

Company Name/Address:
COGCC

Billing Information:

**707 Wapiti Court
Suite 204
Rifle, CO 81650**

**ATTN: Accounts Payable
1120 Lincoln St
Suite 801
Denver, CO 80203**

Report to:

Jason Kosola

Rick Allison

Email To: *rick.allison@state.co.us*
jason.kosola@state.co.us

Project:

Description:

Paywater Treatment

Phone: **970-625-2497**

11335

Client Project #

Fax: **970-625-5682**

5905

Lab Project #

Collected by (print):

Allen

Site/Facility ID #

P.O. #

COILGASRCO-KOSOLA

Collected by (signature):

Rush? (Lab MUST Be Notified)

Date Results Needed

Immediately
Packed on ice N *W*

Same Day 200%
Next Day 100%
Two Day 50%
Three Day 25%

Email? ☐ No ☒ Yes
FAX? ☐ No ☐ Yes

No. of

Sample ID

Comp/Grab

Matrix *

Depth

Date

Time

Ents

MW-1 (300)

G

GW

10/23/15

11:05

14

MW-1 (275)

G

GW

10/23/15

12:35

14

MW-1 (245)

G

GW

10/23/15

14:00

14

MW-1

G

GW

10/24/15

14

V8260 Full List (3) 40mL Amber - HCl

ALKs, Cl, F, NOs, SO4 (1) 500 HDPE

Br, SPCON, TDS, pH (1) 250 HDPE - No Pres

Metals (1) 500mL HDPE - No Pres

8270 PAH (3) 40mL Amber - No Pres

TVPH/GRO (2) 40mL Amver - HCl

TEPH/DRO (3) 40mL Amber - HCl

Analysis / Container / Preservative

Chain of Custody

Page 1 of 1



YOUR LAB OF CHOICE

12065 Lebanon Rd
Mount Juliet, TN 37122
Phone: 615-758-5858
Phone: 800-767-5859
Fax: 615-758-5859



L #

Table #

Actinum: COILGASRCO

Template:

Prelogin:

TSR:

Cooler:

Shipped Via:

Rem./Contaminant

Sample # (lab only)

* Matrix: SS - Soil GW - Groundwater WW - Wastewater DW - Drinking Water OT - Other

Remarks: *Email Report and invoice to rick.allison@state.co.us*

Relinquished by: (Signature)

Date:

Time:

Received by: (Signature)

Samples returned via: ☐ UPS

Condition: (lab use only)

Relinquished by: (Signature)

Date:

Time:

Received by: (Signature)

Temp: ☐ Fedex ☐ Courier ☐ Bottles Received:

Relinquished by: (Signature)

Date:

Time:

Received for lab by: (Signature)

Date:

COC Seal Intact: ☐ Y ☐ N ☐ NA

Relinquished by: (Signature)

Date:

Time:

Received for lab by: (Signature)

Date:

pH Checked:

NCF:

Company Name/Address:
COGCC

Billing Information:

Analysis / Container / Preservative

Chain of Custody Page 1 of 1

213 Gorum Rd.
Tulsa, OK 74108

Report to:

Peter Gintautas

Email To: peter.gintautas@state.co.us

Project Description: Bayswater Ferguson

City/State Collected: CO

Phone: 719-846-3091

Client Project #

Lab Project #

Fax: 970-461-2970

Collected by (print):

Site/Facility ID #

P.O. #

Collected by (signature):

Rush? (Lab MUST Be Notified)

Date Results Needed

Immediately Packed on Ice N Y

Same Day 200%
Next Day 100%
Two Day 50%
Three Day 25%

Email? No Yes
FAX? No Yes

No. of

Sample ID

Comp/Grab

Matrix *

Depth

Date

Time

Conc

Rem/Contaminant Sample # (lab only)

MW-1 (300)

G

GW

10/24/15

11:05

#1

X

MW-1 (225)

G

GW

10/24/15

12:25

#1

X

MW-1 (245)

G

GW

10/24/15

14:00

#1

X

MW-1

G

GW

10/23/15

11:00

#1

X

pH Temp

Remarks: Glycols* include ethylene, diethylene, triethylene, & tetraethylene glycol

Relinquished by: (Signature)

Date:

Time:

Received by: (Signature)

Samples returned via: ☐ UPS ☐ FedEx ☐ Courier ☐

Condition: (lab use only)

Relinquished by: (Signature)

Date:

Time:

Received by: (Signature)

Temp: °C Bottles Received:

COC Seal Intact: Y N NA

Relinquished by: (Signature)

Date:

Time:

Received for lab by: (Signature)

Date: Time:

pH Checked: NCF:

YOUR LAB OF CHOICE
12065 Lebanon Rd
Mount Juliet, TN 37122
Phone: 615-758-5858
Phone: 800-767-5859
Fax: 615-758-5859



Actinum COIL GASRCO

Template:

Prelogin:

TSR:

Cooler:

Shipped Via: