

Appendix G

Chain of Custody Forms

Chain of Custody Record Environmental Monitoring Program

DATE: 03-28-07

King County
Department of
Natural Resources and Parks
Solid Waste Division

COPY No. 6873

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		PERMIT	Remarks
Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T		Project Site Test: VASW (21)			
Requisitioned By: <i>[Signature]</i> Date: 3/28/07		Received By: <i>[Signature]</i> Date: 3/28/07		Observations/Comments/Special Instructions:	
Sampler Signature: SEVIN BILIR Time: 1614		Printed Name: <i>[Signature]</i> Time: 3/28/07		Total # Containers: 21	
Company: KCSWD		Company: Leuchs		Instructions:	
Requisitioned By: <i>[Signature]</i> Date: 3/28/07		Received By: <i>[Signature]</i> Date: 3/28/07		1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	
Signature: <i>[Signature]</i> Printed Name: Leuchs Company: Leuchs		Signature: <i>[Signature]</i> Printed Name: Leuchs Company: Leuchs		Name: _____ Tel: _____	
White and Canary: KCSWD		Pink and Gold/red: Receiving Laboratory			

Chain of Custody Record Environmental Monitoring Program

DATE: 03-28-07

King County
Department of
Natural Resources and Parks
Solid Waste Division

COPY No. 6874

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		PERMIT	Remarks
Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T		Project Site Test: VASW (21)			
Requisitioned By: <i>[Signature]</i> Date: 3/28/07		Received By: <i>[Signature]</i> Date: 3/28/07		Observations/Comments/Special Instructions:	
Sampler Signature: SEVIN BILIR Time: 1614		Printed Name: <i>[Signature]</i> Time: 3/28/07		Total # Containers: 21	
Company: KCSWD		Company: Leuchs		Instructions:	
Requisitioned By: <i>[Signature]</i> Date: 3/28/07		Received By: <i>[Signature]</i> Date: 3/28/07		1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	
Signature: <i>[Signature]</i> Printed Name: Leuchs Company: Leuchs		Signature: <i>[Signature]</i> Printed Name: Leuchs Company: Leuchs		Name: _____ Tel: _____	
White and Canary: KCSWD		Pink and Gold/red: Receiving Laboratory			

Chain of Custody Record
Environmental Monitoring Program

DATE: 03-28-07

No. 6875
COPY

Name: **King County Solid Waste Division**
Address: **201 South Jackson Street, Suite 701
Seattle, WA 98104-3855**

Attention: **Sendy Jimenez (206) 296-4411**
Contract No: **T02344T**

Project Site Test: **VASW(21)**

Lab No.	Sample ID	Date	Time	Project Site Test Reference																																				Number of Containers	Remarks			
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36					
	SVW30703289	3-28-07	1230																																								21	+ Dissolved metals (* (See Note)

Relinquished By: **Semin Bilir** Date: **3/28/07** Received By: _____ Date: _____
Signature: _____ Signature: _____
Printed Name: **KCSWD** Time: **1614** Printed Name: _____ Time: _____
Company: _____ Company: _____

Relinquished By: **DeHowes** Date: **3/28/07** Received By: _____ Date: _____
Signature: _____ Signature: _____
Printed Name: **DeHowes** Time: **1614** Printed Name: _____ Time: _____
Company: _____ Company: _____

Observations/Comments/Special Instructions: *** Filter in lab. Use none preserved sample water from other bottles.**

Total # Containers: **21**

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample; or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages; receiving lab is to keep pink and goldendrod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Name: _____
Tel: _____

White and Canary: KCSWD Pink and Goldendrod: Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 05-09-07

No. 7887
COPY

Name: **King County Solid Waste Division**
Address: **201 South Jackson Street, Suite 701
Seattle, WA 98104-3855**

Attention: **Sendy Jimenez (206) 296-4411**
Contract No: **T02344T**

Project Site Test: **VA Hillslope**

Lab No.	Sample ID	Date	Time	Project Site Test Reference																																				Number of Containers	Remarks			
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36					
	SVW10705090	05-09-07	1200																																								22	VASW-2(44)
	SVW20705090	05-09-07	1130																																								22	VASW-2(44)
	SVW30705090	05-09-07	1000																																								22	VASW-2(44)

Relinquished By: **Semin Bilir** Date: **05/09/07** Received By: _____ Date: _____
Signature: _____ Signature: _____
Printed Name: **KCSWD** Time: **1620** Printed Name: _____ Time: _____
Company: _____ Company: _____

Relinquished By: **DeHowes** Date: **05/09/07** Received By: _____ Date: _____
Signature: _____ Signature: _____
Printed Name: **DeHowes** Time: **1620** Printed Name: _____ Time: _____
Company: _____ Company: _____

Observations/Comments/Special Instructions: _____

Total # Containers: **66**

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample; or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages; receiving lab is to keep pink and goldendrod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Name: _____
Tel: _____

White and Canary: KCSWD Pink and Goldendrod: Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 05-09-07

No. 7888

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855

Attention: **Sendy Jimenez (206) 296-4411**

Contract No: **T02344T**

Project Site Test: **VA Hill slope**

Lab No.	Sample ID	Date	Time	Project Site Test Reference																																				Number of Containers	Remarks
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER													
	SV14E070508	05-09-07	1015	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	10	VASW-3(45)

Requisitioned By: **[Signature]** Date: **05/09/07**
Sampler Signature: **SEVIN BILR** Signature: _____
Sampler Printed Name: **KCSWD** Printed Name: _____
Company: _____ Company: _____
Requisitioned By: _____ Date: _____
Signature: _____ Signature: **[Signature]**
Printed Name: _____ Printed Name: **Lawless**
Company: _____ Company: _____

Observations/Comments/Special Instructions: _____

Total # Containers: **10**

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages receiving lab is to keep pink and gold/rod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Chain of Custody Record
Environmental Monitoring Program

DATE: 5/10/07

No. 7890

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855

Attention: **Sendy Jimenez (206) 296-4411**

Contract No: **T02344T**

Project Site Test: **VA Hill slope**

Lab No.	Sample ID	Date	Time	Project Site Test Reference																																				Number of Containers	Remarks
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER													
	SVW4070510	05-10-07	1335	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	11	VASW-3(45)
	SVW5070510		1015																																					11	VASW-3(45)
	SVW6070510		1105																																					11	VASW-3(45)
	SVW7070510		1045																																					11	VASW-3(45)
	SVW8070510																																							11	VASW-3(45)
	VTRP070510T	05-08-07	0800																																					3	VASW-3(45)

Requisitioned By Sampler: **SEVIN BILR** Date: **05/10/07**
Sampler Signature: **[Signature]** Signature: _____
Sampler Printed Name: **KCSWD** Printed Name: _____
Company: _____ Company: _____
Requisitioned By: _____ Date: _____
Signature: _____ Signature: **[Signature]**
Printed Name: _____ Printed Name: **Stuebe**
Company: _____ Company: _____

Observations/Comments/Special Instructions: _____

Total # Containers: **47**

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages receiving lab is to keep pink and gold/rod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Chain of Custody Record
Environmental Monitoring Program

DATE: 08-14-07

No. **7894**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				Project Site Test Reference PERMIT GROUNDWATER SURFACE WATER LEACHATE/WASTEWATER CHGWA C-Hills GW Only (NF /OS) CHGWA C-Hills GW/ODS Only CHWAP3 Appendix III Adst Analytes CFOW Cedar Falls GW Only DUVW Duwitt GW Only ENGW Enbridge GW Only HOGW Hobart GW Only HPGW Puyallup GW Only SFGW South Park GW Only VAGW Vashon GW Only CHEWA Cedar Hills SW Army CHSWD Cedar Hills SW Only CHSWM Cedar Hills SW Moly CHSWP Cedar Hills SW Permit CF5W Cedar Falls SW Only DUSW Duwitt SW Only RESW Renton SW Only SPSW South Park SW Only VASW Vashon SW Only CHLSA C-Hills Leachate Army CHLSM Cedar Hills Leachate Moly CHLSM Cedar Hills Truckwash CHLSP C-Hills Leachate Permit ALLS Alcona WW Permit ENLS Enbridge WW Permit FALS Factory WW Permit FALS Factory WW Permit HTLS Houghton WW Permit RELS Renton WW Permit VALSP Vashon Leachate Permit VALSA Vashon Leachate Army VALSO Vashon Leachate Only VMSM Vashon Moly VALSM Vashon Moly REDS Renton Solid Resque (R)																																Remarks COPY	
Project Site Test: <u>VA Hillslope</u>				Number of Containers 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																Total # Containers: 69	
Lab No.	Sample ID	Date	Time																																		
	SVW1070814Q	08/14/07	1130																																	22 VASW2 (44)	
	SVW2070814Q	08/14/07	0845																																	22 VASW2 (44)	
	SVW3070814Q	08/14/07	0800																																	22 VASW2 (44)	
	VTRP070814T	08/14/07	0800																																	3	
Relinquished By: <u>SENIN BILIR</u> Signature: <u>[Signature]</u> Printed Name: <u>SENIN BILIR</u> Company: <u>KCSWD</u> Date: <u>08/14/07</u> Time: <u>1510</u>				Received By: <u>[Signature]</u> Signature: <u>[Signature]</u> Printed Name: <u>Lords</u> Company: <u>KCSWD</u> Date: <u>08/14/07</u> Time: <u>1510</u>				Observations/Comments/Special Instructions: Total # Containers: 69 Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not issued. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																								Name: _____ Tel: _____					

White and Canary: KCSWD Pink and Goldenrod: Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 08-14-07

No. **7892**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				Project Site Test Reference PERMIT GROUNDWATER SURFACE WATER LEACHATE/WASTEWATER CHGWA C-Hills GW Only (NF /OS) CHGWA C-Hills GW/ODS Only CHWAP3 Appendix III Adst Analytes CFOW Cedar Falls GW Only DUVW Duwitt GW Only ENGW Enbridge GW Only HOGW Hobart GW Only HPGW Puyallup GW Only SFGW South Park GW Only VAGW Vashon GW Only CHEWA Cedar Hills SW Army CHSWD Cedar Hills SW Only CHSWM Cedar Hills SW Moly CHSWP Cedar Hills SW Permit CF5W Cedar Falls SW Only DUSW Duwitt SW Only RESW Renton SW Only SPSW South Park SW Only VASW Vashon SW Only CHLSA C-Hills Leachate Army CHLSM Cedar Hills Leachate Moly CHLSM Cedar Hills Truckwash CHLSP C-Hills Leachate Permit ALLS Alcona WW Permit ENLS Enbridge WW Permit FALS Factory WW Permit FALS Factory WW Permit HTLS Houghton WW Permit RELS Renton WW Permit VALSP Vashon Leachate Permit VALSA Vashon Leachate Army VALSO Vashon Leachate Only VMSM Vashon Moly VALSM Vashon Moly REDS Renton Solid Resque (R)																																Remarks COPY	
Project Site Test: <u>VA Hillslope</u>				Number of Containers 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																Total # Containers: 47	
Lab No.	Sample ID	Date	Time																																		
	SVW5070814	08/14/07	0930																																	11 VASW3 (45)	
	SVW6070814	08/14/07	1000																																	11	
	SVW7070814	08/14/07	1030																																	11	
	SVW4070814	08/14/07	1045																																	11	
	VTRP070814S	08/14/07	0930																																	3	
Relinquished By: <u>SENIN BILIR</u> Signature: <u>[Signature]</u> Printed Name: <u>SENIN BILIR</u> Company: <u>KCSWD</u> Date: <u>08/14/07</u> Time: <u>1510</u>				Received By: <u>[Signature]</u> Signature: <u>[Signature]</u> Printed Name: <u>Lords</u> Company: <u>KCSWD</u> Date: <u>08/14/07</u> Time: <u>1510</u>				Observations/Comments/Special Instructions: Total # Containers: 47 Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not issued. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																								Name: _____ Tel: _____					

White and Canary: KCSWD Pink and Goldenrod: Receiving Laboratory

Chain of Custody Record

Environmental Monitoring Program

DATE: 10/30/07

7897

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T Project Site Test: VA Hillslope				Project Site Test Reference PERMIT CHGWA Cedar Hills GW Arroyo CHGW C Hills GW Only (NP / OS) CHGWA3 C Hills GW/OS Only GWAPP3 Appropos III Adst/Analysis CFCW Cedar Falls GW Only DUGW Duval GW Only ENGW Enunclaw GW Only HOGW Hohart GW Only HTGW Houghton GW Only PUGW Puget Sound GW Only SFGW South Fork GW Only VASW Vashon GW Only CHSWA Cedar Hills SW Arroyo CHSWD Cedar Hills SW Only CHSWM Cedar Hills SW Mly CHSWF Cedar Hills SW Permit CFSW Cedar Falls SW Only DUSW Duval SW Only RUSW Renton SW Only SPSW South Park SW Only VASW Vashon SW Only CHLSA C Hills Leachate Arroyo CHLSM Cedar Hills Leachate Mly CHTW Cedar Hills Truckwash CHLSP C Hills Leachate Permit AILS Altona WW Permit ENLS Enunclaw WW Permit FALS Factory WW Permit FALS First NE WW Permit HTLS Houghton WW Permit RELS Renton WW Permit VALS Vashon Leachate Permit VALSP Vashon Leachate Permit VALSO Vashon Leachate Only VALSM Vashon Leachate Mly REDS Renton Sols / Reseat (R)																												Remarks COPY 22 VASW2(44) 22 VASW2(44) 3															
				GROUNDWATER														SURFACE WATER															LEACHATE/WASTEWATER														Number of Containers 47
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	36							
	SVW2071030Q	10/30	1040																																												
	SVN3071030Q	10/30	1015																																												
	VTRP071030R	10/30	1015																																												
Relinquished By Sampler: Sevin Bilir Date: 10/30 Signature: <i>[Signature]</i> Sampler Printed Name: KCSWD Time: 1510 Company:				Received By: [Signature] Date: 10/30/07 Signature: <i>[Signature]</i> Printed Name: JAW's hoar Time: 15:10 Company:				Observations/Comments/Special Instructions: Total # Containers: 47 Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initials. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not issued. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person. Name: _____ Tel: _____																																							
Relinquished By: _____ Date: _____ Signature: _____ Printed Name: _____ Company: _____				Received By: _____ Date: _____ Signature: _____ Printed Name: _____ Company: _____																																											

Chain of Custody Record

Environmental Monitoring Program

DATE: 10/30/07

No. 7898

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T Project Site Test: VA Hillslope				Project Site Test Reference PERMIT CHGWA Cedar Hills GW Arroyo CHGW C Hills GW Only (NP / OS) CHGWA3 C Hills GW/OS Only GWAPP3 Appropos III Adst/Analysis CFCW Cedar Falls GW Only DUGW Duval GW Only ENGW Enunclaw GW Only HOGW Hohart GW Only HTGW Houghton GW Only PUGW Puget Sound GW Only SFGW South Fork GW Only VASW Vashon GW Only CHSWA Cedar Hills SW Arroyo CHSWD Cedar Hills SW Only CHSWM Cedar Hills SW Mly CHSWF Cedar Hills SW Permit CFSW Cedar Falls SW Only DUSW Duval SW Only RUSW Renton SW Only SPSW South Park SW Only VASW Vashon SW Only CHLSA C Hills Leachate Arroyo CHLSM Cedar Hills Leachate Mly CHTW Cedar Hills Truckwash CHLSP C Hills Leachate Permit AILS Altona WW Permit ENLS Enunclaw WW Permit FALS Factory WW Permit FALS First NE WW Permit HTLS Houghton WW Permit RELS Renton WW Permit VALS Vashon Leachate Permit VALSP Vashon Leachate Permit VALSO Vashon Leachate Only VALSM Vashon Leachate Mly REDS Renton Sols / Reseat (R)																												Remarks COPY 11 VASW3(45) 3															
				GROUNDWATER														SURFACE WATER															LEACHATE/WASTEWATER														Number of Containers 44
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	36							
	SVW5071030	10/30																																													
	VTRP071030T	10/30																																													
Relinquished By Sampler: Sevin Bilir Date: 10/30 Signature: <i>[Signature]</i> Sampler Printed Name: KCSWD Time: 1510 Company:				Received By: [Signature] Date: 10/30/07 Signature: <i>[Signature]</i> Printed Name: JAW's hoar Time: 15:10 Company:				Observations/Comments/Special Instructions: Total # Containers: 44 Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initials. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not issued. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person. Name: _____ Tel: _____																																							
Relinquished By: _____ Date: _____ Signature: _____ Printed Name: _____ Company: _____				Received By: _____ Date: _____ Signature: _____ Printed Name: _____ Company: _____																																											

Chain of Custody Record

Environmental Monitoring Program

DATE: 10/31/07

No. **7903**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sandy Jimenez (206) 296-4411 Contract No: T02344T Project Site Test: VA Hillslope				Project Site Test Reference GROUNDWATER: CHGWA, CHGW, CHGWV, CHGWV3, CFSW, DUGW, ENGW, HOGW, HOGW3, PLUGW, SPGW, VAGW, CHSWA, CHSWD, CHSWM, CHSWP, CFSW, DUSW, RESW, SPGW, VASW, CHLSA, CHLSM, CHLSP, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP SURFACE WATER: CHGWA, CHGW, CHGWV, CHGWV3, CFSW, DUGW, ENGW, HOGW, HOGW3, PLUGW, SPGW, VAGW, CHSWA, CHSWD, CHSWM, CHSWP, CFSW, DUSW, RESW, SPGW, VASW, CHLSA, CHLSM, CHLSP, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP LEACHATE/WASTEWATER: CHGWA, CHGW, CHGWV, CHGWV3, CFSW, DUGW, ENGW, HOGW, HOGW3, PLUGW, SPGW, VAGW, CHSWA, CHSWD, CHSWM, CHSWP, CFSW, DUSW, RESW, SPGW, VASW, CHLSA, CHLSM, CHLSP, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP																															PERMIT CHLSM, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP	Number of Containers 1-36	Remarks copy
Lab No.	Sample ID	Date	Time	Observations/Comments/Special Instructions:																																Total # Containers: 4	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.
	SWW4071031	10/31	1200																																		
	VTRP0710315	10/31	1200																																		
Relinquished By Sandy Jimenez Signature: <i>Sandy Jimenez</i> Printed Name: Sandy Jimenez Company: KCSWD	Date: 10/31/07	Received By Sandy Jimenez Signature: <i>Sandy Jimenez</i> Printed Name: Sandy Jimenez Company: KCSWD	Date: 10/31/07	Observations/Comments/Special Instructions:																																Total # Containers: 4	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Chain of Custody Record

Environmental Monitoring Program

DATE: 11/1/07

No. **7905**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sandy Jimenez (206) 296-4411 Contract No: T02344T Project Site Test: VA Hillslope				Project Site Test Reference GROUNDWATER: CHGWA, CHGW, CHGWV, CHGWV3, CFSW, DUGW, ENGW, HOGW, HOGW3, PLUGW, SPGW, VAGW, CHSWA, CHSWD, CHSWM, CHSWP, CFSW, DUSW, RESW, SPGW, VASW, CHLSA, CHLSM, CHLSP, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP SURFACE WATER: CHGWA, CHGW, CHGWV, CHGWV3, CFSW, DUGW, ENGW, HOGW, HOGW3, PLUGW, SPGW, VAGW, CHSWA, CHSWD, CHSWM, CHSWP, CFSW, DUSW, RESW, SPGW, VASW, CHLSA, CHLSM, CHLSP, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP LEACHATE/WASTEWATER: CHGWA, CHGW, CHGWV, CHGWV3, CFSW, DUGW, ENGW, HOGW, HOGW3, PLUGW, SPGW, VAGW, CHSWA, CHSWD, CHSWM, CHSWP, CFSW, DUSW, RESW, SPGW, VASW, CHLSA, CHLSM, CHLSP, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP																															PERMIT CHLSM, CHLTP, ENLS, ENLS3, ENLSM, ENLSP, ENLTP, FALS, FALS3, FALSM, FALSP, FALTP, HTLS, HTLS3, HTLSM, HTLSP, HTLTP, RLS, RLS3, RLSM, RLSP, RLTP, VALS, VALS3, VALSM, VALSP, VALTP, REDS, REDS3, REDSM, REDSP, REDTP	Number of Containers 1-36	Remarks copy
Lab No.	Sample ID	Date	Time	Observations/Comments/Special Instructions:																																Total # Containers: 25	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.
	SYN1071101Q	11/1	1015																																		
	VTRP071101R	11/1	1015																																		
Relinquished By Sandy Jimenez Signature: <i>Sandy Jimenez</i> Printed Name: Sandy Jimenez Company: KCSWD	Date: 11/1/07	Received By Sandy Jimenez Signature: <i>Sandy Jimenez</i> Printed Name: Sandy Jimenez Company: KCSWD	Date: 11/1/07	Observations/Comments/Special Instructions:																																Total # Containers: 25	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/red pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Chain of Custody Record Environmental Monitoring Program

DATE: 11/1/07

No. **7906**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sandy Jimenez (206) 296-4411 Contract No: T02344T				Project Site Test Reference																												Remarks VASW3(45) 11 3							
Project Site Test: VA Hillslope				GROUNDWATER								SURFACE WATER								LEACHATE/WASTEWATER													Number of Containers 25 Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.						
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		30	31	32	33	34	35
	SVW6071101-	11/1	1100																																				
	SVW7071101-	11/1	1130																																				
	VTRP071101T	W/1	1100																																				
Relinquished By Signature	Date	Received By Signature	Date	Observations/Comments/Special Instructions:																																			
<i>Sevin Bilir</i>	11/1																																						
Sampler Signature	Date	Printed Name	Time	Total # Containers: 25																																			
<i>Sevin Bilir</i>	2007		1615																																				
Sampler Printed Name	Company	Received By Signature	Date	Instructions:																																			
KCSWD		<i>Shanda Jones</i>	11/1/07																																				
Company		Printed Name	Time																																				
		<i>Shanda Jones</i>	1615																																				
Relinquished By Signature	Date	Received By Signature	Date																																				
		<i>Shanda Jones</i>	11/1/07																																				
Signature	Date	Printed Name	Time																																				
		<i>Sevin Bilir</i>	1615																																				
Printed Name	Company	Company																																					

White and Canary: KCSWD Pink and Goldenrod: Receiving Laboratory

Chain of Custody Record Environmental Monitoring Program

DATE: 12-18-07

No. **7907**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sandy Jimenez (206) 296-4411 Contract No: T02344T				Project Site Test Reference																												Remarks VASW-3(45) 11 3								
Project Site Test: VA Hillslope				GROUNDWATER								SURFACE WATER								LEACHATE/WASTEWATER													Number of Containers 69 Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.							
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		30	31	32	33	34	35	36
	SVW2071218-	12/18/07	1015																																					
	SVW3071218-		1000																																					
	SVW4071218-		1030																																					
	SVW5071218-		1245																																					
	SVW6071218-		1115																																					
	SVW7071218-	✓	1130																																					
	VTRP071218S	12/18/07	1015																																					
Relinquished By Signature	Date	Received By Signature	Date	Observations/Comments/Special Instructions:																																				
<i>Sevin Bilir</i>	12/18																																							
Sampler Signature	Date	Printed Name	Time	Total # Containers: 69																																				
<i>Sevin Bilir</i>	2007		1517																																					
Sampler Printed Name	Company	Received By Signature	Date	Instructions:																																				
KCSWD		<i>Shanda Jones</i>	12/18/07																																					
Company		Printed Name	Time																																					
		<i>Shanda Jones</i>	1517																																					
Relinquished By Signature	Date	Received By Signature	Date																																					
		<i>Shanda Jones</i>	12/18/07																																					
Signature	Date	Printed Name	Time																																					
		<i>Sevin Bilir</i>	1517																																					
Printed Name	Company	Company																																						

White and Canary: KCSWD Pink and Goldenrod: Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 03, 12, 08

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sindy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VA Hillslope				Project Site Test Reference																																Remarks																
				Groundwater																Surface Water																Leachate / Wastewater																S
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers												
	SVW1080312	3/12/08	1145																																							22	VASW2 (44)									
	SVW2080312		1000																																							22	↓									
	SVW3080312		1015																																							22	↓									
	VTRP080312S	3/12/08																																								3										
Relinquished By: <i>SB</i>		Date: 03/12/2008	Received By: <i>[Signature]</i>		Date: 3/12/08	Observations/Comments/Special Instructions:																																Total # Containers: 69														
Signature: <i>Sevin Bilir</i>		Time: 07:35	Signature: <i>[Signature]</i>		Time: 14:35																																	Instructions:														
Printed Name: KCSWD		Company: KCSWD	Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>																																	1. Complete in ballpoint pen. Draw one line through errors and initial.														
Relinquished By: <i>[Signature]</i>		Date: 3/12/08	Received By: <i>[Signature]</i>		Date: 3/12/08																																	2. Receiving lab is to sign in the shaded box.														
Signature: <i>[Signature]</i>		Time: 14:35	Signature: <i>[Signature]</i>		Time: 14:35																																	3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.														
Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>	Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>																																	4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.														
Relinquished By: <i>[Signature]</i>		Date: 3/12/08	Received By: <i>[Signature]</i>		Date: 3/12/08																																	5. If KCSWD personnel request, please provide a name and telephone number of your contact person.														
Signature: <i>[Signature]</i>		Time: 14:35	Signature: <i>[Signature]</i>		Time: 14:35																																	Name: _____														
Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>	Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>																																	Tel: _____														

Chain of Custody Record
Environmental Monitoring Program Date 03, 12, 08

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sindy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VA Hillslope				Project Site Test Reference																																Remarks																
				Groundwater																Surface Water																Leachate / Wastewater																S
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers												
	SVW4080312	3/12/08	1250 1030																																								11	VASW3 (45)								
	SVW5080312		1250																																								10	↓ *								
	SVW6080312		1210																																								11	↓								
	SVW7080312		1230																																								11	↓								
	VTRP080312R	3/12/08																																									3									
Relinquished By: <i>SB</i>		Date: 03/12/2008	Received By: <i>[Signature]</i>		Date: 3/12/08	Observations/Comments/Special Instructions:																																Total # Containers: 46														
Signature: <i>Sevin Bilir</i>		Time: 07:35	Signature: <i>[Signature]</i>		Time: 14:35	* SVW6080312 - was missing the DO bottle (will collect tomorrow)																																Instructions:														
Printed Name: KCSWD		Company: KCSWD	Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>																																	1. Complete in ballpoint pen. Draw one line through errors and initial.														
Relinquished By: <i>[Signature]</i>		Date: 3/12/08	Received By: <i>[Signature]</i>		Date: 3/12/08																																	2. Receiving lab is to sign in the shaded box.														
Signature: <i>[Signature]</i>		Time: 14:35	Signature: <i>[Signature]</i>		Time: 14:35																																	3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.														
Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>	Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>																																	4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.														
Relinquished By: <i>[Signature]</i>		Date: 3/12/08	Received By: <i>[Signature]</i>		Date: 3/12/08																																	5. If KCSWD personnel request, please provide a name and telephone number of your contact person.														
Signature: <i>[Signature]</i>		Time: 14:35	Signature: <i>[Signature]</i>		Time: 14:35																																	Name: _____														
Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>	Printed Name: <i>[Name]</i>		Company: <i>[Company]</i>																																	Tel: _____														

Chain of Custody Record
Environmental Monitoring Program Date 03,13,08

Department of Natural Resources and Parks
King County Solid Waste Division No 8376

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																												Remarks
Attention: Sindy Jimenez 206-296-4411				PERMIT																												Number of Containers
Contract No. T02344T																																
Project Test Site: VA Hillslope																																
Lab No.	Sample I.D.	Date	Time	Groundwater											Surface Water											Leachate / Wastewater					S	
	SVW5080312-	3/13/08	12:30																													
																																1 VASW3(4S) (DO only)
Relinquished By: <i>[Signature]</i>				Date: 3/13/2008				Received By: <i>[Signature]</i>				Date: 3/13/2008				Observations/Comments/Special Instructions:												Total # Containers: 1				
Signature: Sindy Bilir				Printed Name: KCSWD				Signature: <i>[Signature]</i>				Printed Name: <i>[Signature]</i>				Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.												Name: _____				
Relinquished By: <i>[Signature]</i>				Date: 3/13/2008				Received By: <i>[Signature]</i>				Date: 3/13/2008																Tel: _____				

0486 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 05,21,08

Department of Natural Resources and Parks
King County Solid Waste Division No 8378

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																												Remarks
Attention: Sindy Jimenez 206-296-4411				PERMIT																												Number of Containers
Contract No. T02344T																																
Project Test Site: VA Hillslope																																
Lab No.	Sample I.D.	Date	Time	Groundwater											Surface Water											Leachate / Wastewater					S	
	SVW10805219	5/21/08	11:45																												21	
	SVW20805219	↓	10:40																												21	
	SVW30805219	↓	10:55																												21	
	VTRP080521S	5/21/08	11:40																												3 VDA	
Relinquished By: <i>[Signature]</i>				Date: 5/21/08				Received By: <i>[Signature]</i>				Date: 5/21/08				Observations/Comments/Special Instructions:												Total # Containers: 66				
Signature: Sindy Bilir				Printed Name: KCSWD				Signature: <i>[Signature]</i>				Printed Name: <i>[Signature]</i>				Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.												Name: _____				
Relinquished By: <i>[Signature]</i>				Date: 5/21/08				Received By: <i>[Signature]</i>				Date: 5/21/08																Tel: _____				

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 07/15/08

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855
Attention: Sindy Jimenez 206-296-4411
Contract No: T02344T
Project Test Site: VA Hillslope

Lab No.	Sample I.D.	Date	Time	Project Site Test Reference																																				Remarks	
				Groundwater									Surface Water									Leachate / Wastewater																			
	SVW1080715Q	07/15/08	1130																																					22	VASW2 (44)
	SVW2080715Q	07/15/08	1030																																					22	↓
	SVW3080715Q	07/15/08	1005																																				22		
	VTRP080715R	07/15/08	1130																																					3	

Relinquished By: Sindy Jimenez, Date: 07/15/2008, Signature: Sindy Jimenez, Printed Name: Sindy Jimenez, Company: KCSWD
Received By: J. Pulleishaar, Date: 7/15/08, Signature: J. Pulleishaar, Printed Name: J. Pulleishaar, Company: Pace
Observations/Comments/Special Instructions: Total # Containers: 69
Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 07/15/08

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855
Attention: Sindy Jimenez 206-296-4411
Contract No: T02344T
Project Test Site: VA Hillslope

Lab No.	Sample I.D.	Date	Time	Project Site Test Reference																																				Remarks			
				Groundwater									Surface Water									Leachate / Wastewater																					
	SVW5080715	07/15/2008	1040																																						11	VASW3 (45)	
	SVW6080715	07/15/2008	1110																																							11	VASW3 (45)
	SVW6080715E	07/15/2008	1105																																						1	Dissolved metals only (same sort as on SVW6080715)	
	NTRP080715T	07/15/2008	1040																																							3	

Relinquished By: Sindy Jimenez, Date: 07/15/2008, Signature: Sindy Jimenez, Printed Name: Sindy Jimenez, Company: KCSWD
Received By: J. Pulleishaar, Date: 7/15/08, Signature: J. Pulleishaar, Printed Name: J. Pulleishaar, Company: Pace
Observations/Comments/Special Instructions: Total # Containers: 26
Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

LS# 8899
Date 10.06.08

Department of Natural Resources and Parks
King County Solid Waste Division

No 8420

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VASW2(44) JA Hillslope				Project Site Test Reference																																Remarks: KC440803 Pg. 2 / 10										
				Groundwater																Surface Water																Leachate / Wastewater										S
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36							
1/4	SVW1081006Q	10/06/2008	1300																																								22			
2/5	SVW2081006Q	10/06/2008	1005																																								22			
3/6	SVW3081006P	10/06/2008	1030																																							22				
7	VTRP081006R	10/06/2008	1030																																							3				
Relinquished By: <i>[Signature]</i> Date: 10/06/2008 Signature: <i>[Signature]</i> Printed Name: KCSWD Company: KCSWD Relinquished By: <i>[Signature]</i> Date: 10/06/2008 Signature: <i>[Signature]</i> Printed Name: <i>[Signature]</i> Company: <i>[Signature]</i>				Received By: <i>[Signature]</i> Date: 10/06/2008 Signature: <i>[Signature]</i> Printed Name: <i>[Signature]</i> Company: <i>[Signature]</i>				Date: 10/06/2008 Time: 15:05				Observations/Comments/Special Instructions:																Total # Containers: 69																		
																												Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																		

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

LS# 8900
Date 10.06.08

Department of Natural Resources and Parks
King County Solid Waste Division

No 8421

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VASW3(45) JA Hillslope				Project Site Test Reference																																Remarks: KC450804 Pg. 2 / 17										
				Groundwater																Surface Water																Leachate / Wastewater										S
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36							
1	SVW5081006	10/06/2008	1045																																										11	
2	SVW6081006	10/06/2008	1115																																									11		
4	VTRP081006T	10/06/2008	1045																																								3			
3	SVW6081006E	10/06/2008	1105																																									4		
Relinquished By: <i>[Signature]</i> Date: 10/06/2008 Signature: <i>[Signature]</i> Printed Name: KCSWD Company: KCSWD Relinquished By: <i>[Signature]</i> Date: 10/06/2008 Signature: <i>[Signature]</i> Printed Name: <i>[Signature]</i> Company: <i>[Signature]</i>				Received By: <i>[Signature]</i> Date: 10/06/2008 Signature: <i>[Signature]</i> Printed Name: <i>[Signature]</i> Company: <i>[Signature]</i>				Date: 10/06/2008 Time: 15:05				Observations/Comments/Special Instructions: * Note: Dissolved Metals Only																Total # Containers: 26																		
																												Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																		

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

Date 01/06/09

King County Department of Natural Resources and Parks
Solid Waste Division

No: 08877

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855
Attention: Sendy Jimenez 206-296-4411
Contract No: T02344T

Project Site: VASW (2) 44 Hillslope

Project Site Test Reference: Groundwater, Surface Water, Leachate / Wastewater

Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	Remarks
	SVW2090106Q	01/06/2009	1115																																				22		
	SVW3090106Q	01/06/2009	1030																																				29		
	VTRP090106R	01/06/2009	1030																																			3			

Relinquished By: SBILLIP, Date: 01/06/2009, Signature: [Signature], Printed Name: KCSWD, Company: KCSWD

Received By: JENNI GROSS, Date: 1/6/09, Signature: [Signature], Printed Name: JENNI GROSS, Company: PRICE

Observations/Comments/Special Instructions: [Blank]

Total # Containers: 47

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Name: _____
Tel: _____

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855
Attention: Sendy Jimenez 206-296-4411
Contract No: T02344T

Project Site: VASW 3(45) VA Hillslope

Project Site Test Reference: Groundwater, Surface Water, Leachate / Wastewater

Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	Remarks
	SVW5090106-	01/06/2009	1130																																					11	
	SVW6090106-	01/06/2009	1155																																					11	
	VTRP090106R	01/06/2009	1155																																				3		
	SVW6090106E	01/06/2009	1155																																				1	Dissolved Metals ONLY	

Relinquished By: SBILLIP, Date: 01/06/2009, Signature: [Signature], Printed Name: KCSWD, Company: KCSWD

Received By: JENNI GROSS, Date: 1/6/09, Signature: [Signature], Printed Name: JENNI GROSS, Company: PRICE

Observations/Comments/Special Instructions: [Blank]

Total # Containers: 26

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Name: _____
Tel: _____

0498 (Rev. 6/08)

Chain of Custody Record
Environmental Monitoring Program Date 03,23,09

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy Jimenez</u> 206-296-4411 Contract No: <u>T02344T</u> Project Test Site: <u>VASW-3(45)</u> <u>VA West Hillslope</u>				Project Site Test Reference																												Remarks											
				Groundwater														Surface Water										Leachate / Wastewater				S											
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16A	17	18	19	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	S		
	<u>SVW5090323</u>	<u>3/23</u>	<u>1200</u>																																							11	<u>VASW-3(45)</u>
	<u>VTRP090323R</u>	<u>↓</u>	<u>1200</u>																																							3	
Relinquished By Sampler: <u>SHILK</u> Signature: <u>[Signature]</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>[Blank]</u>				Date: <u>3/23</u> Time: <u>1610</u>	Received By: <u>Jenni Greas</u> Signature: <u>[Signature]</u> Printed Name: <u>Jenni Greas</u> Company: <u>[Blank]</u>				Date: <u>3/23</u> Time: <u>2009</u>	Observations/Comments/Special Instructions:																												Total # Containers: <u>14</u>					
Instructions:				<ol style="list-style-type: none"> Complete in ballpoint pen. Draw one line through errors and initial. Receiving lab is to sign in the shaded box. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. If KCSWD personnel request, please provide a name and telephone number of your contact person. 																												Name: _____	Tel: _____										

Chain of Custody Record
Environmental Monitoring Program Date 03,24,09

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy Jimenez</u> 206-296-4411 Contract No: <u>T02344T</u> Project Test Site: <u>VASW-3(45)</u> <u>VA West Hillslope</u>				Project Site Test Reference																												Remarks											
				Groundwater														Surface Water										Leachate / Wastewater				S											
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16A	17	18	19	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	S		
	<u>SVW6090324</u>	<u>3/24</u>	<u>1300</u>																																							11	<u>VASW-3(45)</u>
	<u>VTRP090324T</u>	<u>↓</u>	<u>1300</u>																																							3	
	<u>SVW6090324E</u>	<u>↓</u>	<u>1310</u>																																						1	<u>Dissolved Metals ONLY</u>	
Relinquished By Sampler: <u>SHILK</u> Signature: <u>[Signature]</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>[Blank]</u>				Date: <u>3/24</u> Time: <u>1430</u>	Received By: <u>Natalie Taylor</u> Signature: <u>[Signature]</u> Printed Name: <u>Natalie Taylor</u> Company: <u>[Blank]</u>				Date: <u>3/24/09</u> Time: <u>1430</u>	Observations/Comments/Special Instructions:																												Total # Containers: <u>15</u>					
Instructions:				<ol style="list-style-type: none"> Complete in ballpoint pen. Draw one line through errors and initial. Receiving lab is to sign in the shaded box. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. If KCSWD personnel request, please provide a name and telephone number of your contact person. 																												Name: _____	Tel: _____										

Chain of Custody Record
Environmental Monitoring Program Date 03, 26, 09

Department of Natural Resources and Parks
King County Solid Waste Division No 08884

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sindy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VASN-2(44) VA West Hillslope				Project Site Test Reference																												Remarks												
				GROUNDWATER														SURFACE WATER										LEACHATE / WASTEWATER				S												
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers				
	SVW1090326Q	3/26	1100																																							22	VASN-2(44)	
	SVW2090326Q	2009	1000																																							22	↓	
	SVW3090326Q	✓	1015																																						22			
	VTRP090326R	✓	1015																																						3			
Relinquished By Sampler: <i>Sevin Bilir</i> Sampler Signature: <i>Sevin Bilir</i> Sampler Printed Name: KCSWD Company: KCSWD Relinquished By: <i>Sevin Bilir</i> Signature: <i>Sevin Bilir</i> Printed Name: <i>Sevin Bilir</i> Company: KCSWD				Date: 3/26 Time: 2009 1245				Received By: <i>Crystal Petalio</i> Signature: <i>Crystal Petalio</i> Printed Name: <i>Crystal Petalio</i> Company: Pace				Date: 3/26 Time: 2009 12:45				Observations/Comments/Special Instructions:														Total # of Containers: 69														
																										Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																		

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 07/10/09

Department of Natural Resources and Parks
King County Solid Waste Division No 09657

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sindy P. Jimenez 206-296-4411 Authorization: KCEL Lab Services to KCSWD Project Test Site: VASW-3(45) VA Hillslope				Project Site Test Reference																												Remarks															
				GROUNDWATER														SURFACE WATER										LEACHATE/WASTEWATER				S															
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49	Number of Containers							
	SVW5090710	2009 07/10	1025																																										12	VASW-3(45)	
	SVW5090710E		1025																																									1	Dissolved Metals		
	SVW6090710		1115																																									12	VASW-3(45)		
	VTRP090710R	✓	1115																																									3			
Relinquished By Sampler: <i>Sevin Bilir</i> Sampler Signature: <i>Sevin Bilir</i> Sampler Printed Name: KCSWD Company: KCSWD Relinquished By: <i>Sevin Bilir</i> Signature: <i>Sevin Bilir</i> Printed Name: <i>Sevin Bilir</i> Company: KCSWD				Date: 2009 07/10 1350				Received By: <i>Jason Kimura</i> Signature: <i>Jason Kimura</i> Printed Name: <i>Jason Kimura</i> Company: KCEL				Date: 7-10-09 Time: 1350				Observations/Comments/Special Instructions:														Total # of Bottles:																	
																										Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																					

0498 (Rev. 3/03)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

Date 07/13/09

Department of Natural Resources and Parks
King County Solid Waste Division

No. 09658

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sandy P. Jimenez 206-296-4411</u> Authorization: <u>KCEL Lab Services to KCSWD</u> Project Test Site: <u>VASW-2(44) VA Hillslope</u>				Project Site Test Reference																										Remarks															
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												Number of Containers					
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49						
	SVW1090713Q	2009 7/13	1110																																									23	VASW-2(44)A
	SVW2090713Q		0940																																									23	
	SVW3090713Q		1045																																									23	↓
	VTRP090713R	2009 7/13	0940																																									3	
Relinquished By Sampler: <u>[Signature]</u> Date: <u>2009 7/13</u> Sampler Signature: <u>SEVIN BILLIK</u> Sampler Printed Name: <u>WLEO FOR KCSWD</u> Company: <u>[Blank]</u>				Received By: <u>[Signature]</u> Date: <u>7-13-09</u> Signature: <u>[Signature]</u> Printed Name: <u>JASON KINNARD</u> Company: <u>KCEL</u>				Observations/Comments/Special Instructions: <u>* RE: CN</u> <u>"TEST STRIP = NO REACTION"</u>																										Total # of Bottles: <u>27</u>											
Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																																													

5498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

Date 10/19/2009

Department of Natural Resources and Parks
King County Solid Waste Division

No. 09672

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sandy P. Jimenez 206-296-4411</u> Authorization: <u>KCEL Lab Services to KCSWD</u> Project Test Site: <u>VASW-3(45) VA West Hillslope</u>				Project Site Test Reference																										Remarks																		
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												Number of Containers								
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49									
	SVW5091019	10/19/09	1130																																												12	VASW-3(45)
	SVW5091019E		1120																																											1	Dissolved Metals	
	SVW6091019		1230																																												12	VASW-3(45)
	VTRP091019R	10/16/09																																												3		
Relinquished By Sampler: <u>[Signature]</u> Date: <u>10/19/2009</u> Sampler Signature: <u>SEVIN BILLIK</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>[Blank]</u>				Received By: <u>[Signature]</u> Date: <u>10-19-09</u> Signature: <u>[Signature]</u> Printed Name: <u>JASON KINNARD</u> Company: <u>KCEL</u>				Observations/Comments/Special Instructions:																										Total # of Bottles: <u>27</u>														
Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																																																

0488 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 10/20/2009

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy P. Jimenez 206-296-4411</u> Authorization: <u>KCEL Lab Services to KCSWD</u> Project Test Site: <u>VASW-2(44) Hillslope</u>				Project Site Test Reference																								Remarks														
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												Number of Containers		
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49			
	SVW1091020Q	10/20/09	1205																																							23
	SVW2091020Q	↓	1145																																						23	
	SVW3091020Q	↓	1110																																						23	
	SVW3091020D	↓	1120																																						23	
	VTRP402091020R	10/19/2009	—																																					3		
Relinquished By Sampler: <u>[Signature]</u> Sampler Signature: <u>Sevin Bilir</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>KCSWD</u> Time: <u>1420</u>				Date: <u>10/19/09</u>				Received By: <u>[Signature]</u> Signature: <u>Jason Kimard</u> Printed Name: <u>KCEL</u> Company: <u>KCEL</u> Time: <u>1420</u>				Date: <u>10-19-09</u>				Observations/Comments/Special Instructions:												Total # of Bottles: <u>95</u>														
Instructions:																																										
1. Complete in ballpoint pen. Draw one line through errors and initial.																																										
2. Receiving lab is to sign in the shaded box.																																										
3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.																																										
4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.																																										
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																																										

0499 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 01/21/2010

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy P. Jimenez 206-296-4411</u> Authorization: <u>KCEL Lab Services to KCSWD</u> Project Test Site: <u>VASW-2(44) Hillslope</u>				Project Site Test Reference																								Remarks													
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												Number of Containers	
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49		
	SVW100121Q	01/21/2010	1140																																						22
	SVW2100121Q	↓	1000																																						22
	SVW3100121Q	↓	1035																																						22
	VTRP100121R	01/19/2010	—																																						3
Relinquished By Sampler: <u>[Signature]</u> Sampler Signature: <u>Sevin Bilir</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>KCSWD</u> Time: <u>1441</u>				Date: <u>01/21/2010</u>				Received By: <u>[Signature]</u> Signature: <u>Jason Kimard</u> Printed Name: <u>KCEL</u> Company: <u>KCEL</u> Time: <u>1441</u>				Date: <u>1-21-10</u>				Observations/Comments/Special Instructions:												Total # of Bottles: <u>99</u>													
Instructions:																																									
1. Complete in ballpoint pen. Draw one line through errors and initial.																																									
2. Receiving lab is to sign in the shaded box.																																									
3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.																																									
4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.																																									
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																																									

0499 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record Environmental Monitoring Program Date 01/22/2010

Department of Natural Resources and Parks King County Solid Waste Division No 09678

Form containing project details for King County Solid Waste Division, Project Site Test Reference, and a grid for Lab No., Sample I.D., Date, and Time. Includes a 'Project Site Test Reference' table with columns for GROUNDWATER, SURFACE WATER, and LEACHATE/WASTEWATER. Includes a 'Retinquired By' section with signatures and dates, and a 'Remarks' section with handwritten notes.

0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record Environmental Monitoring Program Date 4/19/10

Department of Natural Resources and Parks King County Solid Waste Division No 09689

Form containing project details for King County Solid Waste Division, Project Site Test Reference, and a grid for Lab No., Sample I.D., Date, and Time. Includes a 'Project Site Test Reference' table with columns for GROUNDWATER, SURFACE WATER, and LEACHATE/WASTEWATER. Includes a 'Retinquired By' section with signatures and dates, and a 'Remarks' section with handwritten notes.

0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 4/19/10

Department of Natural Resources and Parks
King County Solid Waste Division No. 09690

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks
Attention: <u>Sendy P. Jimenez</u> 206-296-4411		HILL		
Authorization: <u>KCEL Lab Services to KCSWD</u>		PERMIT		
Project Test Site: <u>VASW-3(45) Vashon West Hillslope</u>		Number of Containers		
		GROUNDWATER		
		SURFACE WATER		
		LEACHATE/WASTEWATER		
Lab No.	Sample I.D.	Date	Time	
	SVW6100419-	04/19/2010	1315	
	SVW5100419-	↓	1300	
Relinquished By Sampler: <u>Stal</u>		Date: <u>04/19/2010</u>	Received By: _____	Date: _____
Sampler Signature: <u>Semin Bilir</u>		Signature: _____	Observations/Comments/Special Instructions:	
Sampler Printed Name: <u>KCSWD</u>		Printed Name: _____	Total # of Bottles: <u>22</u>	
Company: _____		Company: _____	Instructions:	
Relinquished By: _____		Date: <u>4/19/2010</u>	1. Complete in ballpoint pen. Draw one line through errors and initial.	
Signature: <u>Jason Kinward</u>		Signature: _____	2. Receiving lab is to sign in the shaded box.	
Printed Name: _____		Printed Name: <u>Jason Kinward</u>	3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.	
Company: _____		Company: <u>KCEL</u>	4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.	
			5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	

0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 8/16/10

Department of Natural Resources and Parks
King County Solid Waste Division No. 09697

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks
Attention: <u>Sendy P. Jimenez</u> 206-296-4411		HILL		
Authorization: <u>KCEL Lab Services to KCSWD</u>		PERMIT		
Project Test Site: <u>VASW-2(44) Vashon West Hillslope</u>		Number of Containers		
		GROUNDWATER		
		SURFACE WATER		
		LEACHATE/WASTEWATER		
Lab No.	Sample I.D.	Date	Time	
	SVW3100816Q	8/16/10	11:20	
	SVW2100816Q	8/16/10	12:03	
	SVW2100816D	8/16/10	12:03	
	VTRP100816R	8/16/10	---	
	SVW2100816E	8/16/10	12:15	
	SVW1100816Q	8/16/10	13:05	
Relinquished By Sampler: <u>Rebecca Thompson</u>		Date: <u>8/16/10</u>	Received By: _____	Date: _____
Sampler Signature: _____		Signature: _____	Observations/Comments/Special Instructions:	
Sampler Printed Name: <u>KCSWD</u>		Printed Name: _____	Total # of Bottles: <u>92</u>	
Company: _____		Company: _____	Instructions:	
Relinquished By: _____		Date: <u>8-16-10</u>	1. Complete in ballpoint pen. Draw one line through errors and initial.	
Signature: <u>Jason Kinward</u>		Signature: _____	2. Receiving lab is to sign in the shaded box.	
Printed Name: _____		Printed Name: <u>Jason Kinward</u>	3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.	
Company: _____		Company: <u>KCEL</u>	4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.	
			5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	

0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 12

Department of Natural Resources and Parks
King County Solid Waste Division No. 09696

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701, Seattle, WA 98104-3855
Attention: Sendy P. Jimenez 206-296-4411
Authorization: KCEL Lab Services to KCSWD
Project Test Site: _____

Lab No.	Sample I.D.	Date	Time	Project Site Test Reference			Remarks
				GROUNDWATER	SURFACE WATER	LEACHATE/WASTEWATER	
		12/9/10	10:00				
		12/9/10	11:35				
		12/9/10					

Relinquished By Sampler: _____ Date: _____ Received By: _____ Date: _____
 Sampler Signature: _____ Signature: _____
 Sampler Printed Name: _____ Printed Name: _____
 Company: KCSWD Company: _____
 Relinquished By: _____ Date: _____ Received By: _____ Date: _____
 Signature: _____ Signature: _____
 Printed Name: _____ Printed Name: Jason Leonard
 Company: _____ Company: KCEL

Observations/Comments/Special Instructions: _____
 Total # of Bottles: 25
 Instructions:
 1. Complete in ballpoint pen. Draw one line through errors and initial.
 2. Receiving lab is to sign in the shaded box.
 3. Check of pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.
 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

0498 (Rev. 3/09) Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 11/09/10

Department of Natural Resources and Parks
King County Solid Waste Division No. 09749

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701, Seattle, WA 98104-3855
Attention: Sendy P. Jimenez 206-296-4411
Authorization: KCEL Lab Services to KCSWD
Project Test Site: VASW (21)

Lab No.	Sample I.D.	Date	Time	Project Site Test Reference			Remarks
				GROUNDWATER	SURFACE WATER	LEACHATE/WASTEWATER	
	<u>SVW1101108</u>	<u>11/9/10</u>	<u>12:30</u>				
	<u>SVW1101109Q</u>						<u>22 * No</u>
	<u>VTRD101109R</u>	<u>11/8/10</u>					<u>3</u>
	<u>SVW2101109Q</u>	<u>11/9/10</u>	<u>11:58</u>				<u>22 No</u>
	<u>SVW3101109Q</u>	<u>11/9/10</u>	<u>10:47</u>				<u>22 No</u>

Relinquished By Sampler: _____ Date: 11/9/10 Received By: _____ Date: _____
 Sampler Signature: _____ Signature: _____
 Sampler Printed Name: _____ Printed Name: _____
 Company: KCSWD Company: _____
 Relinquished By: _____ Date: _____ Received By: _____ Date: 11/9/10
 Signature: _____ Signature: _____
 Printed Name: _____ Printed Name: _____
 Company: _____ Company: KCEL

Observations/Comments/Special Instructions: * At Dissolved metals not field filtered for SVW1101109Q.
 Total # of Bottles: 69
 Instructions:
 1. Complete in ballpoint pen. Draw one line through errors and initial.
 2. Receiving lab is to sign in the shaded box.
 3. Check of pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.
 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

0498 (Rev. 3/09) Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 05-09-07

No. 6876

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855

Attention: Sendy Jimenez (206) 296-4411
Contract No: T02344T

Project Site Test: VA Hillslope

Lab No	Sample ID	Date	Time	Project Site Test Reference																																				Number of Containers	Remarks		
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER															
	SVS2070509	05-09-07	1310	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	12	VASW-1(43)		
	SV245070509	05-09-07	1450																																						12	VASW-1(43)	
	VTRP070509S	05-09-07	0800																																							3	

Relinquished By: Sevin Bilir (Signature) Date: 05/09/07
Sample Printed Name: KCSWD Time: 16:20
Relinquished By: Mike Kuster (Signature) Date: 5/11/07
Printed Name: LAVCKE Time: 16:15

Observations/Comments/Special Instructions: Total # Containers: 27

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages; receiving lab is to keep pink and goldendrod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Chain of Custody Record
Environmental Monitoring Program

DATE: 05-11-07

No. 7891

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701
Seattle, WA 98104-3855

Attention: Sendy Jimenez (206) 296-4411
Contract No: T02344T

Project Site Test: VA Hillslope

Lab No	Sample ID	Date	Time	Project Site Test Reference																																				Number of Containers	Remarks			
				GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER																
	SVS1070511	05-11-07	1130	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	12	VASW-1(43)			
	SV53070511	05-11-07	0930																																							12	VASW-1(43)	
	VTRP070511S	05-11-07	0800																																								3	
	SVEB070511S	05-11-07	1300																																								12	VASW-1(43)

Relinquished By: Sevin Bilir (Signature) Date: 05/11/07
Sample Printed Name: KCSWD Time: 14:15
Relinquished By: Jenni Gross (Signature) Date: 5/11/07
Printed Name: LAVCKE Time: 16:15

Observations/Comments/Special Instructions: Total # Containers: 27

Instructions:
1. Complete in ballpoint pen. Draw one line through errors and initial.
2. Receiving lab is to sign in the shaded box.
3. Check off pre-printed Project Site Test Reference to be performed for each sample or provide specific instruction if not listed.
4. KCSWD personnel are to retain white and canary pages; receiving lab is to keep pink and goldendrod pages.
5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

Chain of Custody Record
Environmental Monitoring Program

DATE: 05-10-07

No. **7889**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy Jimenez (206) 296-4411</u> Contract No: <u>T02344T</u>				Project Site Test Reference																																Remarks					
Project Site Test: <u>VA Hillslope</u>				GROUNDWATER								SURFACE WATER								LEACHATE/WASTEWATER																	Number of Containers				
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33		34	35	36	
	SVS4 07 0510 -	05/10/07	1410																																						12 VASWI (43)
	SVS5 07 0510 -	05/10/07	1220																																						12 VASWI (43)
	SVS6 07 0510 -	05/10/07	1140																																					12 VASWI (43)	
	VTRP070510S	05/10/07	0800																																				3		
Relinquished By Sampler: <u>SEVIN BILIR</u>				Date: <u>05/10/07</u>				Received By: <u>JAWeishaar</u>				Date: <u>5/10/07</u>				Observations/Comments/Special Instructions:																Total # Containers: <u>39</u>		Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person. Name: _____ Tel: _____							
Sampler Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>																																	
Sampler Printed Name: <u>KCSWD</u>				Printed Name: <u>[Name]</u>				Printed Name: <u>[Name]</u>																																	
Company: <u>KCSWD</u>				Company: <u>[Company]</u>				Company: <u>[Company]</u>																																	
Relinquished By: <u>[Signature]</u>				Date: <u>5/10/07</u>				Received By: <u>[Signature]</u>				Date: <u>5/10/07</u>																													

White and Canary KCSWD Pink and Goldenrod Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 05-14-07

No. **7893**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy Jimenez (206) 296-4411</u> Contract No: <u>T02344T</u>				Project Site Test Reference																																Remarks				
Project Site Test: <u>VA Hillslope</u>				GROUNDWATER								SURFACE WATER								LEACHATE/WASTEWATER																	Number of Containers			
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33		34	35	36
	SVS1870814 -	05/14/07	1200																																					9
	VTRP070814R	05/14/07	1200																																					3
	VTRP070814R	05/14/07	1200																																					
Relinquished By Sampler: <u>SEVIN BILIR</u>				Date: <u>05/14/07</u>				Received By: <u>[Signature]</u>				Date: <u>5/14/07</u>				Observations/Comments/Special Instructions: *Note: was only able to collect 6 VOAS, 2 TOC & 1 Metals, D today, will submit Rest tomorrow.																Total # Containers: _____		Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person. Name: _____ Tel: _____						
Sampler Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>																																
Sampler Printed Name: <u>KCSWD</u>				Printed Name: <u>[Name]</u>				Printed Name: <u>[Name]</u>																																
Company: <u>KCSWD</u>				Company: <u>[Company]</u>				Company: <u>[Company]</u>																																
Relinquished By: <u>[Signature]</u>				Date: <u>5/14/07</u>				Received By: <u>[Signature]</u>				Date: <u>5/14/07</u>																												

White and Canary KCSWD Pink and Goldenrod Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 8/15/07



No. **7895**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sandy Jimenez</u> (206) 296-4411 Contract No: <u>T02344T</u>		Project Site Test Reference: <u>VA Hill'slope</u>		PERMIT <small>(Grid of permit codes: CHSWA, CHSW, CHSWV, etc.)</small>		Remarks * 3 VASWI(43) 12 VASWI(43) 12 VASWI(43) 3 12 VASWI(43)																																		
Project Site Test: <u>VA Hill'slope</u>				Number of Containers																																				
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
	<u>SVS1070815</u>	<u>8/15/07</u>	<u>0900</u>																																					
	SVS1070815	8/15/07	0900																																					
	<u>SVS2070815</u>	<u>8/15/07</u>	<u>0945</u>																																					
	<u>SVS3070815</u>	<u>8/15/07</u>	<u>1100</u>																																					
	<u>VTRP070815R</u>	<u>8/15/07</u>	<u>0945</u>																																					
	<u>SV24S070815</u>	<u>8/15/07</u>	<u>1000</u>																																					

Requisitioned By: <u>[Signature]</u> Sample Signature: <u>[Signature]</u> Sampler Printed Name: <u>KCSWD</u> Company: _____ Requisitioned By: _____ Signature: _____ Printed Name: _____ Company: _____	Date: <u>8/15/07</u> Time: <u>1425</u>	Received By: _____ Signature: _____ Date: <u>8/16/07</u> Time: <u>1425</u>	Observations/Comments/Special Instructions: <u>*Note, SVS1070815 - submitted in part 8/14/07.</u>	Total # Containers: <u>42</u> Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/envelop pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.
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Chain of Custody Record
Environmental Monitoring Program

DATE: 8/16/07



No. **7896**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sandy Jimenez</u> (206) 296-4411 Contract No: <u>T02344T</u>		Project Site Test Reference: <u>VA Hill'slope</u>		PERMIT <small>(Grid of permit codes: CHSWA, CHSW, CHSWV, etc.)</small>		Remarks 3 VASWI(43) 12 VASWI(43) 12 12 12 VASWI(43)																																		
Project Site Test: <u>VA Hill'slope</u>				Number of Containers																																				
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
	<u>VTRP070816R</u>	<u>8/16/07</u>	<u>1230</u>																																					
	<u>SVS1070816</u>	<u>8/16/07</u>	<u>1040</u>																																					
	<u>SVSS070816</u>	<u>↓</u>	<u>1230</u>																																					
	<u>SVS6070816</u>	<u>↓</u>	<u>1130</u>																																					
	<u>SVEB070816S</u>	<u>8/16/07</u>	<u>1330</u>																																					

Requisitioned By: <u>[Signature]</u> Sample Signature: <u>[Signature]</u> Sampler Printed Name: <u>KCSWD</u> Company: _____ Requisitioned By: _____ Signature: _____ Printed Name: _____ Company: _____	Date: <u>8/16/07</u> Time: <u>1510</u>	Received By: _____ Signature: _____ Date: <u>8/16/07</u> Time: <u>1510</u>	Observations/Comments/Special Instructions: _____	Total # Containers: <u>51</u> Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/envelop pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.
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Chain of Custody Record
Environmental Monitoring Program

DATE: 10/30/07

No. 7899

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				Project Site Test Reference																																Remarks										
Project Site Test: VA Hillslope				GROUNDWATER											SURFACE WATER											LEACHATE/WASTEWATER											Number of Containers									
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			33	34	35	36					
				PERMIT																																										
	SVS4071030-	10/30	1130																																								12	VASW-1(43)		
	SVS3071020-	10/30	1300																																										12	VASW-1(43)
	SVLEB071030-	10/30	1100																																										12	VASW-1(43)
	VTRP071030S	10/30	1130																																										3	

Relinquished By: Sevin Bilir	Date: 10/30/2007	Received By: DAVE'S HEAR	Date: 10/30/07	Observations/Comments/Special Instructions:	Total # Containers: 39
Signature: Sevin Bilir	Time: 1510	Signature: DAVE'S HEAR	Time: 1510		
Printer Name: KCSWD	Company:	Printer Name: DAVE'S HEAR	Company:		

White and Canary: KCSWD Pink and Goldenrod: Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 10/31/07

No. 7902

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				Project Site Test Reference																																Remarks											
Project Site Test: VA Hillslope				GROUNDWATER											SURFACE WATER											LEACHATE/WASTEWATER											Number of Containers										
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			33	34	35	36						
				PERMIT																																											
	SVS2071031-	10/31	1030																																											11	VASW-1(43)
	SV245071031-	10/31	1055																																											12	
	SVS1071031-	10/31	1130																																											10	↓ *
	VTRP071031R	10/31	1030																																											3	

Relinquished By: Sevin Bilir	Date: 10/31/2007	Received By: DAVE'S HEAR	Date: 10/31/07	Observations/Comments/Special Instructions:	Total # Containers: 30
Signature: Sevin Bilir	Time: 1505	Signature: DAVE'S HEAR	Time: 1505	* Re: SVS 1071031- Part 1 of 2. Submitted partial set due to slow recovery. Rest of set submit on 11/10/07. TOUAY = 1x500 (yellow), 1x1000 (blue-PPYS), ZTOC 4 6 VOAS	
Printer Name: KCSWD	Company:	Printer Name: DAVE'S HEAR	Company:		

White and Canary: KCSWD Pink and Goldenrod: Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 11/1/07

No. 7904

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T Project Site Test: VA Hillslope				Project Site Test Reference PERMIT CHSMA C. Cedar Hills SW Army CHSW C. Hills GW Only (RP/OS) CHSWV C. Hills GW VOA Only GWAPP3 Appendix III Adst Analyses CFOW Cedar Falls GW Only DUGW Duwamish GW Only EWSW Enclave WW Permit HOSW Hobart GW Only HTOW Houghton GW Only PUGW Puget Sound GW Only SPOW South Park GW Only VAGW Vashon GW Only CHSMA Cedar Hills SW Army CHSWV Cedar Hills SW Only CHSWP Cedar Hills SW Permit CFOW Cedar Falls SW Only DUSW Duwamish SW Only RESW Renton SW Only SPSW South Park SW Only VASW Vashon SW Only CHLSA C. Hills Leachate Army CHLSM Cedar Hills Leachate Mly CHLW Cedar Hills Leachate Wash CHLSF C. Hills Leachate Permit ALLS Altona WW Permit ENLS Enclave WW Permit FALS Factory WW Permit FALS First NE WW Permit HTLS Houghton WW Permit RELS Renton WW Permit VALSP Vashon Leachate Permit VALSA Vashon Leachate Army VALSO Vashon Leachate Only VALSM Vashon Leachate Mly REDS Renton Sewer (Farms) (R) Number of Containers: 29																												Remarks												
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	Remarks			
	SVS1071101-	11/1	0930																																							2	VASW-1(43)*	
	SVS5071101-	11/1	1215																																								12	VASW-1(43)
	SVS6071101-	11/1	1245																																								12	"
	VTRP071101S	11/1	1245																																								3	
Requisitioned By Sampler: Sevin Bilir Sampler Signature: <i>[Signature]</i> Sampler Printed Name: KCSWD Company: KCSWD				Date: 11/1/2007 Time: 1615				Received By: <i>[Signature]</i> Signature: <i>[Signature]</i> Printed Name: Brandon Jones Company: KCSWD				Date: 11/1/07 Time: 1615				Observations/Comments/Special Instructions: * Re: SVS1071101- Part 2 of set. Submitted partial set due to slow recovery. Part 1 submitted do SVS1071031- Today = 1x1000 (blue TSS/TS) + 1x 500 (red) Metals/D												Total # Containers: 29		Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/roset pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.														

Chain of Custody Record
Environmental Monitoring Program

DATE: 12-18-07

No. 7910

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T Project Site Test: VA Hillslope				Project Site Test Reference PERMIT CHSMA C. Cedar Hills SW Army CHSW C. Hills GW Only (RP/OS) CHSWV C. Hills GW VOA Only GWAPP3 Appendix III Adst Analyses CFOW Cedar Falls GW Only DUGW Duwamish GW Only EWSW Enclave WW Permit HOSW Hobart GW Only HTOW Houghton GW Only PUGW Puget Sound GW Only SPOW South Park GW Only VAGW Vashon GW Only CHSMA Cedar Hills SW Army CHSWV Cedar Hills SW Only CHSWP Cedar Hills SW Permit CFOW Cedar Falls SW Only DUSW Duwamish SW Only RESW Renton SW Only SPSW South Park SW Only VASW Vashon SW Only CHLSA C. Hills Leachate Army CHLSM Cedar Hills Leachate Mly CHLW Cedar Hills Leachate Wash CHLSF C. Hills Leachate Permit ALLS Altona WW Permit ENLS Enclave WW Permit FALS Factory WW Permit FALS First NE WW Permit HTLS Houghton WW Permit RELS Renton WW Permit VALSP Vashon Leachate Permit VALSA Vashon Leachate Army VALSO Vashon Leachate Only VALSM Vashon Leachate Mly REDS Renton Sewer (Farms) (R) Number of Containers: 26																												Remarks														
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	Remarks					
	SVS5071218-	12-18-07	1200																																										12	VASW-1(43)
	SVS6071218-	12-18-07	1300																																										11	VASW-1(43)*
	VTRP071218R	12-18-07	1200																																									3		
Requisitioned By Sampler: Sevin Bilir Sampler Signature: <i>[Signature]</i> Sampler Printed Name: KCSWD Company: KCSWD				Date: 12/18/2007 Time: 1517				Received By: <i>[Signature]</i> Signature: <i>[Signature]</i> Printed Name: Brandon Jones Company: KCSWD				Date: 12/18/07 Time: 1517				Observations/Comments/Special Instructions: * SVS6071218- Did not turn in blue bottle (TSS/TS). Will turn in on 12-19-07 9:5 SVS6071219-												Total # Containers: 26		Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and gold/roset pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																

Chain of Custody Record
Environmental Monitoring Program

DATE: 12-19-07

No. **7908**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																																Remarks								
Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				PERMIT																																								
Project Site Test: VA Hillslope				GROUNDWATER																SURFACE WATER																	LEACHATE/WASTEWATER							
Number of Containers				Number of Containers																																								
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	Remarks			
	SVS4071219-	12-19-07	1200																																								12	VASW-143
	SVS245071219-		1045																																								12	
	SVS2071219-		1030																																								12	
	SVS6071219-		1100																																								1	*
	SVS1071219-		0945																																						10	*2		
	VTRP071219R		1200																																					3				
Relinquished By Sampler	Date	Received By	Date	Observations/Comments/Special Instructions:																																Total # Containers:	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.							
Signature: <i>Sevin Bilir</i>	12/19/2007	Signature:		*1 Part 2 of set, this bottle for TSS/TS *2 Part 1 of set, Part 2 delivered tomorrow as SVS1071220- DUE TO SLOW RECOVERY																																50								
Sampler Printed Name: KCSWD	Time:	Printed Name:	Time:																																									
Relinquished By	Date	Received By	Date																																									
Signature:		Signature:																																										
Printed Name:	Time:	Printed Name:	Time:																																	Name:								
Company:		Company:																																		Tel:								

White and Canary KCSWD Pink and Goldenrod Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 12-20-07

No. **7909**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																																Remarks									
Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				PERMIT																																									
Project Site Test: VA Hillslope				GROUNDWATER																SURFACE WATER																	LEACHATE/WASTEWATER								
Number of Containers				Number of Containers																																									
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	Remarks				
	SVS1071220-	12/20	1000																																								2	VASWH(43)	
	SVS3071220-	12/20	1040																																									12	VASW-143
	VTRP071220R	12/20	1040																																								3		
	SVEB071220-	12/20	1150																																								3		
Relinquished By Sampler	Date	Received By	Date	Observations/Comments/Special Instructions:																																Total # Containers:	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldendrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.								
Signature: <i>Sevin Bilir</i>	12/20/2007	Signature:		SVS1071220- 15 part 2 of set from yesterday (SVS1071219-)																																50									
Sampler Printed Name: KCSWD	Time: 1:10	Printed Name:	Time:																																										
Relinquished By	Date	Received By	Date																																										
Signature:		Signature:																																											
Printed Name:	Time:	Printed Name:	Time:																																	Name:									
Company:		Company:																																		Tel:									

White and Canary KCSWD Pink and Goldenrod Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

DATE: 03-11-08

COPY
No. 0917

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																												Remarks											
Attention: Sendy Jimenez (206) 296-4411 Contract No: T02344T				PERMIT																																							
Project Site Test: <u>VA Hillslope</u>				Number of Containers																												*see Note											
				GROUNDWATER								SURFACE WATER								LEACHATE/WASTEWATER																							
Lab No.	Sample ID	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36				
	SVS1080311	03/11/08	0940																																							8	VASW1 (43)
	SVS2080311	↓	1000																																							12	↓
	SVS245080311	↓	1020																																							12	VASW1
	VTRP080311R	03/11/08																																								3	
	SVS3080311	03/11/08	1200																																							12	VASW1
Relinquished By: <u>[Signature]</u> Signature: <u>Sevin Bilir</u> Printed Name: KCSWD Company: KCSWD				Date: <u>03/11/2008</u> Time: <u>1505</u>				Received By: <u>[Signature]</u> Signature: <u>[Signature]</u> Printed Name: <u>[Name]</u> Company: <u>[Company]</u>				Date: <u>03/12/08</u> Time: <u>14:35</u>				Observations/Comments/Special Instructions: * Re: SVS1080311 - Due to slow recovery, only submitting 6 VOA's 2 TOC will submit rest on 03/12-13/08												Total # Containers: 47				Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.											

Chain of Custody Record
Environmental Monitoring Program

Date: 03, 12, 08

COPY
No. 8373

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																												Remarks												
Attention: Sendy Jimenez 206-296-4411 Contract No: T02344T				PERMIT																																								
Project Site Test: <u>VA Hillslope</u>				Number of Containers																																								
				Groundwater								Surface Water								Leachate / Wastewater																								
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36					
	SVS1080311	3/12/08	0935																																								3	VASW1 (43)*
Relinquished By: <u>[Signature]</u> Signature: <u>Sevin Bilir</u> Printed Name: KCSWD Company: KCSWD				Date: <u>03/12/2008</u> Time: <u>14:35</u>				Received By: <u>[Signature]</u> Signature: <u>[Signature]</u> Printed Name: <u>[Name]</u> Company: <u>[Company]</u>				Date: <u>3/12/08</u> Time: <u>14:35</u>				Observations/Comments/Special Instructions: * Due to slow recovery, collected only Red 500ML, yellow 500ML, and 3/4 of 1000 HDPE ML Run TSS/TS and PHYS on the 1000ML HDPE bottle												Total # Containers: 3				Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.												

Chain of Custody Record
Environmental Monitoring Program Date **03/13/08**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VA Hillslope				Project Site Test Reference																																Remarks					
				Groundwater																Surface Water																Leachate / Wastewater				S	
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	
	SVS4080313-	3/13/08	1000																																						12 VASW-1(43)
	SVS5080313-		1115																																					12	
	SVS6080313-		1200																																					11 * ↓	
	SVEB080313-		1100																																					10 Fugate 2 TC	
	NTRP080313R																																							3	
Relinquished By: SM Signature: Sevin Bilir Printed Name: KCSWD Company: KCSWD Date: 3/13/2008 Time: 1610				Received By: Paul Amelst Signature: Paul Amelst Printed Name: Paul Amelst Company: KCSWD Date: 3/13/08 Time: 1618				Observations/Comments/Special Instructions: * Re: SVS6080313 - Due to slow recovery, could only collect 1 lowe bottle. Run PHYS & TSS/TS on bottle in this set.																																Total # Containers: 50	
Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																																								Name: _____ Tel: _____	

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date **07/16/08**

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy Jimenez 206-296-4411 Contract No: T02344T Project Test Site: VA Hillslope				Project Site Test Reference																																Remarks					
				Groundwater																Surface Water																Leachate / Wastewater				S	
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Number of Containers	
	SVS2080716-	07/16/2008	1045																																						12 VASW 1(43)
	SVS4080716-		1150																																						12
	SVS5080716-		1320																																						12
	SVS6080716-		1255																																						11 * ↓
	NTRP080716V	07/16/2008	1045																																						3
Relinquished By: SM Signature: Sevin Bilir Printed Name: KCSWD Company: KCSWD Date: 07/16/2008 Time: 1616				Received By: Paul Amelst Signature: Paul Amelst Printed Name: Paul Amelst Company: KCSWD Date: 7/16/08 Time: 4:18				Observations/Comments/Special Instructions: * Slow Recovery: only collected 1 bottle for TSS/TS and PHYS.																																Total # Containers: 50	
Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																																								Name: _____ Tel: _____	

0498 (10/07)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

Date 10/07/2008

King County Department of Natural Resources and Parks
Solid Waste Division

No. 08872

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Attention: Sandy Jimenez 206-296-4411		Project Site Test Reference																																	Remarks					
Contract No: T02344T		PERMIT																																								
Project Test Site: VASW1(43) VA Hillslope		Groundwater											Surface Water											Leachate / Wastewater											#							
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
	SVS2081007-	10/07/2008	1040																																						12	VASW1(43)
	SVS2081007-		1115																																						12	
	SVS6081007-		1200																																						11	*
	SVS4081007-		1220																																						12	↓
	VTRP031007R	10/07/2008	1220																																						3	
Relinquished By Sampler	Signature: <i>Sandy Jimenez</i>	Date: 10/7/2008	Time: 15:25	Received By Signature		Date		Observations/Comments/Special Instructions: *Note! Re SVS6081007 - Could only collect 1 bottle of 1000 HDPE for DHS and TSS/TS																																	Total # Containers: 50	
Sampler Printed Name: KCSWD	Company	Time	Time	Received By Signature: <i>Jenni Grass</i>		Date: 10/7/08																																			Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages. Receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	
Relinquished By Signature	Signature: <i>Jenni Grass</i>	Date	Time	Received By Signature: <i>Pace</i>		Date																																			Name	
Sampler Printed Name	Printed Name: <i>Jenni Grass</i>	Time	Time	Received By Signature: <i>Pace</i>		Date																																			Tel.	
Company	Company	Company	Company	Company		Company																																				

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program

Date 01/07/09

King County Department of Natural Resources and Parks
Solid Waste Division

No. 08878

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Attention: Sandy Jimenez 206-296-4411		Project Site Test Reference																																	Remarks						
Contract No: T02344T		PERMIT																																									
Project Test Site: VASW1(43) VA Hillslope		Groundwater											Surface Water											Leachate / Wastewater											#								
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36				
	SVS2090107-	01/07/2009	1105																																							12	
	SVS4090107-		1130																																							12	
	SVS5090107-		1230																																							11	* See Note
	SVS6090107-		1300																																							11	* See Note
	VTRP090107T	01/07/2009	1300																																							3	
Relinquished By Sampler	Signature: <i>S. Bilir</i>	Date: 01/07/2009	Time: 14:35	Received By Signature		Date		Observations/Comments/Special Instructions: * Could only collect one 1000-blue HDPE bottle. Analyze for phas + TSS/TS in same bottle.																																	Total # Containers: 49		
Sampler Printed Name: KCSWD	Company	Time	Time	Received By Signature: <i>Jenni Grass</i>		Date: 1/7/09																																			Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages. Receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.		
Relinquished By Signature	Signature: <i>Jenni Grass</i>	Date	Time	Received By Signature: <i>Pace</i>		Date																																			Name		
Sampler Printed Name	Printed Name: <i>Jenni Grass</i>	Time	Time	Received By Signature: <i>Pace</i>		Date																																			Tel.		
Company	Company	Company	Company	Company		Company																																					

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 03, 23, 09

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy Jimenez</u> 206-296-4411 Contract No: <u>T02344T</u> Project Test Site: <u>VASW-1(43)</u> <i>VA West Hillslope</i>				Project Site Test Reference																												Remarks									
				Groundwater														Surface Water										Leachate / Wastewater				PERMIT	Number of Containers								
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	12 VASW-1(43)	
	<u>SVS4090323</u>	<u>3/23</u>	<u>1300</u>																																						3
	<u>VTRP090323T</u>	<u>2009</u>	<u>1300</u>																																						
Relinquished By Sampler: <u>Sewin Bilir</u> Signature: <u>[Signature]</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>KCSWD</u>				Date: <u>3/23</u> Time: <u>16:10</u>				Received By: <u>Jenni Corcos</u> Signature: <u>[Signature]</u> Printed Name: <u>Jenni Corcos</u> Company: <u>FACE</u>				Date: <u>3/23/09</u> Time: <u>16:10</u>				Observations/Comments/Special Instructions:														Total # Containers: <u>15</u>											
																										Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.															

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 03, 25, 09

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: <u>Sendy Jimenez</u> 206-296-4411 Contract No: <u>T02344T</u> Project Test Site: <u>VASW-1(43)</u> <i>VA West Hillslope</i>				Project Site Test Reference																												Remarks									
				Groundwater														Surface Water										Leachate / Wastewater				PERMIT	Number of Containers								
Lab No.	Sample I.D.	Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	12 VASW-1(43)	
	<u>SVS2090325</u>	<u>3/25</u>	<u>1110</u>																																						3
	<u>NTRP090325R</u>	<u>2009</u>	<u>1110</u>																																						
Relinquished By Sampler: <u>SBilir</u> Signature: <u>[Signature]</u> Sampler Printed Name: <u>KCSWD</u> Company: <u>KCSWD</u>				Date: <u>3/25</u> Time: <u>12:48</u>				Received By: <u>Crystal Petrillo</u> Signature: <u>[Signature]</u> Printed Name: <u>Crystal Petrillo</u> Company: <u>RACE</u>				Date: <u>3/25</u> Time: <u>12:48P</u>				Observations/Comments/Special Instructions:														Total # Containers: <u>15</u>											
																										Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.															

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 03, 24, 09

Department of Natural Resources and Parks
King County Solid Waste Division No 08882

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks
Attention: Sindy Jimenez 206-296-4411		PERMIT		
Contract No: T02344T		Number of Containers		<p style="font-size: 2em; opacity: 0.5;">COPY</p>
Project Test Site: VASW-1(43) VA West Hillslope		Groundwater		
		Surface Water		
		Leachate / Wastewater		
Lab No.	Sample I.D.	Date	Time	
	SVS55090324	3/24/09	1150	12 VASW-1(43)
	SVS6090324	↓	1130	12 " *
	VTRP090324R	↓	1130	3
Retinquished By Sampler: <i>Billir</i>		Date: 3/24/2009	Received By: _____	Date: _____
Sampler Signature: <i>[Signature]</i>		Signature: _____	Observations/Comments/Special Instructions: on #SVS6090324 could only collect 1.5 1000ML bottles. (please for PHYS and TSS/TS)	
Sampler Printed Name: KCSWD		Printed Name: _____	Total # Containers: 27	
Company: _____		Company: _____	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	
Retinquished By: _____		Date: _____	Received By: <i>Nobbe Taylor</i>	Date: 3/24/09
Signature: _____		Signature: <i>[Signature]</i>	Time: 1430	
Printed Name: _____		Printed Name: <i>Pala</i>	Time: _____	
Company: _____		Company: _____	Time: _____	

0498 (Rev. 6/08)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 7/14/09

Department of Natural Resources and Parks
King County Solid Waste Division No 09659

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks
Attention: Sindy P. Jimenez 206-296-4411		PERMIT		
Authorization: KCEL Lab Services to KCSWD		Number of Containers		<p style="font-size: 2em; opacity: 0.5;">COPY</p>
Project Test Site: VASW-1(43) VA Hillslope		GROUNDWATER		
		SURFACE WATER		
		LEACHATE/WASTEWATER		
Lab No.	Sample I.D.	Date	Time	
	SVS3090714	7/14/09	1035	12 VASW-1(43)
	SVS4090714	↓	1200	12 ↓
	VTRP090714R	↓	1035	3
Retinquished By Sampler: <i>Sevin Bilir</i>		Date: 7/14/2009	Received By: _____	Date: _____
Sampler Signature: <i>[Signature]</i>		Signature: _____	Observations/Comments/Special Instructions:	
Sampler Printed Name: WLRD by KCSWD		Printed Name: _____	Total # of Bottles: 27	
Company: _____		Company: _____	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	
Retinquished By: _____		Date: _____	Received By: <i>[Signature]</i>	Date: 7-14-09
Signature: _____		Signature: <i>[Signature]</i>	Time: 1425	
Printed Name: _____		Printed Name: <i>Jason Kinnard</i>	Time: _____	
Company: _____		Company: _____	Time: _____	

0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 07/16/09

Department of Natural Resources and Parks
King County Solid Waste Division No 09660

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy P. Jimenez 206-296-4411 Authorization: KCEL Lab Services to KCSWD Project Test Site: VASW-1(43) VA Hill Slope		Project Site Test Reference		Remarks	
		GROUNDWATER		SURFACE WATER	
		LEACHATE/WASTEWATER		PERMIT	
Lab No.	Sample I.D.	Date	Time		
	SVSS090716-	2009 7/16	1105	12 VASW-1(43)	
	SVS6090716-	↓	1050	12 ↓	
	VTRP090716R	2009 7/16	-	3	
Relinquished By Sampler: [Signature] Date: 2009 7/16 Signature: SEVIN BIUR Sample: Printed Name: WLRD for KCSWD Time: 1445 Company: KCSWD		Received By: [Signature] Date: 7/16/09 Signature: Jason Kinnard Sample: Printed Name: KCEL Time: 1445 Company: KCEL		Observations/Comments/Special Instructions:	
				Total # of Bottles: 27	
				Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	

0498 (Rev. 3/02)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 10/27/09

Department of Natural Resources and Parks
King County Solid Waste Division No 09675

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy P. Jimenez 206-296-4411 Authorization: KCEL Lab Services to KCSWD Project Test Site: VASW-1(43) VA West Hill Slope		Project Site Test Reference		Remarks	
		GROUNDWATER		SURFACE WATER	
		LEACHATE/WASTEWATER		PERMIT	
Lab No.	Sample I.D.	Date	Time		
	SVS2091027-	10-27 2009	1000	12 VASW-1(43)	
	SVS4091027-	↓	1140	10*	
	SVS5091027-	↓	1050	12	
	SVS6091027-	↓	1110	10*	
	VTRP091027R	10-16 2009	-	3	
Relinquished By Sampler: [Signature] Date: 10/27 2009 Signature: SEVIN BIUR Sample: Printed Name: KCSWD Time: 1450 Company: KCSWD		Received By: [Signature] Date: 10/27/09 Signature: Jason Kinnard Sample: Printed Name: KCEL Time: 1450 Company: KCEL		Observations/Comments/Special Instructions: * DID NOT COLLECT BOTTLES FOR TSS & TDS/TOTS DUE TO SLOW RECOVERY	
				Total # of Bottles: 47	
				Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	

0498 (Rev. 3/02)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 01/29/10

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701, Seattle, WA 98104-3855
Attention: Sandy P. Jimenez 206-296-4411
Authorization: KCEL Lab Services to KCSWD
Project Test Site: VASW-1(43) West Hill Slope

Lab No.	Sample I.D.	Date	Time	Project Site Test Reference																																																	Remarks
				GROUNDWATER														SURFACE WATER														LEACHATE/WASTEWATER																					
	SVS4100129	01/29/2010	1515																																																		
	SVS5100129	↓	1345																																																		
	SVS6100129	↓	1430																																																		

Relinquished By: [Signature] Date: 01/29/2010 Received By: _____ Date: _____
 Sampler Signature: Sevin Bilir Signature: _____
 Sampler Printed Name: KCSWD Printed Name: _____
 Relinquished By: _____ Date: _____ Received By: [Signature] Date: 1/29/10
 Signature: _____ Printed Name: Jason Kinrad Time: 1720
 Printed Name: _____ Time: _____
 Company: _____ Company: KCEL

Observations/Comments/Special Instructions: _____
 Total # of Bottles: 35
 Instructions:
 1. Complete in ballpoint pen. Draw one line through errors and initial.
 2. Receiving lab is to sign in the shaded box.
 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.
 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

0498 (Rev. 3/09) Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 4/15/10

Name: King County Solid Waste Division
Address: 201 South Jackson Street, Suite 701, Seattle, WA 98104-3855
Attention: Sandy P. Jimenez 206-296-4411
Authorization: KCEL Lab Services to KCSWD
Project Test Site: VASW-1(43) VASHON WEST Hill Slope

Lab No.	Sample I.D.	Date	Time	Project Site Test Reference																																																	Remarks
				GROUNDWATER														SURFACE WATER														LEACHATE/WASTEWATER																					
	SVS2100415	04/15/2010	1120																																																		
	SVS6100414-2	"	1040																																																		
	VTRP100415R	04/12/2010	-																																																		

Relinquished By: [Signature] Date: 4/15/2010 Received By: _____ Date: _____
 Sampler Signature: Sevin Bilir Signature: _____
 Sampler Printed Name: KCSWD Printed Name: _____
 Relinquished By: _____ Date: _____ Received By: [Signature] Date: 4-15-10
 Signature: _____ Printed Name: Jason Kinrad Time: 1340
 Printed Name: _____ Time: _____
 Company: _____ Company: KCEL

Observations/Comments/Special Instructions: _____
 Total # of Bottles: 19
 Instructions:
 1. Complete in ballpoint pen. Draw one line through errors and initial.
 2. Receiving lab is to sign in the shaded box.
 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.
 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.
 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.

0498 (Rev. 3/09) Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record

Environmental Monitoring Program Date 04/14/2010

King County Department of Natural Resources and Parks
Solid Waste Division

No. 09686

Name King County Solid Waste Division 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																				Remarks																									
Attention Sindy P. Jimenez 206-296-4411				HILL																				COPY																									
Authorization KCEL Lab Services to KCSWD				PERMIT																																													
Project Test Site VASW-1 (43) VASHAW WEST HILLSLOPE				Number of Containers																																													
Lab No.		Sample I.D.		Date		Time		GROUNDWATER												SURFACE WATER						LEACHATE/WASTE WATER																							
								2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	46						
		SVS4	100414-	04/14	2010		1000																																										
		SVS5	100414-				1025																																										
		SVS6	100414-1				1045																																										
		VTRP	100414R	04/12	2010		—																																									3	
Relinquished By Sampler Sindy P. Jimenez				Date 04/14		Received By Sindy P. Jimenez				Date 04-14-10		Observations/Comments/Special Instructions * Does NOT include bottles for TSS, TDS, TOFS, Metals, T												Total # of Bottles 39																									
Sampler Signature Sindy P. Jimenez				Time 1300		Signature Sindy P. Jimenez				Time 1300														Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initials. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																									
Sampler Printed Name KCSWD				Company		Printed Name Sindy P. Jimenez				Company																																							
Relinquished By Sindy P. Jimenez				Date 04-14-10		Received By Jason Kinnard				Date 04-14-10																																							
Signature Sindy P. Jimenez				Time 1300		Signature Jason Kinnard				Time 1300																																							
Printed Name Sindy P. Jimenez				Company KCSWD		Printed Name Jason Kinnard				Company KCEL																																							

Chain of Custody Record

Environmental Monitoring Program Date

King County Department of Natural Resources and Parks
Solid Waste Division

No. 09686

Name King County Solid Waste Division 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855				Project Site Test Reference																				Remarks																									
Attention Sindy P. Jimenez 206-296-4411				HILL																																													
Authorization KCEL Lab Services to KCSWD				PERMIT																																													
Project Test Site				Number of Containers																																													
Lab No.		Sample I.D.		Date		Time		GROUNDWATER												SURFACE WATER						LEACHATE/WASTE WATER																							
								2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	46						
Relinquished By Sampler Sindy P. Jimenez				Date 04/14		Received By Sindy P. Jimenez				Date 04-14-10		Observations/Comments/Special Instructions												Total # of Bottles 39																									
Sampler Signature Sindy P. Jimenez				Time 16:37		Signature Sindy P. Jimenez				Time 16:37														Instructions: 1. Complete in ballpoint pen. Draw one line through errors and initials. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																									
Sampler Printed Name KCSWD				Company		Printed Name Sindy P. Jimenez				Company																																							
Relinquished By Sindy P. Jimenez				Date 04-14-10		Received By Jason Kinnard				Date 04-14-10																																							
Signature Sindy P. Jimenez				Time 16:37		Signature Jason Kinnard				Time 16:37																																							
Printed Name Sindy P. Jimenez				Company KCSWD		Printed Name Jason Kinnard				Company KCEL																																							

Chain of Custody Record
Environmental Monitoring Program Date 01/26/10

Department of Natural Resources and Parks
King County Solid Waste Division No. 09680

Name King County Solid Waste Division Address 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention Sandy P. Jimenez 206-296-4411 Authorization KCEL Lab Services to KCSWD Project Test Site VAGW (12) West Hillslope		Project Site Test Reference		Remarks																																																																									
		<table border="1"> <tr> <th colspan="12">GROUNDWATER</th> <th colspan="12">SURFACE WATER</th> <th colspan="12">LEACHATE/WASTEWATER</th> </tr> <tr> <td>CHGW-1</td><td>CHGW-2</td><td>CHGW-3</td><td>CHGW-4</td><td>CHGW-5</td><td>CHGW-6</td><td>CHGW-7</td><td>CHGW-8</td><td>CHGW-9</td><td>CHGW-10</td><td>CHGW-11</td><td>CHGW-12</td> <td>CHSW-1</td><td>CHSW-2</td><td>CHSW-3</td><td>CHSW-4</td><td>CHSW-5</td><td>CHSW-6</td><td>CHSW-7</td><td>CHSW-8</td><td>CHSW-9</td><td>CHSW-10</td><td>CHSW-11</td><td>CHSW-12</td> <td>CHLW-1</td><td>CHLW-2</td><td>CHLW-3</td><td>CHLW-4</td><td>CHLW-5</td><td>CHLW-6</td><td>CHLW-7</td><td>CHLW-8</td><td>CHLW-9</td><td>CHLW-10</td><td>CHLW-11</td><td>CHLW-12</td> </tr> </table>		GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												CHGW-1	CHGW-2	CHGW-3	CHGW-4	CHGW-5	CHGW-6	CHGW-7	CHGW-8	CHGW-9	CHGW-10	CHGW-11	CHGW-12	CHSW-1	CHSW-2	CHSW-3	CHSW-4	CHSW-5	CHSW-6	CHSW-7	CHSW-8	CHSW-9	CHSW-10	CHSW-11	CHSW-12	CHLW-1	CHLW-2	CHLW-3	CHLW-4	CHLW-5	CHLW-6	CHLW-7	CHLW-8	CHLW-9	CHLW-10	CHLW-11	CHLW-12	<p style="font-size: 2em; text-align: center;">COPY</p>	
GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER																																																					
CHGW-1	CHGW-2	CHGW-3	CHGW-4	CHGW-5	CHGW-6	CHGW-7	CHGW-8	CHGW-9	CHGW-10	CHGW-11	CHGW-12	CHSW-1	CHSW-2	CHSW-3	CHSW-4	CHSW-5	CHSW-6	CHSW-7	CHSW-8	CHSW-9	CHSW-10	CHSW-11	CHSW-12	CHLW-1	CHLW-2	CHLW-3	CHLW-4	CHLW-5	CHLW-6	CHLW-7	CHLW-8	CHLW-9	CHLW-10	CHLW-11	CHLW-12																																										
Lab No.	Sample I.D.	Date	Time																																																																										
	WV30100126	01/26/2010	1115	X																																				12																																					
	VTRP100126R	01/22/2010	-																																					3																																					
Relinquished By Sampler <i>Savin Bilir</i> Signature Savin Bilir Sampler Printed Name KCSWD Company		Date 1/26/2010 Time 3:46	Received By <i>Lynne Cox</i> Signature Lynne Cox Printed Name KCEL Company		Date 1/26/10 Time 1:45	Observations/Comments/Special Instructions:	Total # of Bottles: 15																																																																						
<p>Instructions:</p> <ol style="list-style-type: none"> Complete in ballpoint pen. Draw one line through errors and initial. Receiving lab is to sign in the shaded box. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. If KCSWD personnel request, please provide a name and telephone number of your contact person. 																																																																													

0498 (Rev. 3/05)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 01/29/10

Department of Natural Resources and Parks
King County Solid Waste Division No. 09679

Name King County Solid Waste Division Address 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention Sandy P. Jimenez 206-296-4411 Authorization KCEL Lab Services to KCSWD Project Test Site VAGW (12) West Hillslope		Project Site Test Reference		Remarks																																																																									
		<table border="1"> <tr> <th colspan="12">GROUNDWATER</th> <th colspan="12">SURFACE WATER</th> <th colspan="12">LEACHATE/WASTEWATER</th> </tr> <tr> <td>CHGW-1</td><td>CHGW-2</td><td>CHGW-3</td><td>CHGW-4</td><td>CHGW-5</td><td>CHGW-6</td><td>CHGW-7</td><td>CHGW-8</td><td>CHGW-9</td><td>CHGW-10</td><td>CHGW-11</td><td>CHGW-12</td> <td>CHSW-1</td><td>CHSW-2</td><td>CHSW-3</td><td>CHSW-4</td><td>CHSW-5</td><td>CHSW-6</td><td>CHSW-7</td><td>CHSW-8</td><td>CHSW-9</td><td>CHSW-10</td><td>CHSW-11</td><td>CHSW-12</td> <td>CHLW-1</td><td>CHLW-2</td><td>CHLW-3</td><td>CHLW-4</td><td>CHLW-5</td><td>CHLW-6</td><td>CHLW-7</td><td>CHLW-8</td><td>CHLW-9</td><td>CHLW-10</td><td>CHLW-11</td><td>CHLW-12</td> </tr> </table>		GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												CHGW-1	CHGW-2	CHGW-3	CHGW-4	CHGW-5	CHGW-6	CHGW-7	CHGW-8	CHGW-9	CHGW-10	CHGW-11	CHGW-12	CHSW-1	CHSW-2	CHSW-3	CHSW-4	CHSW-5	CHSW-6	CHSW-7	CHSW-8	CHSW-9	CHSW-10	CHSW-11	CHSW-12	CHLW-1	CHLW-2	CHLW-3	CHLW-4	CHLW-5	CHLW-6	CHLW-7	CHLW-8	CHLW-9	CHLW-10	CHLW-11	CHLW-12	<p style="font-size: 2em; text-align: center;">COPY</p>	
GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER																																																					
CHGW-1	CHGW-2	CHGW-3	CHGW-4	CHGW-5	CHGW-6	CHGW-7	CHGW-8	CHGW-9	CHGW-10	CHGW-11	CHGW-12	CHSW-1	CHSW-2	CHSW-3	CHSW-4	CHSW-5	CHSW-6	CHSW-7	CHSW-8	CHSW-9	CHSW-10	CHSW-11	CHSW-12	CHLW-1	CHLW-2	CHLW-3	CHLW-4	CHLW-5	CHLW-6	CHLW-7	CHLW-8	CHLW-9	CHLW-10	CHLW-11	CHLW-12																																										
Lab No.	Sample I.D.	Date	Time																																																																										
	WV31100128	01/28/2010	1530	X																																				12																																					
	VTRP100128T	01/26/2010	-																																					3																																					
Relinquished By Sampler <i>Savin Bilir</i> Signature Savin Bilir Sampler Printed Name KCSWD Company		Date 1/29/2010 Time 0740	Received By <i>Denise Mendez</i> Signature Denise Mendez Printed Name King County Inv. Lab Company		Date 1/29/10 Time 0740	Observations/Comments/Special Instructions:	Total # of Bottles: 15																																																																						
<p>Instructions:</p> <ol style="list-style-type: none"> Complete in ballpoint pen. Draw one line through errors and initial. Receiving lab is to sign in the shaded box. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. If KCSWD personnel request, please provide a name and telephone number of your contact person. 																																																																													

0498 (Rev. 3/05)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 03/19/10

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks	
Attention: <u>Sendy P. Jimenez 206-296-4411</u>		Project Site Test Reference		Remarks	
Authorization: <u>KCEL Lab Services to KCSWD</u>		Project Site Test Reference		Remarks	
Project Test Site: <u>VAGW(12) VASHON West Hillslope</u>		Project Site Test Reference		Remarks	
Relinquished By Sampler: <u>[Signature]</u>		Received By: <u>[Signature]</u>		Date: <u>02/19/2010</u>	
Sampler Signature: <u>SENIBILIP</u>		Signature: <u>[Signature]</u>		Date: <u>02/19/2010</u>	
Sampler Printed Name: <u>KCSWD</u>		Printed Name: <u>[Name]</u>		Date: <u>02/19/2010</u>	
Company: <u>KCSWD</u>		Company: <u>[Company]</u>		Date: <u>02/19/2010</u>	
Relinquished By: <u>[Signature]</u>		Received By: <u>[Signature]</u>		Date: <u>02/19/2010</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Date: <u>02/19/2010</u>	
Printed Name: <u>[Name]</u>		Printed Name: <u>[Name]</u>		Date: <u>02/19/2010</u>	
Company: <u>[Company]</u>		Company: <u>[Company]</u>		Date: <u>02/19/2010</u>	
Distribution: White and Canary - KCSWD		Pink and Goldenrod - Receiving Laboratory		Total # of Bottles: <u>8</u>	
Observations/Comments/Special Instructions:		Total # of Bottles:		Instructions:	
* Due to slow recovery of well could only collect minimum vols. for:		8		1. Complete in ballpoint pen. Draw one line through errors and initial.	
2 VOAS				2. Receiving lab is to sign in the shaded box.	
1 TOC				3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.	
1 CL, SO4				4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.	
1 NH3, NO3				5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	
Will continue sampling on another day					

COPY

Chain of Custody Record
Environmental Monitoring Program Date 02/25/10

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks	
Attention: <u>Sendy P. Jimenez 206-296-4411</u>		Project Site Test Reference		Remarks	
Authorization: <u>KCEL Lab Services to KCSWD</u>		Project Site Test Reference		Remarks	
Project Test Site: <u>VAGW(12) VASHON West Hillslope</u>		Project Site Test Reference		Remarks	
Relinquished By Sampler: <u>[Signature]</u>		Received By: <u>[Signature]</u>		Date: <u>02/25/2010</u>	
Sampler Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Date: <u>02/25/2010</u>	
Sampler Printed Name: <u>KCSWD</u>		Printed Name: <u>[Name]</u>		Date: <u>02/25/2010</u>	
Company: <u>KCSWD</u>		Company: <u>[Company]</u>		Date: <u>02/25/2010</u>	
Relinquished By: <u>[Signature]</u>		Received By: <u>[Signature]</u>		Date: <u>02/25/2010</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Date: <u>02/25/2010</u>	
Printed Name: <u>[Name]</u>		Printed Name: <u>[Name]</u>		Date: <u>02/25/2010</u>	
Company: <u>[Company]</u>		Company: <u>[Company]</u>		Date: <u>02/25/2010</u>	
Distribution: White and Canary - KCSWD		Pink and Goldenrod - Receiving Laboratory		Total # of Bottles: <u>2</u>	
Observations/Comments/Special Instructions:		Total # of Bottles:		Instructions:	
* Due to slow recovery, could only collect bottles with minimum volumes for:		2		1. Complete in ballpoint pen. Draw one line through errors and initial.	
Metals, d				2. Receiving lab is to sign in the shaded box.	
COND/ALK				3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.	
Partial submitted with # 9684				4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.	
Will submit other bottles later.				5. If KCSWD personnel request, please provide a name and telephone number of your contact person.	

COPY

Chain of Custody Record
Environmental Monitoring Program Date 4/22/10

Name King County Solid Waste Division 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Address		Attention Sandy P. Jimenez 206-296-4411		Authorization KCEL Lab Services to KCSWD		Project Test Site VAGW(12) West Hillslope		Project Site Test Reference												Remarks																																																																								
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Lab No.	Sample I.D.	Date	Time																																																																																											
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	VTRP100422R	04/19/2010	-														12																																																																													
										COPY												3																																																																								
Relinquished By Sampler S. Bilur		Date 04/22/2010	Received By		Date		Observations/Comments/Special Instructions:												Total # of Bottles: 15																																																																											
Sample Signature S. Bilur		Time 1456	Signature		Time														Instructions:																																																																											
Sampler Printed Name KCSWD		Company	Printed Name		Company														<ol style="list-style-type: none"> Complete in ballpoint pen. Draw one line through errors and initial. Receiving lab is to sign in the shaded box. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. If KCSWD personnel request, please provide a name and telephone number of your contact person. 																																																																											
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0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 04/29/10

Name King County Solid Waste Division 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Address		Attention Sandy P. Jimenez 206-296-4411		Authorization KCEL Lab Services to KCSWD		Project Test Site VAGW(12) VA West Hillslope		Project Site Test Reference												Remarks																																																																								
										<table border="1"> <tr> <th colspan="12">GROUNDWATER</th> <th colspan="12">SURFACE WATER</th> <th colspan="12">LEACHATE/WASTEWATER</th> </tr> <tr> <td>CHGW</td><td>CHGW-1</td><td>CHGW-2</td><td>CHGW-3</td><td>CHGW-4</td><td>CHGW-5</td><td>CHGW-6</td><td>CHGW-7</td><td>CHGW-8</td><td>CHGW-9</td><td>CHGW-10</td><td>CHGW-11</td> <td>CHSW-1</td><td>CHSW-2</td><td>CHSW-3</td><td>CHSW-4</td><td>CHSW-5</td><td>CHSW-6</td><td>CHSW-7</td><td>CHSW-8</td><td>CHSW-9</td><td>CHSW-10</td><td>CHSW-11</td><td>CHSW-12</td> <td>CHLW-1</td><td>CHLW-2</td><td>CHLW-3</td><td>CHLW-4</td><td>CHLW-5</td><td>CHLW-6</td><td>CHLW-7</td><td>CHLW-8</td><td>CHLW-9</td><td>CHLW-10</td><td>CHLW-11</td><td>CHLW-12</td> </tr> </table>												GROUNDWATER												SURFACE WATER												LEACHATE/WASTEWATER												CHGW	CHGW-1	CHGW-2	CHGW-3	CHGW-4	CHGW-5	CHGW-6	CHGW-7	CHGW-8	CHGW-9	CHGW-10	CHGW-11	CHSW-1	CHSW-2	CHSW-3	CHSW-4	CHSW-5	CHSW-6	CHSW-7	CHSW-8	CHSW-9	CHSW-10	CHSW-11	CHSW-12	CHLW-1	CHLW-2	CHLW-3	CHLW-4	CHLW-5	CHLW-6	CHLW-7	CHLW-8	CHLW-9	CHLW-10	CHLW-11	CHLW-12	
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Lab No.	Sample I.D.	Date	Time																																																																																											
	WV30100429-	04/29/2010	1400														12																																																																													
	WV32100429-1	04/29/2010	1455														5 * See Note																																																																													
	VTRP100429R	4/19/2010	-														3																																																																													
										COPY																																																																																				
Relinquished By Sampler S. Bilur		Date 4/29/2010	Received By		Date		Observations/Comments/Special Instructions:												Total # of Bottles: 20																																																																											
Sample Signature S. Bilur		Time 1610	Signature		Time		* Collected only: 2 VOA'S 2 TOC 1 CL/504												Instructions:																																																																											
Sampler Printed Name KCSWD		Company	Printed Name		Company														<ol style="list-style-type: none"> Complete in ballpoint pen. Draw one line through errors and initial. Receiving lab is to sign in the shaded box. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. If KCSWD personnel request, please provide a name and telephone number of your contact person. 																																																																											
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0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 03/20/2010

Department of Natural Resources and Parks
King County Solid Waste Division No. 09700

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks											
Attention: <u>Sendy P. Jimenez 206-296-4411</u>		Project Test Site: <u>VAGW(12) WEST Hillside</u>													
Authorization: <u>KCEL Lab Services to KCSWD</u>															
Project Test Site: <u>VAGW(12) WEST Hillside</u>															
Lab No.		Sample I.D.		Date		Time		GROUNDWATER		SURFACE WATER		LEACHATE/WASTEWATER		Number of Containers	
		<u>WVPA100820</u>		<u>3/20/2010</u>		<u>1335</u>									
		<u>WV35100820</u>		<u>3/20/2010</u>		<u>1303</u>									
		<u>VTRP100820R</u>		<u>3-16-2010</u>		<u>-</u>									
		<u>WV31100820</u>		<u>3/20/2010</u>		<u>1345</u>									
Reinquished By Sample: <u>[Signature]</u>		Date: <u>3/20/2010</u>		Received By: <u>[Signature]</u>		Date: <u>3/20/2010</u>		Observations/Comments/Special Instructions: <u>* Only 2 Vials Collected</u>		Total # of Bottles: <u>12</u>		Instructions:			
Sampler Signature: <u>[Signature]</u>		Time: <u>1520</u>		Sampler Printed Name: <u>WLAN KCSWD</u>		Company: <u>KCSWD</u>						1. Complete in ballpoint pen. Draw one line through errors and initial.			
Reinquished By: <u>[Signature]</u>		Date: <u>3/20/2010</u>		Received By: <u>[Signature]</u>		Date: <u>3/20/2010</u>						2. Receiving lab is to sign in the shaded box.			
Signature: <u>[Signature]</u>		Time: <u>1520</u>		Sampler Printed Name: <u>Jason Kinard</u>		Company: <u>KCEL</u>						3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.			
Printed Name: <u>[Signature]</u>		Time: <u>1520</u>		Sampler Printed Name: <u>Jason Kinard</u>		Company: <u>KCEL</u>						4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.			
Company: <u>[Signature]</u>		Time: <u>1520</u>		Sampler Printed Name: <u>Jason Kinard</u>		Company: <u>KCEL</u>						5. If KCSWD personnel request, please provide a name and telephone number of your contact person.			

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Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 11-03-2010

Department of Natural Resources and Parks
King County Solid Waste Division No. 10503

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855		Project Site Test Reference		Remarks											
Attention: <u>Sendy P. Jimenez 206-296-4411</u>		Project Test Site: <u>VAGW(12) WEST Hillside - Washn</u>													
Authorization: <u>KCEL Lab Services to KCSWD</u>															
Project Test Site: <u>VAGW(12) WEST Hillside - Washn</u>															
Lab No.		Sample I.D.		Date		Time		GROUNDWATER		SURFACE WATER		LEACHATE/WASTEWATER		Number of Containers	
		<u>WV31101108</u>		<u>11-03-2010</u>		<u>1240</u>									
		<u>VTRP101108R</u>		<u>11-03-2010</u>		<u>-</u>									
		<u>WV32101108-1</u>		<u>11-03-2010</u>		<u>1300</u>									
Reinquished By Sample: <u>[Signature]</u>		Date: <u>11-03-2010</u>		Received By: <u>[Signature]</u>		Date: <u>11-03-2010</u>		Observations/Comments/Special Instructions: <u>* Due to slow recovery, only collected 1 - 200/504 125ml total volume 1 - T.C. (minimum volume plus)</u>		Total # of Bottles: <u>17</u>		Instructions:			
Sampler Signature: <u>[Signature]</u>		Time: <u>1600</u>		Sampler Printed Name: <u>KCSWD</u>		Company: <u>KCSWD</u>						1. Complete in ballpoint pen. Draw one line through errors and initial.			
Reinquished By: <u>[Signature]</u>		Date: <u>11-03-2010</u>		Received By: <u>[Signature]</u>		Date: <u>11-03-2010</u>						2. Receiving lab is to sign in the shaded box.			
Signature: <u>[Signature]</u>		Time: <u>1600</u>		Sampler Printed Name: <u>[Signature]</u>		Company: <u>[Signature]</u>						3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed.			
Printed Name: <u>[Signature]</u>		Time: <u>1600</u>		Sampler Printed Name: <u>[Signature]</u>		Company: <u>[Signature]</u>						4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages.			
Company: <u>[Signature]</u>		Time: <u>1600</u>		Sampler Printed Name: <u>[Signature]</u>		Company: <u>[Signature]</u>						5. If KCSWD personnel request, please provide a name and telephone number of your contact person.			

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Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 11/09/2010

Department of Natural Resources and Parks
King County Solid Waste Division No 10504

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy P. Jimenez 206-296-4411 Authorization: KCEL Lab Services to KCSWD Project Test Site: VAGW(12) West Hillside - Vashon				Project Site Test Reference																				Remarks																			
				GROUNDWATER												SURFACE WATER						LEACHATE/WASTEWATER																					
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49				
	WV3010109-	11-09-2010	0920																																								12
	WV3210108-2	11-09-2010	1300																																								4 * See Note
	VTRP10109-T	11-1-2010																																								3	
Relinquished By Sampler: SJ Date: 11/09/2010 Signature: SEVIN BILIR Sampler Printed Name: KCSWD Company: KCSWD				Received By: Lynne Cox Date: 11/09/2010 Signature: Lynne Cox Printed Name: KCEL Company: KCEL				Observations/Comments/Special Instructions: * Note: Due to slow recovery only collected 1 - VAGWS bottle (minimum volume) 1 - Metals d bottle (minimum volume) FRIETER IN LABS! 2 - VOA bottles												Total # of Bottles: 19	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and the initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person. Do not analyze for mercury/dissolved																						

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Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory

Chain of Custody Record
Environmental Monitoring Program Date 11/16/2010

Department of Natural Resources and Parks
King County Solid Waste Division No 10505

Name: King County Solid Waste Division Address: 201 South Jackson Street, Suite 701 Seattle, WA 98104-3855 Attention: Sendy P. Jimenez 206-296-4411 Authorization: KCEL Lab Services to KCSWD Project Test Site: VAGW(12) West Hillside - Vashon				Project Site Test Reference																				Remarks																		
				GROUNDWATER												SURFACE WATER						LEACHATE/WASTEWATER																				
Lab No.	Sample I.D.	Date	Time	2	3	37	38	41	50	5	6	7	8	9	10	12	14	15	16	46	42	17	18	21	43	44	45	23	24	25	26	27	28	29	30	31	32	34	49			
	WV3210108-3	11/16/2010	1030																																							2 * See Note
Relinquished By Sampler: SJ Date: 11/16/2010 Signature: SEVIN BILIR Sampler Printed Name: KCSWD Company: KCSWD				Received By: Lynne Cox Date: 11/16/2010 Signature: Lynne Cox Printed Name: KCEL Company: KCEL				Observations/Comments/Special Instructions: * Note: Due to slow recovery only collected. 1 - ALK (do not run COND) 1 - TOS/TOTS Both minimum volumes												Total # of Bottles: 2	Instructions: 1. Complete in ballpoint pen. Draw one line through errors and the initial. 2. Receiving lab is to sign in the shaded box. 3. Check off pre-printed Project Site Test Reference to be performed for each sample, or provide specific instruction if not listed. 4. KCSWD personnel are to retain white and canary pages, receiving lab is to keep pink and goldenrod pages. 5. If KCSWD personnel request, please provide a name and telephone number of your contact person.																					

0498 (Rev. 3/09)

Distribution: White and Canary - KCSWD Pink and Goldenrod - Receiving Laboratory