

Newberry Twp

PLEASE PRINT:

Collector I.D. #		Reason Code		Cost Center		Program Code			
0	1	2	8	0	1	3	8	4	4

MULTIPLE SAMPLE SUBMISSION SHEET

LABORATORY USE ONLY

pH < 2? Yes No

Res. Cl? Yes No

Temp. 56°C? Yes No

Initials _____ Matrix Code _____

Sequence Number	Date Collected	Time Collected	Sampling Location	SAC or Suite Code(s)	Additional Tests	Legal Seal Number(s)	Intact Y/N	Initials	Lab Number(s)
001	9/07/21	0940	(431) Shuler Rd	PFAS	Potable				
002		1025	450 Shuler Rd						
003		1050	459 Shuler Rd						
004		1125	580 Old York Rd						
005		1215	Meritt Comm						
006		1250	103 C Lydsdale Ct		Potable				
007	9/07/21	1300	FRB	PFAS					

NUMBER OF INORGANIC CONTAINERS SENT: # Unfiltered # Filtered <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											NUMBER OF ORGANIC CONTAINERS SENT: # Preserved 40 mL VOA: <table border="1"><tr><td> </td><td> </td></tr></table> 60 mL VOA: <table border="1"><tr><td> </td><td> </td></tr></table> 1 L Amber: <table border="1"><tr><td> </td><td> </td></tr></table> Other: <table border="1"><tr><td> </td><td> </td></tr></table>									Additional Information: 500 mL Amber: <table border="1"><tr><td> </td><td> </td></tr></table> 20 mL scint.: <table border="1"><tr><td> </td><td> </td></tr></table> Other: PFAS <table border="1"><tr><td> </td><td> </td></tr></table>						
Verified by (lab initials): <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									Verified by (lab initials): <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									<input type="checkbox"/> Check Here if Compliance Samples								

Facility Name: _____ Facility ID #: _____

Sample Collector Name: Dennis Low Phone: 717-705-4853

Alternate Contact: Ruth Bishop 717-705-4833

How Shipped: commercial courier Hand Delivered

Chain of Custody

Relinquished by Sample Collector: Dennis Low

Accepted by: _____

Relinquished by: _____

Received at the Bureau of Labs: _____

Signature: *Dennis Low* Date: 9/07/21 Time: 1500

Lab initials: _____

Note: Place this Sample Submission Sheet in a sealed plastic bag. Secure the bag to the top of the lid inside the cooler.