GREEN Analytical Laboratories

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CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

FORM-006
COC - Revision 6.0

Company or Client: Western Water & Land, Inc	Bill to (if different):
Address: 743 Horizon CT, Suite 330	P.O. #: Same
City: Grand Junction **State:** CO **Zip:** 81506	Company:
Phone #: 970-242-0170	Attn:
Contact Person: Bruce Smith	Address:
Email Report to: bsmith@westernwaterandland.com	City:
Project Name(optional): Tompkins 411 Workover	State: Zip:
	Phone #:
Sampler Name (Print): Chas Jones	Email:

ANALYSIS REQUEST

For Lab Use	Sample Name or Location	Collected Date	Collected Time	Matrix (check one): GROUNDWATER	SURFACEWATER	WASTEWATER	PRODUCEDWATER	SOIL	DRINKING WATER	OTHER:	# of containers: No preservation (general)	HNO_3	HCl	H_2SO_4	Other:	Other:	Nutrients	BTEX/GRO	TPH	Dissolved Metals (lab filter)	DRO	PAHs (8270 SVOC)	General (anions, ALK, TDS, pH, SpC, nitrates)		
2203-088-01	Parachute 2	3/8/22	10:45		✓								8	1			1	4	4	1	3	1	1		

PLEASE NOTE: GAL's liability and client's exclusive remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and receive by GAL within 30 days after completion. In no event shall GAL be liable for incidental or consequental damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by GAL, regardless of whether such claim is based upon any of the above stated reasons or otherwise.

Relinquished by:	Date: / Time:	Received by:
Chas Jones	Date: 3/8/22 Time: 5:00	FED EX
FED EX	Date: 3/9/22 Time: 1200	Linda Gumper
	Date: Time:	
	Date: Time:	

ADDITIONAL REMARKS: Report to State? (Circle) Yes No

Crt6 received out of hold.

Laser 2

Temperature at receipt:	CHECKED BY	On Ice	No Ice
2.4 °C	[signature]	[signature]	

† GAL cannot always accept verbal changes. Please fax or email written change requests.
* Chain of Custody must be signed in "Relinquished By:" as an acceptance of services and all applicable charges.

Just Click Printing Form #17-0301