



CHAIN OF CUSTODY PAGE 1 OF 1
Maine DEP- LD1911 PFAS Project Samples

Date Rec'd in Lab: _____ ALPHA Job #: _____

72 Center Street Brewer ME 04412 Tel:(207)624-0713	320 Forbes Blvd Mansfield MA 02048 Tel: (508) 822-9300	Project Information:				Contract and Billing Information:			
Client Information:		Facility Name:		Discharge Schedule:		ALPHA Contract Number: 06A20220714*137			
Client: Maine Dept. of Environmental Protection		MEPDES # (Client Project #):		EGAD Site #:		Invoice to: Patricia.L.Korbet@maine.gov , Brett.A.Goodrich@maine.gov			
Contact: Brett Goodrich		DEP Project Manager: Brett Goodrich		Facility Contact:		Facility Phone		To be completed by permittee before submitting samples	
Address: 17 SHS		Facility Email:		Lab report copies to: dep.edd@maine.gov ; Kelly.Perkins@maine.gov ;		Daily Flow (MGD) for 24-hour period prior to sampling _____ MGD		Check the box below for any events that occurred within 24 hours of sampling:	
State: Maine Zip Code: 04901		Lab report copies to: Brett.A.Goodrich@maine.gov ; Facility report to:		Turn-Around Time:		Wet weather event <input type="checkbox"/> Yes <input type="checkbox"/> No		Septage Received <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone: 207-287-9034		Date Due:		<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush (only confirmed if pre-approved)		Leachate or Other Transported Waste <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email: Brett.A.Goodrich@maine.gov		Sampling Notes:							

ALPHA Lab ID (Lab Use Only)	Sample Point Name (Ex. Outfall 001-A, Lagoon Effluent Before Spray)	Sample Date	Sample Time	Sample Matrix/Type	Sample Location	Collection Method	Treatment Status	Analysis: Maine 28 PFAS Compounds (Isotope Dilution)	Total # Bottles	Sample Comments:	
	Outfall No.			WW	EF	GS	T	X	2		
	Field Blank (if applicable)			AQ	NA	NA	NA	X	1		
	Equipment Blank (if applicable)			AQ	NA	NA	NA	X	1		
Container Type: P=Plastic A=Amber Glass G=Glass B=Bacteria Cup BOD=BOB Bottle O=Other	Preservative: Tz= Trizma A=None O = Other _____	Sampled by:					Container Type:	P	All samples subject to Alpha's terms and conditions.		
	Relinquished by:	Date/ Time:		Received by:			Date/ Time:				
	Relinquished by:	Date/ Time:		Received by:			Date/ Time:				
DEP Inspector:	Relinquished by:	Date/ Time:		Received by:			Date/ Time:				
DEP Region:	Relinquished by:	Date/ Time:		Received by:			Date/ Time:				