



ALS Environmental
 4388 Glendale Milford Rd.
 Cincinnati, Ohio 45242
 Phone: (800) 458-1493 or
 (513) 733-5336
 Fax: (513) 733-5347

ANALYTICAL REQUEST FORM

30278

REGULAR Status **1904867**

RUSH Status Required - ADDITIONAL CHARGE
 RESULTS REQUIRED BY _____ DATE _____
 CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

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Date 4-4-19 Purchase Order No. _____
 Company Name Greater Cincy WaterWorks
 Address 4747 Spring Grove Ave
Cincinnati OH 45232
 City State Zip
 Send Report To Zack McCoy
 Email Address zachary.mccoy@gcww.cincinnati-oh.gov
 Telephone (513) 439-2483
 Alt. Contact Name KYLE Buckley
 Alt. Contact Info kyle.buckley@gcww.cincinnati-oh.gov

Quote No. _____
 Sampling Site Beechmont Levy / Beechmont Ave
 Date/Time of Collection 9:1430Hrs
 Project No. 12" Main Replacement Beechmont
 Billing Address (if different) same

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L)	Sample Time (min.)	ANALYSES REQUESTED - Use Method Number if Known
<u>2</u>	<u>#1 GCWW, Beechmont Levy</u>	<u>B</u>	<u>-</u>	<u>-</u>	<u>PLM - R93</u>
	<u>#2 GCWW, Beechmont Levy</u>	<u>B</u>	<u>-</u>	<u>-</u>	<u>PLM - R93</u>

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY.

Relinquished by: (Signature) <u>[Signature]</u>	Date / Time <u>4-4-19 1540</u>	Received by: (Signature) <u>[Signature]</u>	Date / Time <u>4-4-19 1540</u>
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time

ALS LAB USE ONLY				DELIVERY METHOD:			
COOLER TEMP: _____ °C	Taken with IR#: _____	STD MAIL	PRTY MAIL	CLIENT ALS	DROP BOX COURIER	FEDEX OTHER: _____	UPS
COOLING METHOD: NONE COOLER WET ICE DRY ICE ICE PACK		CUSTODY SEALS: COOLER PACKAGE		SAMPLES NOT REQUIRED		EQUIP. RETURNED: _____	