

CHAIN OF CUSTODY RECORD

CO. NAME: <i>Colo Oil & Gas Cons. Com</i>	CONTACT NAME: <i>John Axelsson</i>	TELE. NO. <i>303-637-7178</i>	LAB PROJECT NO.
Sampler (PRINT NAME): <i>John Axelsson</i>	Signature: <i>[Signature]</i>	FAX NO: <i>7179</i>	
PROJECT INFO. / NO. <i>Markham WW</i>			

[illegible]

COMMENTS:

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Time: 10:51	Date: 5/23/08
Relinquished by: (Signature)	Received by: (Signature)	Time:	Date:
Laboratory:	Received for Laboratory by:	Time:	Date:
Method of Shipment:	Dispatched by: (Signature)	Time:	Date:

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Evergreen Analytical Laboratory Inc.

4036 Youngfield St.
Wheat Ridge, Colorado 80033
(303) 425-6021
FAX (303) 425-6854
(877) 737-4521
info@evergreenanalytical.com

Report Results by: _____ (Date)*

Standard 2 working weeks

UST Analyses per Fee Schedule

* Rush: ☐ less than 24 hrs, 150% ☐ 1-2 work days, 100%
☐ 3-5 work days, 50% ☐ 6-9 work days, 25%

*Subject to surcharge & exceptions noted in fee schedule.

REPORT ALSO BY ☐ FAX ☐ PDF ☐ EDD

REPORT CHROMATOGRAMS ☐ NO

Mail Invoice to: same

Attn _____

Address _____

City _____ State _____ Zip _____

Tel # _____ Fax # _____

Project ID# Markham WW

P.O. _____ Quote _____

Sampler John Axelsson

NOTE: Identify Known Hazards Below



SAMPLE IDENTIFICATION	DATE SAMPLED	TIME
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CONFIRMATION OF SAMPLE RECEIPT REQUIRED? ☐ YES

[illegible]

Instructions: Ca, Fe, Mn, K, Mg, Na, Cl, NO₂, NO₃, Br, SO₃, CO₃, HCO₃, F, Se Provide anion/cation report

**** Important Note:** See reverse side for Terms and Conditions. Anions: Bromide, Chloride, Nitrate, Nitrite, O-Phosphate, Sulfate (Circle)

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Date/Time	Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Date/Time
	5/23/08 1325		5/23/08 1325				