLC Airbill Number:
 Form filled out by: S. Replinger Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))	
9/2/2008	14:41	EW-08-TR006-ES-80	1	tissue	X								
		-81	1										Freeze archive samples until notified for processing
		-82	1										
		-83	1										
		-84	1										
		-85	1										
		-86	1										
		-87	1										
		-88	1										
		-89	1										
		-90	1										
		-91	1										
Total Number of Individuals			12	Purchase Order / Statement of Work #									

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2005 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: Signature: Company: Date/Time:	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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunninghoo Shipping Date: _____
 Shipper: Windward Environmental LLC Airbill Number: _____
 Form filled out by: S. Replinger Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	14:41	EW-08-TR006-ES-92	1	tissue	X							Freeze archive samples until notified for processing
		-93	1									
		-94	1									
		-95	1									
		-96	1									
		-97	1									
		-98	1									
		-99	1									
		-100	1									
		-101	1									
		-102	1									
		-103	1									
Total Number of Individuals			12	Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	---	--	--

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



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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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunning Shipping Date:
 Shipper: Windward Environmental LLC Airbill Number:
 Form filled out by: S. Replinger Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)							Comments / Instructions [Jar tag number(s)]	
9/12/2008	14:41	EW-08-TR006-ES-104	1	tissue	X									Freeze archive samples until notified for processing
		-105	1											
		-106	1											
		-107	1											
		-108	1											
		-109	1											
		-110	1											
	15:13	EW-08-TR007-ES-111	1											
		-112	1											
		-113	1											
		-114	1											
		-115	1											
Total Number of Individuals			12	Purchase Order / Statement of Work #										

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> <u>Jonathan Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	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: EW RI/FS- Fish and crab chemistry
 Project Number: 08-08-09-41
 Contact Name: Matt Luxon
 Sampled By: Matt Luxon, Thai Do

Ship to: Analytical Resources Inc.
 Attn: Sue Dunnihoo Shipping Date:
 Shipper: Windward Environmental LLC Airbill Number:
 Form filled out by: S. Replinger Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
9/2/2008	15:13	EW-08-TR007-ES-116	1	tissue	X							Freeze archive samples until notified for processing
Total Number of Individuals				Purchase Order / Statement of Work #								

1) Released by: Print name: <u>Suzanne Replinger</u> Signature: <u>[Signature]</u> Company: <u>Windward Environmental LLC</u> Date/Time: <u>9/3/2008 17:05</u>	1) Rec'd by: <u>[Signature]</u> Print name: <u>Jonathon Walter</u> Company: <u>ARI</u> Date/Time: <u>9/3/08 1705</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
--	---	--	--

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



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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 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2533

Project/Client Name: EW RI/FS Fish and shell fish Collection

Ship to: ARI

Project Number: 08-08-09-41

NY55

Attn: Sue Dornihoo

Shipping Date: 10.27.08

Contact Name: Marina Mitchell

Shipper: Handel'd.

Airbill Number: _____

Sampled By: T-DO

Form filled out by: T-DO

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))	
10.24.08	1000	EW-08-SB013-BR13	1	TISSUE								PROCESS PER WINDWARD INSTRUCTIONS
/	/	/	/	/	/	/	/	/	/	/	/	/
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/	/	/	/	/	/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/	/	/	/	/	/

Total Number of Containers: 1 Purchase Order / Statement of Work # _____

1) Released by: <u>T-DO</u> Print name: <u>T-DO</u> Signature: _____ Company: <u>WINDWARD ENV LLC</u> Date/Time: <u>10.27.08 / 1730</u>	1) Rec'd by: _____ <u>Kimberly Riggs</u> Company: <u>ARI</u> Date/Time: <u>10/27/08 1730</u>	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: _____ Print name: _____ Signature: _____ 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:

06/11/2008 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS Fish and Shellfish Collection 2008
 Project Number: 08-08-09-41
 Contact Name: Marina Mitchell
 Sampled By: ML

Samples in Custody of: ARI, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Dunninghoo Shipping Date: NA
 Shipper: NA Airbill Number: NA
 Form filled out by: Marina Mitchell Turnaround requested: STANDARD

Sample Collection Date	Windward Final Sample ID after Homogenization	Number of specimens in Composite Sample	Matrix	EW Fish and Shellfish 2008	Comments / Instructions
9/2/2008	EW-08-ES-WB-comp1	5	tissue	Analyze all samples for: SVOCs, EPA 8270D Metals incl. Hg, EPA 6010B, 200.8, 7471A, or 7000 Butyltins, per Krone Lipids, NOAA 1993 Total Solids, PSEP 1997 Pesticides, EPA 8081A ARCHIVE all samples FROZEN until Windward authorizes sample disposal. Purchase Order/Statement of Work # ARI08-12	Composite, process, homogenize, and analyze samples using instructions provided under separate cover.
9/2/2008	EW-08-ES-WB-comp2	5	tissue		
9/2/2008	EW-08-ES-WB-comp3	5	tissue		
9/2/2008	EW-08-ES-WB-comp4	5	tissue		
9/2/2008	EW-08-ES-WB-comp5	5	tissue		
9/2/2008	EW-08-ES-WB-comp6	5	tissue		
9/2/2008	EW-08-ES-WB-comp7	5	tissue		
9/2/2008	EW-08-ES-WB-comp8	5	tissue		
9/2/2008	EW-08-ES-WB-comp9	5	tissue		
9/2/2008	EW-08-ES-WB-comp10	5	tissue		
9/2/2008	EW-08-ES-WB-comp11	5	tissue		
9/2/2008	EW-08-ES-FL-comp1	5	tissue		Send frozen subsamples to Brooks Rand and CAS-Keiso for additional analyses as follows:
9/2/2008	EW-08-ES-FL-comp2	5	tissue		
9/2/2008	EW-08-ES-FL-comp3	5	tissue		
9/2/2008	EW-08-ES-FL-comp4	5	tissue		
9/2/2008	EW-08-ES-FL-comp5	5	tissue		
					1) Approx. 20 grams to Brooks Rand for inorganic As and total As, per EPA 1632 and ICP-DRC-MS, respectively, attention Misty Kenard-Mayer
					2) Approx. 25 – 100 grams to CAS-Keiso for PCB Aroclor analysis per EPA 8082, attention Lynda Huckestein with client as Anchor Environmental, attn: Joy Dunay.

1) Analyses Requested by: Print name: Marina Mitchell Signature:  Company: Windward Environmental, LLC Date/Time: 12/04/08 @ 15:30	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:




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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS Fish and Shellfish Collection 2008
 Project Number: 08-08-09-41
 Contact Name: Marina Mitchell
 Sampled By: ML

Samples in Custody of: ARI, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Durnihoo Shipping Date: NA
 Shipper: NA Airbill Number: NA
 Form filled out by: Marina Mitchell Turnaround requested: STANDARD

Sample Collection Date	Windward Final Sample ID after Homogenization	Number of specimens in Composite Sample	Matrix	EW Fish and Shellfish 2008	Comments / Instructions
9/2/2008	EW-08-ES-FL-comp6	5	tissue	see page 1	see page 1
9/2/2008	EW-08-ES-FL-comp7	5	tissue		
9/2/2008	EW-08-ES-FL-comp8	5	tissue		
9/2/2008	EW-08-ES-FL-comp9	5	tissue		
9/2/2008	EW-08-ES-FL-comp10	5	tissue		
9/2/2008	EW-08-ES-FL-comp11	5	tissue		
9/2/2008	EW-08-SS-WB-comp1	10	tissue		
9/2/2008	EW-08-SS-WB-comp2	10	tissue		
9/2/2008	EW-08-SS-WB-comp3	10	tissue		
9/2/2008	EW-08-SS-WB-comp4	10	tissue		
9/2/2008	EW-08-SS-WB-comp5	10	tissue		
9/2/2008	EW-08-SS-WB-comp6	10	tissue		
9/2/2008	EW-08-SS-WB-comp7	10	tissue		
9/2/2008	EW-08-SS-WB-comp8	10	tissue		
8/26/2008	EW-08-RR-EM-comp1	7	tissue		
8/26/2008	EW-08-RR-HP-comp1	7	tissue	Purchase Order/Statement of Work # ARI08-12	

1) Analyses Requested by: Print name: Marina Mitchell Signature:  Company: Windward Environmental, LLC Date/Time: 12/04/08 @ 15:30	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:




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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS Fish and Shellfish Collection 2008
 Project Number: 08-08-09-41
 Contact Name: Marina Mitchell
 Sampled By: ML

Samples in Custody of: ARI, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Dunnihoo Shipping Date: NA
 Shipper: NA Airbill Number: NA
 Form filled out by: Marina Mitchell Turnaround requested: STANDARD

Sample Collection Date	Windward Final Sample ID after Homogenization	Number of specimens in Composite Sample	Matrix	EW Fish and Shellfish 2008	Comments / Instructions
8/26/2008	EW-08-RR-EM-comp2	7	tissue	see page 1	see page 1
8/26/2008	EW-08-RR-HP-comp2	7	tissue		
8/26/2008	EW-08-RR-EM-comp3	7	tissue		
8/26/2008	EW-08-RR-HP-comp3	7	tissue		
8/26/2008	EW-08-RR-EM-comp4	7	tissue		
8/26/2008	EW-08-RR-HP-comp4	7	tissue		
8/26/2008	EW-08-RR-EM-comp5	7	tissue		
8/26/2008	EW-08-RR-HP-comp5	7	tissue		
8/26/2008	EW-08-RR-EM-comp6	6	tissue		
8/26/2008	EW-08-RR-HP-comp6	6	tissue		
8/26/2008	EW-08-RR-EM-comp7	7	tissue		
8/26/2008	EW-08-RR-HP-comp7	7	tissue		
8/26/2008	EW-08-RR-EM-comp8	7	tissue		
8/26/2008	EW-08-RR-HP-comp8	7	tissue		
9/2/2008	EW-08-DC-EM-comp1	7	tissue		
9/2/2008	EW-08-DC-HP-comp1	7	tissue	Purchase Order/Statement of Work # ARI08-12	

1) Analyses Requested by: Print name: Marina Mitchell Signature:  Company: Windward Environmental, LLC Date/Time: 12/04/08 @ 15:30	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:



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OF41

4 of 5

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: EW RI/FS Fish and Shellfish Collection 2008
 Project Number: 08-08-09-41
 Contact Name: Marina Mitchell
 Sampled By: ML

Samples in Custody of: ARI, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Dunniho Shipping Date: NA
 Shipper: NA Airbill Number: NA
 Form filled out by: Marina Mitchell Turnaround requested: STANDARD

Sample Collection Date	Windward Final Sample ID after Homogenization	Number of specimens in Composite Sample	Matrix	EW Fish and Shellfish 2008	Comments / Instructions
9/2/2008	EW-08-SR-WB-comp1	6	tissue	see page 1	see page 1
8/27/2008	EW-08-MS-WB-comp1	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp2	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp3	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp4	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp5	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp6	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp7	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp8	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp9	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp10	89 - 101	tissue		
8/27/2008	EW-08-MS-WB-comp11	89 - 101	tissue		
8/11/2008	EW-08-SB002-BR-01	1	tissue		
8/11/2008	EW-08-SB002-BR-02	1	tissue		
8/11/2008	EW-08-SB002-BR-03 EW-08-SB002-BR-03	1	tissue		
8/11/2008	EW-08-SB002-BR-04 EW-08-SB002-BR-04	1	tissue		
				Purchase Order/Statement of Work # ARI08-12	

1) Analyses Requested by:
 Print name: Marina Mitchell
 Signature: *Marina Mitchell*
 Company: Windward Environmental, LLC
 Date/Time: 12/04/08 @ 15:30

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

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

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

OF41:00003



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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: EW RI/FS Fish and Shellfish Collection 2008
 Project Number: 08-08-09-41
 Contact Name: Marina Mitchell
 Sampled By: ML

Samples in Custody of: ARI, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Dunning Shipping Date: NA
 Shipper: NA Airbill Number: NA
 Form filled out by: Marina Mitchell Turnaround requested: STANDARD

Sample Collection Date	Windward Final Sample ID after Homogenization	Number of specimens in Composite Sample	Matrix	EW Fish and Shellfish 2008	Comments / Instructions
8/12/2008	EW-08-SB002-BR-05	1	tissue	EW-08-SB005-BR-05	see page 1 Corrected Sample IDs num 7/8/08
8/12/2008	EW-08-SB002-BR-06	1	tissue	EW-08-SB006-BR-06	
8/12/2008	EW-08-SB002-BR-07	1	tissue	EW-08-SB007-BR-07	
8/12/2008	EW-08-SB002-BR-08	1	tissue	EW-08-SB008-BR-08	
8/13/2008	EW-08-SB002-BR-09	1	tissue	EW-08-SB009-BR-09	
8/13/2008	EW-08-SB002-BR-10	1	tissue	EW-08-SB012-BR-10	
8/13/2008	EW-08-SB002-BR-11	1	tissue	EW-08-SB011-BR-11	
8/13/2008	EW-08-SB002-BR-12	1	tissue	EW-08-SB012-BR-12	
10/24/2008	EW-08-SB002-BR-13 <i>num 7/8/08</i>	1	tissue	EW-08-SB013-BR-13	
<i>num 12/4/08</i>			tissue		
			tissue		
			tissue		
			tissue		
			tissue		
			tissue		

1) Analyses Requested by: Print name: Marina Mitchell Signature: <i>[Signature]</i> Company: Windward Environmental, LLC Date/Time: 12/04/08 @ 15:30		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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0F41:0004

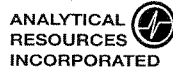


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To be completed by Laboratory upon sample receipt:

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

SUBCONTRACTOR ANALYSIS REQUEST
 CUSTODY TRANSFER 01/06/09



ARI Project: OF37

K0900129

Laboratory: Columbia Analytical Services Inc.
 Lab Contact: Ed Wallace
 Lab Address: 1317 South 13th Street
 Kelso, WA 98626
 Phone: 360-577-7222
 Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
 Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunnihoo
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: **01/19/09**
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34504-OF37A	EW-08-RR-HP-COMP1	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34505-OF37B	EW-08-RR-HP-COMP2	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34506-OF37C	EW-08-RR-HP-COMP3	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34507-OF37D	EW-08-RR-HP-COMP4	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34508-OF37E	EW-08-RR-HP-COMP5	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34509-OF37F	EW-08-RR-HP-COMP6	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34510-OF37G	EW-08-RR-HP-COMP7	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34511-OF37H	EW-08-RR-HP-COMP8	08/26/08	Tissue	1	PCB AROCLOR
Special Instructions: None					

Carrier	<i>UPS</i>	Airbill	<i>12 832695 034426 6989</i>	Date	<i>1/6/09</i>
Relinquished by	<i>[Signature]</i>	Company	<i>ARI</i>	Date	<i>1/6/09</i>
Received by	<i>[Signature]</i>	Company	<i>OAS</i>	Date	<i>1/7/09</i>
				Time	<i>1500</i>
				Time	<i>1030</i>



X0900132

Laboratory: Columbia Analytical Services Inc.
 Lab Contact: Ed Wallace
 Lab Address: 1317 South 13th Street
 Kelso, WA 98626
 Phone: 360-577-7222
 Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
 Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunning
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: 01/16/09
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34604-OF43L	EW-08-ES-FL-COMP01	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34605-OF43M	EW-08-ES-FL-COMP02	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34606-OF43N	EW-08-ES-FL-COMP03	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34608-OF43P	EW-08-ES-FL-COMP05	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34609-OF43Q	EW-08-ES-FL-COMP06	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34610-OF43R	EW-08-ES-FL-COMP07	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34611-OF43S	EW-08-ES-FL-COMP08	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34612-OF43T	EW-08-ES-FL-COMP09	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					

Carrier UPS	Airbill 128326950344266989	Date 1/6/09
Relinquished by <i>[Signature]</i>	Company ARI	Date 1/6/09
Received by <i>[Signature]</i>	Company CAS	Date 1/7/09
		Time 1500
		Time 1030



Laboratory: Columbia Analytical Services Inc. ARI Client: Windward Environmental,
 Lab Contact: Ed Wallace Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34613-OF43U	EW-08-ES-FL-COMP10	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
08-34614-OF43V	EW-08-ES-FL-COMP11	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by		Company		Date	
Received by <i>Ben Clark</i>		Company <i>OA</i>		Date <i>1/7/09</i>	
				Time <i>1030</i>	



K090036

Laboratory: Columbia Analytical Services Inc.
 Lab Contact: Ed Wallace
 Lab Address: 1317 South 13th Street
 Kelso, WA 98626
 Phone: 360-577-7222
 Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
 Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunnihoo
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: 01/16/09
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34532-OF41N	EW-08-SB002-BR-01	08/11/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34533-OF41O	EW-08-SB002-BR-02	08/11/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34560-OF41P	EW-08-SB002-BR-03	08/11/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34561-OF41Q	EW-08-SB002-BR-04	08/11/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34562-OF41R	EW-08-SB002-BR-05	08/12/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34563-OF41S	EW-08-SB002-BR-06	08/12/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34564-OF41T	EW-08-SB002-BR-07	08/12/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34565-OF41U	EW-08-SB002-BR-08	08/12/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					

Carrier <i>UPS</i>	Airbill <i>12 032695 03 44260989</i>	Date <i>1/6/09</i>
Relinquished by <i>[Signature]</i>	Company <i>ARI</i>	Date <i>1/6/09</i>
Received by <i>[Signature]</i>	Company <i>AS</i>	Date <i>1/7/09</i>
		Time <i>1500</i>
		Time <i>1030</i>

SUBCONTRACTOR ANALYSIS REQUEST
 CUSTODY TRANSFER 12/26/08



ARI Project: OF41

K0900136

Laboratory: Columbia Analytical Services Inc. ARI Client: Woodward Environmental,
 Lab Contact: Ed Wallace Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34566-OF41V	EW-08-SB002-BR-09	08/13/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34567-OF41W	EW-08-SB002-BR-10	08/13/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34568-OF41X	EW-08-SB002-BR-11	08/13/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34569-OF41Y	EW-08-SB002-BR-12	08/13/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34570-OF41Z	EW-08-SB002-BR-13	10/24/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
Received by <i>Fran O'Hara</i>	Company <i>CAS</i>	Date <i>1/7/09</i>	Time <i>1030</i>		



10900137

Laboratory: Columbia Analytical Services Inc.
 Lab Contact: Ed Wallace
 Lab Address: 1317 South 13th Street
 Kelso, WA 98626
 Phone: 360-577-7222
 Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
 Project ID: EW/RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunning
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: 01/14/09
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34466-OF34I	EW-08-RR-EM-COMP1	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34467-OF34J	EW-08-RR-EM-COMP2	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34468-OF34K	EW-08-RR-EM-COMP3	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34469-OF34L	EW-08-RR-EM-COMP4	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34470-OF34M	EW-08-RR-EM-COMP5	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34471-OF34N	EW-08-RR-EM-COMP6	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34472-OF34O	EW-08-RR-EM-COMP7	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34473-OF34P	EW-08-RR-EM-COMP8	08/26/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					

Carrier	UPS	Airbill	128326950344266989	Date	1/16/09
Relinquished by	[Signature]	Company	ARI	Date	1/16/09
Received by	[Signature]	Company	CA5	Date	1/17/09
				Time	1500
				Time	1630

K0900138

Laboratory: Columbia Analytical Services Inc.
 Lab Contact: Ed Wallace
 Lab Address: 1317 South 13th Street
 Kelso, WA 98626
 Phone: 360-577-7222
 Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
 Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunnihoo
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: 01/14/09
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34493-OF36L	EW-08-MS-WB-COMP1	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34494-OF36M	EW-08-MS-WB-COMP2	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34495-OF36N	EW-08-MS-WB-COMP3	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34496-OF36O	EW-08-MS-WB-COMP4	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34497-OF36P	EW-08-MS-WB-COMP5	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34498-OF36Q	EW-08-MS-WB-COMP6	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34499-OF36R	EW-08-MS-WB-COMP7	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34500-OF36S	EW-08-MS-WB-COMP8	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					

Carrier <i>UPS</i>	Airbill <i>128326950344266989</i>	Date <i>1/6/09</i>
Relinquished by <i>[Signature]</i>	Company <i>ARI</i>	Date <i>1/6/09</i>
Received by <i>[Signature]</i>	Company <i>CAS</i>	Date <i>1/7/09</i>
		Time <i>1500</i>
		Time <i>1030</i>

110900138

Laboratory: Columbia Analytical Services Inc. ARI Client: Windward Environmental,
 Lab Contact: Ed Wallace Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34501-OF36T	EW-08-MS-WB-COMP9	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34502-OF36U	EW-08-MS-WB-COMP10	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					
08-34503-OF36V	EW-08-MS-WB-COMP11	08/27/08	Tissue	1	PCB AROCLOR 8082
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
Received by <i>Jan Glau</i>	Company <i>CAS</i>	Date <i>11/7/09</i>	Time <i>1030</i>		



110900139

Laboratory: Columbia Analytical Services Inc.
 Lab Contact: Ed Wallace
 Lab Address: 1317 South 13th Street
 Kelso, WA 98626
 Phone: 360-577-7222
 Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
 Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunnihoo
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: 01/26/09
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
09-167-OG20D	EW-08-SR-WB-COMP1	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-168-OG20E	EW-08-DC-EM-COMP1	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-169-OG20F	EW-08-DC-HP-COMP1	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					

Carrier UPS	Airbill 17 832 695 8344767974	Date 1/6/09
Relinquished by <i>[Signature]</i>	Company ARI	Date 1/6/09
Received by <i>[Signature]</i>	Company CAS	Date 1/7/09
		Time 1500
		Time 1030



10900140

Laboratory: Columbia Analytical Services Inc.
Lab Contact: Ed Wallace
Lab Address: 1317 South 13th Street
Kelso, WA 98626
Phone: 360-577-7222
Fax: 360-636-1068

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunnihoo
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/26/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
09-144-OG18I	EW-08-SS-WB-COMP1	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-145-OG18J	EW-08-SS-WB-COMP2	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-146-OG18K	EW-08-SS-WB-COMP3	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-147-OG18L	EW-08-SS-WB-COMP4	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-148-OG18M	EW-08-SS-WB-COMP5	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-149-OG18N	EW-08-SS-WB-COMP6	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-150-OG18O	EW-08-SS-WB-COMP7	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					
09-151-OG18P	EW-08-SS-WB-COMP8	09/02/08	Tissue	1	PCB AROCLOR
Special Instructions: None					

Carrier UPS	Airbill 178326956344767974	Date 1/6/09
Relinquished by <i>[Signature]</i>	Company ARI	Date 1/6/09
Received by <i>[Signature]</i>	Company CAS	Date 1/7/09
		Time 1500
		Time 1030



K0900873

Laboratory: Columbia Analytical Services Inc. ARI Client: Windward Environmental, LLC
 Lab Contact: Lynda Huckstein Project ID: EW RI/FS FISH & SHELLFISH COLLECTIO
 Lab Address: 1317 South 13th Street ARI PM: Sue Dunnihoo
 Kelso, WA 98626 Phone: 206-695-6207
 Phone: 360-577-7222 Fax: 206-695-6201
 Fax: 360-636-1068

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around:
 Fax Results (Y/N): **YES**

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
09-3118-OK63A	EW-08-SR-WB-COMP1	09/02/08	Tissue	1	PCB AROCLOR PER EPA 8082

Special Instructions: PCB AROCLOR PER EPA 8082

Carrier	UPS	Airbill	12 8326950344603891	Date	2/2/09
Relinquished by		Company	ARI	Date	2/2/09
Received by		Company	Juell	Date	2/3/09
				Time	1415
				Time	1030

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/24/08

0902011



ARI Project: OF34

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave. NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW/RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunnihoo
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/14/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34458-OF34A	EW-08-RR-EM-COMP1	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34459-OF34B	EW-08-RR-EM-COMP2	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34460-OF34C	EW-08-RR-EM-COMP3	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34461-OF34D	EW-08-RR-EM-COMP4	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34462-OF34E	EW-08-RR-EM-COMP5	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34463-OF34F	EW-08-RR-EM-COMP6	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34464-OF34G	EW-08-RR-EM-COMP7	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34465-OF34H	EW-08-RR-EM-COMP8	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier	Airbill	Date
Relinquished by <i>RL</i>	Company ARI	Date 1/5/09 Time 1455
Received by <i>[Signature]</i>	Company BRL	Date 1/5/09 Time 1500

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 01/05/09



ARI Project: OF35

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/19/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34474-OF35A	EW-08-RR-HP-COMP1	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34475-OF35B	EW-08-RR-HP-COMP2	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: Hg, METLAS, As INORG/TOTAL					
08-34476-OF35C	EW-08-RR-HP-COMP3	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: Hg, METALS, As INORG/TOTAL					
08-34477-OF35D	EW-08-RR-HP-COMP4	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: Hg, METALS, As INORG/TOTAL					
08-34478-OF35E	EW-08-RR-HP-COMP5	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34479-OF35F	EW-08-RR-HP-COMP6	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: Hg, METALS, As INORG/TOTAL					
08-34480-OF35G	EW-08-RR-HP-COMP7	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: Hg, METALS, As INORG/TOTAL					
08-34481-OF35H	EW-08-RR-HP-COMP8	08/26/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: Hg, METALS, As INORG/TOTAL					

Carrier	Airbill	Date
Relinquished by	Company ARI	Date 1/5/09 Time 1455
Received by	Company BRL	Date 1/5/09 Time 1500

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/24/08



ARI Project: OF36

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/14/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34482-OF36A	EW-08-MS-WB-COMP1	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34483-OF36B	EW-08-MS-WB-COMP2	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34484-OF36C	EW-08-MS-WB-COMP3	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34485-OF36D	EW-08-MS-WB-COMP4	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34486-OF36E	EW-08-MS-WB-COMP5	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34487-OF36F	EW-08-MS-WB-COMP6	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34488-OF36G	EW-08-MS-WB-COMP7	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34489-OF36H	EW-08-MS-WB-COMP8	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
<i>[Signature]</i>	AKI	1/5/09	1455		
Received by	Company	Date	Time		
<i>[Signature]</i>	BRL	1/5/09	1800		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/24/08



ARI Project: OF36

Laboratory: Brooks Rand
Lab Contact: Sample Receiving

ARI Client: Windward Environmental,
Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34490-OF36I	EW-08-MS-WB-COMP9	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34491-OF36J	EW-08-MS-WB-COMP10	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34492-OF36K	EW-08-MS-WB-COMP11	08/27/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by <i>R</i>	Company ARI	Date 1/5/09	Time 1455		
Received by <i>[Signature]</i>	Company BRL	Date 1/5/09	Time 1800		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/26/08



ARI Project: OF41

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/16/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34547-OF41A	EW-08-SB002-BR-01	08/11/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34548-OF41B	EW-08-SB002-BR-02	08/11/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34549-OF41C	EW-08-SB002-BR-03	08/11/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34550-OF41D	EW-08-SB002-BR-04	08/11/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34551-OF41E	EW-08-SB002-BR-05	08/12/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34552-OF41F	EW-08-SB002-BR-06	08/12/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34553-OF41G	EW-08-SB002-BR-07	08/12/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34554-OF41H	EW-08-SB002-BR-08	08/12/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	ARI	Date	1/5/09	Time 1455
Received by	Company	BRL	Date	1/5/09	Time 1500

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/26/08



ARI Project: OF41

Laboratory: Brooks Rand
Lab Contact: Sample Receiving

ARI Client: Windward Environmental,
Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34555-OF41I	EW-08-SB002-BR-09	08/13/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34556-OF41J	EW-08-SB002-BR-10	08/13/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34557-OF41K	EW-08-SB002-BR-11	08/13/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34558-OF41L	EW-08-SB002-BR-12	08/13/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34559-OF41M	EW-08-SB002-BR-13	10/24/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by <i>[Signature]</i>	Company ARI	Date 1/5/9	Time 1455		
Received by <i>[Signature]</i>	Company BRL	Date 1/5/9	Time 1500		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/26/08



ARI Project: OF42

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/16/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34571-OF42A	EW-08-ES-WB-COMP1	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34572-OF42B	EW-08-ES-WB-COMP2	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34573-OF42C	EW-08-ES-WB-COMP3	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34574-OF42D	EW-08-ES-WB-COMP4	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34575-OF42E	EW-08-ES-WB-COMP5	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34576-OF42F	EW-08-ES-WB-COMP6	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34577-OF42G	EW-08-ES-WB-COMP7	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34578-OF42H	EW-08-ES-WB-COMP8	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
<i>[Signature]</i>	ARI	1/5/09	1455		
Received by	Company	Date	Time		
<i>[Signature]</i>	BRL	1/5/09	1508		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/26/08



ARI Project: OF42

Laboratory: Brooks Rand
Lab Contact: Sample Receiving

ARI Client: Windward Environmental,
Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34579-OF42I	EW-08-ES-WB-COMP9	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34580-OF42J	EW-08-ES-WB-COMP10	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34581-OF42K	EW-08-ES-WB-COMP11	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
<i>[Signature]</i>	ARI	1/5/09	1935		
Received by	Company	Date	Time		
<i>[Signature]</i>	BRL	1/5/09	1500		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/26/08



ARI Project: OF43

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/16/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34593-OF43A	EW-08-ES-FL-COMP1	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34594-OF43B	EW-08-ES-FL-COMP2	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34595-OF43C	EW-08-ES-FL-COMP3	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34596-OF43D	EW-08-ES-FL-COMP4	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34597-OF43E	EW-08-ES-FL-COMP5	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34598-OF43F	EW-08-ES-FL-COMP6	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34599-OF43G	EW-08-ES-FL-COMP7	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34600-OF43H	EW-08-ES-FL-COMP8	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
<i>[Signature]</i>	ARI	1/5/09	1455		
Received by	Company	Date	Time		
<i>[Signature]</i>	BRL	1/5/09	1500		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/26/08



ARI Project: OF43

Laboratory: Brooks Rand
Lab Contact: Sample Receiving

ARI Client: Windward Environmental,
Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34602-OF43J	EW-08-ES-FL-COMP10	09/02/08	Tissue	5	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34603-OF43K	EW-08-ES-FL-COMP11	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
<i>[Signature]</i>	ARI	1/5/09	1455		
Received by	Company	Date	Time		
<i>[Signature]</i>	BRL	1/5/09	1500		



Analytical Resources, Inc.

4611 S 134th Place, Suite 100
Tukwila, WA 98168
(206) 695-6200 Telephone
(206) 695-6201 Fax Server
(206) 695-6202 Fax Machine

FAX

Date: 1/7/09 Time: 1145

To: Sample Receiving

Company: Brooks Rand

FAX # (206) - 632 - 6017

From: Jonathan Walter ^{(206) - 695 - 6220} jonathanw@arilabs.com

RE: OF43 Coc

Pages (Including cover page): 3

Notes: Correct information for OF43 subcontract form.

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ANALYTICAL RESOURCES

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SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 01/07/09



ARI Project: OF43

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/16/09
Fax Results (Y/N):

Limits of Liability. *Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.*

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34593-OF43A	EW-08-ES-FL-COMP1	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34594-OF43B	EW-08-ES-FL-COMP2	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34595-OF43C	EW-08-ES-FL-COMP3	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34596-OF43D	EW-08-ES-FL-COMP4	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34597-OF43E	EW-08-ES-FL-COMP5	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34598-OF43F	EW-08-ES-FL-COMP6	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34599-OF43G	EW-08-ES-FL-COMP7	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34600-OF43H	EW-08-ES-FL-COMP8	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier	Airbill	Date
Relinquished by	Company	Date
		Time
Received by	Company	Date
		Time

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ANALYTICAL RESOURCES

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SUBCONTRACTOR ANALYSIS REQUEST
 CUSTODY TRANSFER 01/07/09



ARI Project: OF43

Laboratory: Brooks Rand
 Lab Contact: Sample Receiving

ARI Client: Windward Environmental,
 Project ID: 08-08-09-41

ARI Sample ID	Client Sample ID/ Add'l Sample ID	Sampled	Matrix	Bottles	Analyses
08-34601-OF43I	EW-08-ES-FL-COMP9	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34602-OF43J	EW-08-ES-FL-COMP10	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
08-34603-OF43K	EW-08-ES-FL-COMP11	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
Received by	Company	Date	Time		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 01/05/09



ARI Project: OG18

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around: 01/26/09
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, notwithstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
09-136-OG18A	EW-08-SS-WB-COMP1	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-137-OG18B	EW-08-SS-WB-COMP2	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-138-OG18C	EW-08-SS-WB-COMP3	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-139-OG18D	EW-08-SS-WB-COMP4	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-140-OG18E	EW-08-SS-WB-COMP5	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-141-OG18F	EW-08-SS-WB-COMP6	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-142-OG18G	EW-08-SS-WB-COMP7	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-143-OG18H	EW-08-SS-WB-COMP8	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
<i>R L</i>	ARI	1/5/09	1455		
Received by	Company	Date	Time		
<i>[Signature]</i>	BRL	1/5/09	1500		

0902011

SUBCONTRACTOR ANALYSIS REQUEST
 CUSTODY TRANSFER 01/05/09



ARI Project: OG20

Laboratory: Brooks Rand
 Lab Contact: Sample Receiving
 Lab Address: 3950 6th Ave.NW
 Seattle, WA 98107
 Phone: 206-632-6206
 Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
 Project ID: EW RI/FS FISH AND SHELLFISH COLLECT
 ARI PM: Sue Dunning
 Phone: 206-695-6207
 Fax: 206-695-6201

Analytical Protocol: In-house
 Special Instructions:

Requested Turn Around: 01/26/09
 Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
09-165-OG20B	EW-08-DC-EM-COMP1	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					
09-166-OG20C	EW-08-DC-HP-COMP1	09/02/08	Tissue	1	INORGANIC AND TOTAL AS
Special Instructions: None					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
	AKI	1/5/09	1455		
Received by	Company	Date	Time		
	BRL	1/5/09	1500		

SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 12/23/08



ARI Project: OF28

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client:
Project ID: EAST WATERWAY CLAM SURVEY
ARI PM:
Phone:
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around:
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34423-OF28A	EW-B10-NL-06-COMP1	08/01/08 14:50	Tissue	1	Metals (Sub) EPA 1632
Special Instructions: EPA 1632,TOT&INORG AS BY ICP-DRC-MS					
08-34424-OF28B	EW-B08-NL-03	07/31/08 14:30	Tissue		Metals (Sub) EPA 1632
Special Instructions: EPA1632,TOT&INORG As BY ICP-DRC-MS					

Carrier	UPS	Airbill	1Z8326950345434858	Date	12/23/08
Relinquished by	Sam Hayes	Company	ARI	Date	12/23/08
				Time	1600
Received by		Company	BPL	Date	1/6/09
				Time	1500

Subcontractor Custody Form - OF28
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ANALYTICAL RESOURCES

PAGE 01



Analytical Resources, Inc.

4611 S 134th Place, Suite 100
Tukwila, WA 98168
(206) 695-6200 Telephone
(206) 695-6201 Fax Server
(206) 695-6202 Fax Machine

FAX

Date: 1/7/09 Time: 1030

To: Sample Receiving

Company: Brooks Rand

FAX # (206) - 632 - 6017

From: Jonathon Walter

RE: Subcontract COE

Pages (Including cover page): 2

Notes: Updated Subcontract form
for OF28

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ANALYTICAL RESOURCES

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SUBCONTRACTOR ANALYSIS REQUEST
CUSTODY TRANSFER 01/07/09



ARI Project: OF28

Laboratory: Brooks Rand
Lab Contact: Sample Receiving
Lab Address: 3950 6th Ave.NW
Seattle, WA 98107
Phone: 206-632-6206
Fax: 206-632-6017

ARI Client: Windward Environmental, LLC
Project ID: EAST WATERWAY CLAM SURVEY
ARI PM: Sue Dunning
Phone: 206-695-6207
Fax: 206-695-6201

Analytical Protocol: In-house
Special Instructions:

Requested Turn Around:
Fax Results (Y/N):

Limits of Liability. Subcontractor is expected to perform all requested services in accordance with appropriate methodology following Standard Operating Procedures that meet standards for the industry. The total liability of ARI, its officers, agents, employees, or successors, arising out of or in connection with the requested services, shall not exceed the negotiated amount for said services. The agreement by the Subcontractor to perform services requested by ARI releases ARI from any liability in excess thereof, not withstanding any provision to the contrary in any contract, purchase order or co-signed agreement between ARI and the Subcontractor.

ARI ID	Client ID/ Add'l ID	Sampled	Matrix	Bottles	Analyses
08-34423-OF28A	EW-B10-NL-06-COMP1	08/01/08 14:50	Tissue	1	Metals (Sub) EPA 1632
Special Instructions: EPA 1632,TOT&INORG AS BY ICP-DRC-MS					
08-34424-OF28B	EW-B08-NL-03-COMP1	07/31/08 14:30	Tissue		Metals (Sub) EPA 1632
Special Instructions: EPA1632,TOT&INORG As BY ICP-DRC-MS					

Carrier		Airbill		Date	
Relinquished by	Company	Date	Time		
Received by	Company	Date	Time		