CHAIN OF CUSTODY PAGE 1 OF 1

Maine DEP- LD1911 PFAS Project Samples

Date Rec'd in Lab:	ALPHA Job #:

72 Center Street
Brewer ME 04412
Tel:(207)624-0713

320 Forbes Blvd
Mansfield MA 02048
Tel: (508) 822-9300

Project Information:

Facility Name:

Discharge Schedule:

Contract and Billing Information:

ALPHA Contract Number: 06A20220714*137

Client Information:

MEPDES # (Client Project #):

Invoice to: Patricia.L.Korbet@maine.gov, Brett.A.Goodrich@maine.gov

Client: Maine Dept. of Environmental Protection

EGAD Site #:

To be completed by permittee before submitting samples

Contact: Brett Goodrich

DEP Project Manager: Brett Goodrich

Daily Flow (MGD) for 24-hour period prior to sampling _____MGD

Address: 17 SHS

Facility Contact:

Facility Phone

State: Maine Zip Code: 04901

Facility Email:

Phone: 207-287-9034

Email: Brett.A.Goodrich@maine.gov

Lab report copies to: dep.edd@maine.gov; Kelly.Perkins@maine.gov; Brett.A.Goodrich@maine.gov; Facility report to:

Check the box below for any events that occurred within 24 hours of sampling:

Wet weather event ☐ Yes ☐ No

Septage Received ☐ Yes ☐ No

Leachate or Other Transported Waste ☐ Yes ☐ No

Sampling Notes:

Turn-Around Time:

☑ Standard ☐ Rush (only confirmed if pre-approved)

Date Due:

ALPHA Lab ID (Lab Use Only)	Sample Point Name (Ex. Outfall 001-A, Lagoon Effluent Before Spray)	Sample Date	Sample Time	Sample Matrix/ Type	Sample Location	Collection Method	Treatment Status	Analysis: Maine 28 PFAS Compounds (Isotope Dilution)	Total # Bottles	Sample Comments:
	Outfall No.			WW	EF	GS	T	X	2	
	Field Blank (if applicable)			AQ	NA	NA	NA	X	1	
	Equipment Blank (if applicable)			AQ	NA	NA	NA	X	1	

Container Type:
P=Plastic
A=Amber Glass
G=Glass
B=Bacteria Cup
BOD=BOB Bottle
O=Other

Preservative: Tz= Trizma A=None
O = Other _____

Sampled by:

Container Type: P

Preservative: Tz

All samples subject to Alpha's terms and conditions.

	Relinquished by:	**Date/ Time:**	**Received by:**	**Date/ Time:**
	Relinquished by:	**Date/ Time:**	**Received by:**	**Date/ Time:**
DEP Inspector:	**Relinquished by:**	**Date/ Time:**	**Received by:**	**Date/ Time:**
DEP Region:	**Relinquished by:**	**Date/ Time:**	**Received by:**	**Date/ Time:**