

PROJECT SAMPLE SUMMARY

SITE NAME Central LF
 LOCATION Johnston RI
 EPA WA NO. RI 01044

DATE 10/23/92
 SAMPLERS INITIALS DH

CASE NO. / SAS NO.	LABORATORY NAME	SAMPLE MEDIA	ANALYSES	NO. OF SAMPLES	TRAFFIC REPORT NO.s	BLANK TRAFFIC REPORT NO.s	DUPLICATE TRAFFIC REPORT NO.s	DATE SHIPP
7585A-01	EA labs	soil	TOC & solids	3	SA5869-70,71		SA5870,71	10/23/92
7585A-02	Weyer	soil	Grain size	3	SA5872-74		SA5873,74	10/23/92
7585A-03	GP Env.	soil	AVS/SEM	3	SA5875-77		SA5876,77	10/23/92

3283



United States Environmental Protection Agency
Contract Laboratory Program Sample Management Office
PO Box 818 Alexandria, VA 22313
703-557-2490 FTS 557-2490

Special Analytical Service

Packing List/Chain of Custody

75854-01

1. Project Code 5044		Account Code		2. Region No. I		3. Sampling Co. CDM Federal		4. Date Shipped 10/23/92		Carrier Fed EX		6. Sample Description (Enter in Column A)		7. Preservative (Enter in Column C)	
Regional Information				Sampler (Name) Dave Hill				Airbill Number 4926821675				1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil 7. Waste 8. Other (Specify)			
Non-Superfund Program				Sampler Signature <i>David J. Hill</i>				5. Ship To ET Labs 19 Lovetown Cr. Sparks, MD 21152 Attn: Sample Cust. 410 771 4920							
Site Name Central LF				3. Type of Activity				Remedial Removal Lead Pre-Remedial RIFS <input checked="" type="checkbox"/> CLEM SF <input type="checkbox"/> RD <input type="checkbox"/> REMA PRP <input type="checkbox"/> RA <input type="checkbox"/> REM ST <input type="checkbox"/> SSI <input type="checkbox"/> O&M <input type="checkbox"/> OIL FED <input type="checkbox"/> LSI <input type="checkbox"/> NPLD <input type="checkbox"/> UST <input type="checkbox"/>				1. HCl 2. HNO3 3. NAHSO4 4. H2SO4 5. NaOH 6. Other (SAS) (Specify) 7. Ice only N. Not preserved			
City, State Johnston, AR		Site Spill ID													
Sample Numbers	A Matrix Enter from Box 6	B Conc Low Med High	C Preservative Used from Box 7	D Analysis	E Sample used for spike and/or duplicate	F Regional Specific Tracking Number or Tag Number	G Station Location Identifier	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Designated Field QC					
1	SAS869	5	L	7	TOC / 8 solids	38405	1-0	10/23/92 @ 1709	DH	—					
2	SAS870	5	L	7	TOC / 8 solids	38406	3-0	10/23/92	DH	D(1)					
3	SAS871	5	L	7	TOC / 8 solids	38407	3-0D	10/23/92	DA	D(1)					
4															
5	<i>David J. Hill</i>														
6															
7															
8															
9															
10															
Shipment for SAS complete? <input checked="" type="checkbox"/> (N)															

CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <i>David J. Hill</i>	Date / Time 10/23/2000	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Received by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none
Split Samples <input type="checkbox"/> Accepted (Signature)			<input type="checkbox"/> Declined		

EPA Form

DISTRIBUTION:

White - Region Copy Yellow - SMO Copy Gold - Lab Copy Pink - Lab Copy for Return to SMO

S 029535



1. Project Code 5044		Account Code		2. Region No. I		3. Sampling Co. CDM Federal		4. Date Shipped 10/23/92		Carrier FedEX		6. Sample Description (Enter in Column A) 1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil 7. Waste 8. Other (Specify)		7. Preservative (Enter in Column C) 1. HCl 2. HNO3 3. NAHSO4 4. H2SO4 5. NaOH 6. Other (SAS) (Specify) 7. Ice only N. Not preserved	
Regional Information				Sampler (Name) Dave Hill				Airbill Number 49268 21664							
Non-Superfund Program				Sampler Signature David J. Hill				5. Ship To Weyerhaeuser Analyt 3290 Weyerhaeuser Way South Federal Way, WA 98003 Attn: Sample Cust. 206 924 6148							
Site Name Central LF				3. Type of Activity											
City, State Johnston, RI				Site Spill ID				Remedial				Removal			
				SF <input type="checkbox"/> PA <input checked="" type="checkbox"/> RA <input type="checkbox"/> O&M <input type="checkbox"/> NPLD <input type="checkbox"/> UST <input type="checkbox"/>				Lead <input type="checkbox"/> Pre-Remedial <input type="checkbox"/> RIFS <input type="checkbox"/> RD <input type="checkbox"/> CLEM <input checked="" type="checkbox"/>							
Sample Numbers		A Matrix Enter from Box 6	B Conc Low Med High	C Preservative Used from Box 7	D Analysis		E Sample used for spike and/or duplicate	F Regional Specific Tracking Number or Tag Number		G Station Location Identifier	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Designated Field QC		
1 SA5872		5	L	7	Grain Size		—	38410		1-0	10/22/92@1709	DH	—		
2 SA5873		5	L	7	Grain Size		—	38409		3-0	10/23/92@1640	DH	D(1)		
3 SA5874		5	L	7	Grain Size		—	38408		3-0P	10/23/92@1640	DH	D(1)		
4.															
5.															
6.															
7.															
8.															
9.															
10.															

Shipment for SAS complete? (N)

CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) David J. Hill		Date / Time 10/23/92 000		Received by: (Signature)		Relinquished by: (Signature)		Date / Time		Received by: (Signature)	
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Relinquished by: (Signature)		Date / Time		Received by: (Signature)	
Received by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time		Remarks Is custody seal intact? Y/N/none			
Split Samples <input type="checkbox"/> Accepted (Signature)						<input type="checkbox"/> Declined					

EPA Form

DISTRIBUTION:

White - Region Copy Yellow - SMO Copy Gold - Lab Copy Pink - Lab Copy for Return to SMO

S 029536



1. Project Code 5044	Account Code	2. Region No. I	3. Sampling Co. CDU Federal	4. Date Shipped 10/22/92	Carrier Red EX	6. Sample Description (Enter in Column A) 1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil 7. Waste 8. Other (Specify)	7. Preservative (Enter in Column C) 1. HCl 2. HNO3 3. NAHSO4 4. H2SO4 5. NaOH 6. Other (SAS) (Specify) 7. Ice only N. Not preserved																
Regional Information		Sampler (Name) Dave Hill		Airbill Number 4926821686																			
Non-Superfund Program		Sampler Signature <i>[Signature]</i>		5. Ship To GP Environmental 202 Perry Parkway Greithersburg MD 20877 Attn: Mon Ruyser 301 926 6802																			
Site Name Central LF		3. Type of Activity																					
City/State Johnston RI		<table border="0"> <tr> <td>Remedial</td> <td>Removal</td> </tr> <tr> <td>Lead</td> <td>CLEM</td> </tr> <tr> <td>Pre Remedial</td> <td>REMA</td> </tr> <tr> <td>RIFS</td> <td>REM</td> </tr> <tr> <td>RD</td> <td>OIL</td> </tr> <tr> <td>RA</td> <td>UST</td> </tr> <tr> <td>O&M</td> <td></td> </tr> <tr> <td>NPLD</td> <td></td> </tr> </table>						Remedial	Removal	Lead	CLEM	Pre Remedial	REMA	RIFS	REM	RD	OIL	RA	UST	O&M		NPLD	
Remedial	Removal																						
Lead	CLEM																						
Pre Remedial	REMA																						
RIFS	REM																						
RD	OIL																						
RA	UST																						
O&M																							
NPLD																							

Sample Numbers	A Matrix Enter from Box 6	B Conc Low Med High	C Preservative Used from Box 7	D Analysis	E Sample used for spike and/or duplicate	F Regional Specific Tracking Number or Tag Number	G Station Location Identifier	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Designated Field QC
1 SA5875	5	L	6 (N)	Acid Volatile Sulfide*	-	38404	1-0	10/22/92 1709	DH	-
2 SA5876	5	L	6 (N)	Acid Volatile Sulfide*	-	38402	3-0	10/22/92 1640	DA	D(1)
3 SA5877	5	L	6 (N)	Acid Volatile Sulfide*	-	38403	3-0 P	10/22/92 1640	DH	D(1)
4										
5										
6										
7										
8										
9										
10										

[Signature]
David J. Hill

Shipment for SAS complete? (N)

* Acid Volatile sulfides and simultaneously extracted metals

CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <i>[Signature]</i>	Date / Time 10/22/2000	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Received by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

Split Samples Accepted (Signature)
 Declined



USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S., ALASKA AND HAWAII.
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AIRBILL
PACKAGE
TRACKING NUMBER

4926821664

2237N

4926821664

SENDER'S COPY

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER 1103-8431-4		Date 10/23/92
From (Your Name) Please Print Dave Hill		Your Phone Number (Very Important) (617) 742 2659
Company CDM/FEDERAL PROGRAMS INC.		To (Recipient's Name) Please Print Sample Custodian
Street Address 98 N WASHINGTON ST STE 200		Recipient's Phone Number (Very Important) 206 924 6148
City BOSTON	State MA	Department/Floor No. Department/Floor 1
ZIP Required 02124		Company Wayneshauser Analyt Services
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 32701 Wayneshauser		City Federal Way
State WA		State WA
ZIP Required 98003		ZIP Required 98003
YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.) 7250 044 680 715 W		
IF HOLD FOR PICK-UP, Print FEDEX Address Here Street Address		City
State		ZIP Required
PAYMENT 1 <input checked="" type="checkbox"/> Bill Sender 2 <input type="checkbox"/> Bill Recipient's FedEx Acct. No. 3 <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. 4 <input type="checkbox"/> Bill Credit Card		
5 <input type="checkbox"/> Cash/Check A/c/Credit Card No. Exp. Date		
4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)
Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> YOUR PACKAGING 16 <input type="checkbox"/> FEDEX LETTER 12 <input type="checkbox"/> FEDEX PAK 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY	Standard Overnight (Delivery by next business afternoon, no Saturday delivery) 51 <input type="checkbox"/> YOUR PACKAGING 56 <input type="checkbox"/> FEDEX LETTER 52 <input type="checkbox"/> FEDEX PAK 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> BOYT LETTER 41 <input type="checkbox"/> BOYT PACKAGE	1 <input type="checkbox"/> HOLD FOR PICK-UP (P# in Box 7) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY 3 DELIVER SATURDAY (Extra charge) (Not available to all locations) 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> 6 <input type="checkbox"/> DRY ICE 7 <input type="checkbox"/> OTHER SPECIAL SERVICE 8 <input type="checkbox"/> 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) 10 <input type="checkbox"/> 12 <input type="checkbox"/> HOLIDAY DELIVERY (if allowed) (Extra charge)
70 <input type="checkbox"/> OVERNIGHT FREIGHT** (Continental territories required)		71 <input type="checkbox"/> TWO-DAY FREIGHT** (Declared Value Limit \$500. Call for delivery schedule.)
Freight Service (for packages over 150 lbs.)		PACKAGES
DIMENSION (Chargeable Weight)		WEIGHT in Pounds Only
L x W x H		YOUR DECLARED VALUE (See apt)
Received At		SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.00. In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information. Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.
1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box		
2 <input type="checkbox"/> On-Call Stop 4 <input type="checkbox"/> U.S.C.		Declared Value Charge
5 <input type="checkbox"/> Station 6 <input type="checkbox"/> Station		Other 1
7 Release Signature:		Other 2
		Total Charges
		REVISION DATE 08/92 FORM 1131-2015-2016-2017 FORM 6128 126 PRINTED IN U.S.A.

SENDER'S COPY
DROP OFF YOUR PACKAGE AND SAVE



USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII
 USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO AND ALL NON U.S. LOCATIONS.
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AIRBILL
 PACKAGE
 TRACKING NUMBER

4926821664

2237N

4926821664

SENDER'S COPY

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER: 1103-8831-4
 Date: 10/23/92

From (Your Name) Please Print: Dave Hill
 Your Phone Number (Very Important): (617) 742-2652
 To (Recipient's Name) Please Print: Sample Custodian
 Recipient's Phone Number (Very Imp): (206) 924-6192

Company: CDM/FEDERAL PROGRAMS INC.
 Street Address: 98 N WASHINGTON ST STE 200
 City: BOSTON State: MA ZIP Required: 02124

Company: Waychhausen Analyt Services
 Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.): 32701 Waychhausen Way
 City: Federal Way State: WA ZIP Required: 98003

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice): 7250 044 620 71FW

IF HOLD FOR PICK-UP, Print FEDEX Address Here
 Street Address: _____
 City: _____ State: _____ ZIP Required: _____

PAYMENT: Bill Sender Bill Recipient's FedEx Acct. No. Bill 3rd Party FedEx Acct. No. Bill Credit Card
 Cash/Check Acct./Credit Card No. Exp Date: _____

SENDER'S COPY
 DROP OFF YOUR PACKAGE AND SAVE

4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)		6 PACKAGES WEIGHT In Pounds Only YOUR DECLARED VALUE (See page)		SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY	Federal Express Use Base Charges Declared Value Other 1 Other 2 Total Charges
Priority Overnight (Delivery by next business morning) 11 <input checked="" type="checkbox"/> YOUR PACKAGING 16 <input type="checkbox"/> FEDEX LETTER 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY	Standard Overnight (Delivery by next business afternoon. No Saturday delivery!) 51 <input type="checkbox"/> YOUR PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE	1 <input type="checkbox"/> HOLD FOR PICK-UP (Fill in Box 1) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations) 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> DRY ICE 7 <input type="checkbox"/> OTHER SPECIAL SERVICE 8 <input type="checkbox"/> 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) 10 <input type="checkbox"/> 12 <input type="checkbox"/> HOLIDAY DELIVERY (if allowed) (Extra charge)	Total Total Total	DIMENSION (Chargeable Weight) L x W x H Resized At: <input type="checkbox"/> Regular Stop <input checked="" type="checkbox"/> Drop Box <input type="checkbox"/> On-Call Stop <input type="checkbox"/> Station	Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.00. In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information. Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.		



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AIRBILL
PACKAGE
TRACKING NUMBER

4926821686

2237N

4926821686

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER

1103-6831-4

Date

12/23/92

SENDER'S COPY

From (Your Name) Please Print

Doug Hill

Your Phone Number (Very Important)

(617) 741 2658

To (Recipient's Name) Please Print

Nan Huyser

Recipient's Phone Number (Very Important)

(301) 926-6802

Company

CDM/FEDERAL PROGRAMS INC

Department/Floor No.

Company

GP Environmental

Department/Floor No.

Street Address

98 N WASHINGTON ST STE 200

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

202 Perry Parkway

City

BOSTON

State

MA

ZIP Required

02114

City

Gaithersburg MD

State

MD

ZIP Required

20877

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

7250 044 CEO 711W

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address

City

State

ZIP Required

PAYMENT

Bill Sender

Bill Recipient's FedEx Acct. No.

Bill 3rd Party FedEx Acct. No.

Bill Credit Card

Cash/Check

Acct./Credit Card No.

Exp. Date

1

4 SERVICES (Check only one box)

Priority Overnight (Delivery by next business morning)

11 YOUR PACKAGING

16 FEDEX LETTER

12 FEDEX PAK*

13 FEDEX BOX

14 FEDEX TUBE

Economy Two-Day (Delivery by second business day)

30 ECONOMY

70 OVERNIGHT FREIGHT**

80 TWO-DAY FREIGHT**

Freight Service (for packages over 150 lbs.)

80 TWO-DAY FREIGHT**

213 HOLIDAY DELIVERY (if offered) (Extra charge)

213 HOLIDAY DELIVERY (if offered) (Extra charge)

5 DELIVERY AND SPECIAL HANDLING (Check services required)

1 HOLD FOR PICK-UP (Fill in Box 14)

2 DELIVER WEEKDAY

3 DELIVER SATURDAY (Extra charge) (Not available to all locations)

4 DANGEROUS GOODS (Extra charge)

5 DRY ICE

6 OTHER SPECIAL SERVICE

7 SATURDAY PICK-UP (Extra charge)

8 HOLIDAY DELIVERY (if offered) (Extra charge)

9 HOLIDAY DELIVERY (if offered) (Extra charge)

10 HOLIDAY DELIVERY (if offered) (Extra charge)

11 HOLIDAY DELIVERY (if offered) (Extra charge)

12 HOLIDAY DELIVERY (if offered) (Extra charge)

13 HOLIDAY DELIVERY (if offered) (Extra charge)

14 HOLIDAY DELIVERY (if offered) (Extra charge)

6 PACKAGES

WEIGHT in Pounds Only

YOUR DECLARED VALUE (See right)

Total Total Total

1 30

DIM SHIPMENT (Chargeable Weight)

lb.

L x W x H

Received At

1 Regular Stop

2 On-Call Stop

3 Drop Box

4 S.C.

5 Station

6 Station

7 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY*

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details.

We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.00.

In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature:

126

REVISION DATE 2/92

PART #137204 NCREC 6/92

FORMAT #126

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DROP OFF YOUR PACKAGE AND SAVE



USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
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QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUMBER

4926821675

2237N

4926821675

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER

1103-8831-4

Date

10/22/12

From (Your Name) Please Print

Dave Hill

Your Phone Number (Very Important)

(617) 741 2659

To (Recipient's Name) Please Print

Sample Custodian

Recipient's Phone Number (Very Important)

(416) 771 4710

Company

CDM/FEDERAL PROGRAMS INC

Company

EA Laboratories
19 Lovellou Cir
Sparks MD

Department/Floor No.

Street Address

98 N WASHINGTON ST STE 200

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

City

BOSTON

State

MA

ZIP Required

02114

City

State

Sparks MD

ZIP Required

21152

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)
7150044 CEO TIFW

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address

City

State

ZIP Required

PAYMENT

Bill Sender

Bill Recipient's FedEx Acct. No.

Bill 3rd Party FedEx Acct. No.

Bill Credit Card

Cash/Check

Acct./Credit Card No.

Exp. Date

SERVICES

(Check only one box)

Priority Overnight
(Delivery by next business morning)

11 YOUR PACKAGING

16 FEDEX LETTER

12 FEDEX PAK*

13 FEDEX BOX

14 FEDEX TUBE

Economy Two-Day
(Delivery by second business day **)

30 ECONOMY

Standard Overnight
(Delivery by next business afternoon
in Saturday delivery **)

51 YOUR PACKAGING

56 FEDEX LETTER*

52 FEDEX PAK*

53 FEDEX BOX

54 FEDEX TUBE

Government Overnight
(Reserved for authorized users only)

46 GOVT LETTER

41 GOVT PACKAGE

Freight Service
(For packages over 150 lbs.)

70 OVERNIGHT FREIGHT**

80 TWO-DAY FREIGHT**

*Declared Value Limit \$500
**Call for delivery schedule

DELIVERY AND SPECIAL HANDLING

(Check services required)

1 HOLD FOR PICK-UP (Fill in Box 14)

2 DELIVER WEEKDAY

3 DELIVER SATURDAY (Extra charge)
(Not available in all locations)

4 DANGEROUS GOODS (Extra charge)

5

6 DRY ICE

7 OTHER SPECIAL SERVICE

8

9 SATURDAY PICK-UP (Extra charge)

10

12 HOLIDAY DELIVERY (if offered)
(Extra charge)

PACKAGES

WEIGHT in Pounds Only

YOUR DECLARED VALUE (See right)

Total Total Total

1 30

DIM SHIPMENT (Chargeable Weight)

L x W x H

Received At

1 Regular Stop

2 On-Call Stop

3 Drop Bgl

4 S.C.

5 Station

SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details.

We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.00.

In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature:

Federal Express Use

Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

SENDER DATE 2012

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