

**Cameron Testing Services, Inc.**  
NC WW/GW Cert. 654

**TPH GRO/DRO Report**

**CTS Project 0812-002**

**Client: Withers&Ravenel**

**Project: Hampton Inn**

	<u>Sampled</u>	<u>Received</u>	<u>Due</u>
<b>By:</b>	PM	CSC	[REDACTED]
<b>Date:</b>	12/05/08	12/05/08	12/12/08
<b>Type:</b>	Composite	<b>Matrix:</b>	Soil

<b>Analyses</b>	<b>Methods</b>	<b>Reporting Limit</b>
TPH-DRO	EPA 8015c	< 10 mg/kg
TPH-GRO	EPA 8015c	< 2 mg/kg
Solids	Std. Meth. 2540G	

Sample	Client ID	Extracted	Analyzed	By	[GRO] (mg/kg)	Surr. Rec (%)	[DRO] (mg/kg)	Surr. Rec (%)	Solids (%)
001	SB-1	12/09/08	12/10/08	CSC			< 10	87.43	78.82
002	SB-2	12/09/08	12/10/08	CSC			< 10	97.71	89.40
003	SB-3	12/09/08	12/10/08	CSC			< 10	85.71	85.08
004	SB-4	12/09/08	12/10/08	CSC			< 10	94.86	84.47
005	SB-5	12/09/08	12/10/08	CSC			< 10	95.43	85.75
001	SB-1		12/09/08	CSC	< 2	67.35			78.82
002	SB-2		12/09/08	CSC	< 2	61.90			89.40
003	SB-3		12/09/08	CSC	< 2	77.55			85.08
004	SB-4		12/09/08	CSC	< 2	32.30			84.47
005	SB-5		12/09/08	CSC	< 2	68.65			85.75

\_\_\_\_\_  
**Lab Director**

\_\_\_\_\_  
**Date:**

# Cameron Testing Services, Inc.

NC WW/GW Cert. 654

**Cameron Testing Services, Inc.**

1229 N. HORNER BLVD. • SANFORD, NC 27330  
(919)208-4240 • Fax (919) 776-5724

CHAIN OF CUSTODY

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0812-002

CLIENT: <u>WJL</u> Contact: <u>Ty Colville</u>		ANALYSES REQUIRED		BILL TO: <u>WJL Services, Inc.</u>															
Address: <u>111 Markham Dr.</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														Phone #: ( ) - ( ) - ( )		Fax #: ( ) - ( ) - ( )	
City: <u>Cary</u> State: <u>NC</u> Zip: _____				Purchase Order #: _____															
PROJECT NO: <u>2208-693.0</u>		PROJECT NAME: <u>Hampton INN</u>		Turnaround Time:															
COLLECTED BY: (Signature) <u>[Signature]</u>		PRINTED NAME: <u>pmorris</u>		<input checked="" type="checkbox"/> Normal (2 weeks) <input type="checkbox"/> Rush (1 week)* <input type="checkbox"/> Rush (48 hours)* <input type="checkbox"/> Rush (24 hours)*															
Is the sample chlorinated? Yes ___ No ___		Will the results be used for regulatory monitoring purposes? Yes ___ No ___		PRESERVATIVES															
				NONE <input type="checkbox"/> ASCORBIC <input type="checkbox"/> Na <sub>2</sub> O <sub>2</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> HCl <input type="checkbox"/>															
				PRESERVED IN FIELD <input type="checkbox"/>															
				PRESERVED IN LAB <input type="checkbox"/>															
				RECEIVED ON ICE <input checked="" type="checkbox"/>															
				REMARKS															
				Picked up from Refrigerator															
SAMPLE #	DATE	TIME	COMP			GRAB	SAMPLE I.D.	SAMPLE MATRIX	# OF CONTAINERS										
	12/5/15	1520				X	SB-1	SS	1	X	X	X							
		1525					SB-2		1	X	X	X							
		1530					SB-3		1	X	X	X							
		1535			SB-4		1	X	X	X									
					SB-5		1	X	X	X									
RELINQUISHED BY: <u>[Signature]</u>		DATE / TIME: <u>12/05/15 16:18</u>		RECEIVED BY: <u>[Signature]</u>		DATE / TIME: <u>12/05/15 16:18</u>		ADDITIONAL INSTRUCTIONS											

\* RUSH WORK MUST BE APPROVED PRIOR TO SAMPLE SUBMISSION. ADDITIONAL CHARGES MAY APPLY.

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Email: chris@camerontesting.com