

Example CHAIN OF CUSTODY PAGE <u>1</u> OF <u>1</u> Maine DEP- LD1911 PFAS Project Samples								Date Rec'd in Lab:		Lab Job #:	
Project Information: Facility Name:								Contract and Billing Information: Invoice to:			
Client Information:		MEPDES # (Client Project #):									
Client:		EGAD Site #:						To be completed by permittee before submitting samples			
Contact:		DEP Project Manager: Brett Goodrich, ; Brett.A.Goodrich@maine.gov						Daily Flow (MGD) for 24-hourr period prior to sampling MGD			
Address:		Facility Contact:						Check if applicable: ☐ Wet weather event within 24 hours of sampling ☐ Septage Received within 24 hours of sampling ☐ Leachate or Other Transported Waste w/i 24 hr of sampling			
State:	Zip Code:	Facility Email:		Facility Phone:							
Phone:		Lab report copies to: dep.edd@maine.gov; Kelly.Perkins@maine.gov ;									
Email:		Brett.A.Goodrich@maine.gov ; Facility email:									
Sampling Notes:						Turn-Around Time: ☒ Standard ☐ Rush (only confirmed if pre-approved) Date Due:				Total # Bottles	Sample Comments:
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)			
	Outfall #:			WW	EF	GS	T	X		2	
	Field Blank (if applicable)							X		1	
	Equipment Blank (if applicable)							X		1	
Container Type: P=Plastic A=Amber Glass V=Vial G=Glass B=Bacteria cup C=Cube O=Other E=Encore BOD=Bottle	Preservative: Tz= Trizma A=None O = Other _____		Sampled by:					Container Type:	P		
								Preservative:			
	Relinquished by:				Date/ Time:		Received by:			Date/ Time:	
	Relinquished by:				Date/ Time:		Received by:			Date/ Time:	
	Relinquished by:				Date/ Time:		Received by:			Date/ Time:	
Relinquished by:				Date/ Time:		Received by:			Date/ Time:		