



CHAIN OF CUSTODY

PAGE 1 OF

Project Information

Westborough, MA
TEL: 508-898-9220

Mansfield, MA
TEL: 508-822-9300

Project
Name:

Client Information

Client: MassDEP-WPP (contact: Suzanne Flint)

Address: 8 New Bond Street

Worcester, MA 01606

Phone: 508-688-5062

Project Location: Massachusetts

Project #: **MassDEP-WPP-2025**

Project Manager:

ALPHA Quote #: 30166

Turn-Around Time

Fax: ☒ Standard ☐ Rush (ONLY IF PRE-APPROVED)

Email: suzanne.flint@mass.gov Due Date: Time:

☐ These samples have been Previously analyzed by Alpha

Other Project Specific Requirements/Comments/Detection Limits:

ALPHA Lab ID (Lab Use Only)	Sample ID	Collection		Sample Matrix	Sampler's Initials
		Date	Time		

Date Rec'd in Lab:

ALPHA Job #:

Report Information Data Deliverables

Billing Information

☐ FAX ☒ EMAIL

☐ Same as Client info

PO #:

☒ ADEx ☐ Add'l Deliverables

CT-EQE-5014-PACEANALYTICALSERV25

Regulatory Requirements/Report Limits

State/Fed Program

Criteria

ANALYSIS

Chloride (SM4500-CL-E)	NO3/NO2 combined (EPA 352.2)	NH3-N (SM 4500)	Dissolved Ca, Mg, Na (200.7)	Total Hardness (200.7)															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE HANDLING

Filtration

☒ Done

☐ Not Needed

☐ Lab to do

Preservation

☐ Lab to do

(Please specify below)

Sample Specific
Comments

TOTAL # BOTTLES

Container Type

P

P

P

P

P

Preservative

A

D

D

C

C

Relinquished By:

Date/Time

Received By:

Date/Time

Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. All samples submitted are subject to Alpha's Payment Terms.



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Project Information

Project
Name:

Project Location:

Project #: **MassDEP-WPP-2024**

Project Manager:

ALPHA Quote #:

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☒ Standard

☐ Rush (ONLY IF PRE-APPROVED)

Due Date:

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