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N. C. Department of Human Resources
Division of Health Services

# SAMPLE ANALYSES REQUEST

State Laboratory of Public Health
P. O. Box 28047
306 N. Wilmington Street
Raleigh, 27611

Site Number 09-00002001 Field Sample Number 0001

Name of Site COGENTRIX FLY ASH Site Location BLADEN CO. (ELIZABETHTOWN)

Collected By WILL / BABUIN ID# 56 Date Collected 4-30-87 Time 2:30pm

Type of Sample:

| Environmental | Concentrate | Comments |
|---|---|---|
| ___ Groundwater (1) | ___ Solid (5) | — FLY-ASH TEST SAMPLE — |
| ___ Surface Water (2) | ___ Liquid (6) | |
| ___ Soil (3) | ___ Sludge (7) | |
| ✓ Other (4) | ✓ Other (8) | |

## INORGANIC CHEMISTRY

| Extractables | | Total | | | |
|---|---|---|---|---|---|
| Parameter | Results mg/1 | Parameter | Results mg/1 | Parameter | Results mg/1 |
| ✓ Arsenic | 0.04 | Arsenic | | Silver | |
| ✓ Barium | 0.2 | Barium | | Sulfates | |
| ✓ Cadmium | <0.05 | Cadmium | | Zinc | |
| ✓ Chromium | <0.05 | Chloride | | Ph | |
| ✓ Lead | <0.1 | Chromium | | Conductivity | |
| ✓ Mercury | <0.02 | Copper | | TDS | |
| ✓ Selenium | 0.092 | Fluoride | | TOC | |
| ✓ Silver | <0.05 | Iron | | | |
| | | Lead | | | |
| | 6-15-87 | Manganese | | | |
| OK | MJB | Mercury | | | |
| | | Nitrate | | | |
| (extraction not totals, i.e. 10x EPA DWS) | | Selenium | | | |

## ORGANIC CHEMISTRY

| Parameter | Results mg/1 | Parameter | Results mg/1 | Parameter | Results mg/1 |
|---|---|---|---|---|---|
| P&T:GC/MS | | EDB | | Methoxychlor | |
| Acid:B/N Ext. | | PCB's | | Toxaphene | |
| TOX | | Petroleum | | 2,4-D | |
| | | Endrin | | 2,4,5-TP (silvex) | |
| | | Lindane | | | |

## MICROBIOLOGY

| Parameter |
|---|
| (MF) Coliform Colonies/100mls |
| (MPN) Coliform Colonies/100mls |

## RADIOCHEMISTRY

| Parameter | Results PCi/1 |
|---|---|
| Gross Alpha | |
| Gross Beta | |

Date Received _____ Date Reported 12 May 87

Date Extracted _____ Date Analyzed _____

Reported By _____ Lab Number 008964 MAY 187

DHS 3191 (Revised 7/85)
Solid and Hazardous Waste (Review 7/87)

DIVISION OF HEALTH SERVICES
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH

## Chain of Custody Record

### Hazardous Waste Materials

Location of Sampling: ___Generator ___Transporter ___Treatment Facility
___Storage Facility ___Disposal Facility ___Landfill
✓ Other:

Company's Name Cogentrix Telephone ( )

Address Bladen County (Elizabethtown)

Collector's Name Thomas Will Telephone ( )
signature

Date Sampled 4-30-87 Time Sampled 2:30 P.M

Type of Process Generating Waste

Field Information

Fly Ash test sample

Field Sample No. 0001

Chain of Possession:

| | signature | title | inclusive dates |
|---|---|---|---|
| 1. | Thomas R. Will | Hydrogeologic technician | 4-30-87 |
| 2. | Paul J. Chilton | Chemist | 4-30-87 |
| 3. | | | |

Results reported

| signature | title | date |
|---|---|---|
| Annette L. Jay | Lab Tech | 12 May 87 |

Instructions: Complete all applicable information including signatures, and submit with analysis request forms.

DIVISION OF HEALTH SERVICES
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH

## Receipt for Samples

The samples described below were collected in connection with the administration, enforcement, and documentation of the:

( ) North Carolina Hazardous Waste Management Rules, 10 NCAC 10F

( ) North Carolina Solid Waste Management Rules, 10 NCAC 10G

( ) Comprehensive Environmental Response, Compensation and Liability Act (CERCLA)

( ) Toxic Substances Control Act (TSCA) 15 U.S.C. §2601, et seq., specifically Section 11 of TSCA, 15 U.S.C. §2610.

Inspector's Name _____ Inspector's Address _____

Name of Firm _____ Firm Address _____

Firm Owner, Operator, or Agent _____ Title _____

| SAMPLE NUMBER | COLLECTED | | SAMPLE TYPE | | | DUPLICATE SAMPLES | | | SAMPLE LOCATION | |
|---|---|---|---|---|---|---|---|---|---|---|
| | DATE | TIME | WATER | SOIL | OTHER | OFFERED | ACCEPTED | REJECTED | ON-SITE | OFF-SITE |
| | | | | | | | | | | |
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| | | | | | | | | | | |

Receipt for the sample(s) described above is hereby acknowledged:

Signature of Inspector _____

Title _____

Receipt/rejection of duplicate or split samples is hereby acknowledged:

Signature of Firm Owner, Operator, or Agent _____

Title _____

Comments: _____