

CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD

ENVIRONMENTAL LABORATORY SERVICE REQUEST - CONTRACT IWM-C9037  
Fax to EXCELCHEM (916)773-4784

Request No. 9-1-2000 Date Requested 9/22/2000

Requested by Peter Janicki CIWMB (916)255-1195  
Name Agency Phone

Site Assessment  Verification Analysis  Follow up Assessment

Site Name BSL SWIS No. 15-AA-0044

Sampling Plan Completed  Yes (include copy)  No

Sampling Personnel Assistance Needed  Yes (provide details below)  No

SAMPLING EQUIPMENT (Please indicate quantity of each item per type)

air pump  Tedlar bag  3 Suma canister  Other (list) 8-hr flow regulator(1)

(2) glass soil containers with Teflon lids, COC forms, vacuum gage, labels

Deliver Equipment to Bill O'Rullian Phone (661)862-8731 By 8/27/2000  
Name (Date)

Kern County Environmental Health Department  
2700 "M" Street, Suite 300  
Bakersfield, CA 93301-2370

ANALYSIS REQUESTED (Please indicate quantity of each item per type)

	<u>Gas</u>		<u>Soil-Ash</u>	<u>Liquid</u>
<input checked="" type="checkbox"/> Fixed gases	<input type="checkbox"/> TO-15 (10ppb)		<input checked="" type="checkbox"/> CAM 17 metals	<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Hydrogen sulfide	<input checked="" type="checkbox"/> TO-15 (0.5 ppb)		<input type="checkbox"/> CAM 5	<input type="checkbox"/> Purgeable Organics
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Lead DI	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other

Requested Turn Around Time 2 weeks

**(Contract Administrator Use Only)**

Anticipated Total Cost \$ 1200 Approved By \_\_\_\_\_ Date \_\_\_\_\_

**(Lab Use Only)**

Samples Received by \_\_\_\_\_ on \_\_\_\_\_  
Name Date

At \_\_\_\_\_  
Location Signature

<u>Gas</u>	<u>Soil</u>	<u>Liquid</u>
____ SUMA canisters ea	____ samples ea	____ samples ea
____ Tedlar bags ea	____ liquid ea	
____ others ea	____ samples ea	

Requested turn around time \_\_\_\_\_

Analysis completed \_\_\_\_\_  
Date

Draft Report U Fax U Phoned in Date \_\_\_\_\_

Final Report Issued \_\_\_\_\_  
Date

Total Final Cost (billed to CIWMB) \$ \_\_\_\_\_