

2021 Hazardous Waste Scanning Project

File Form Naming Convention.

(File_Type).(Program).(Site_Number).(YYYY-MM-DD).(File_Name).pdf

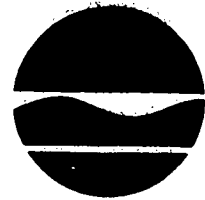
Note 1: Each category is separated by a period "."

Note 2: Each word within category is separated by an underscore "_"

Specific File Naming Convention Label:

Report.HW.932020.1992-01-01.LTGWM-92.pdf

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233 -7010



Thomas C. Jorling
Commissioner

MAR 03 1992

Mr. Albert Zaepfel
Industrial Monitoring Coordinator
Department of Utilities
Niagara Waste Water Plant
1200 Buffalo Avenue
Niagara Falls, NY 14302

Dear Mr. Zaepfel:

RE: 1992 First Quarter Analytical and Flow Results

Enclosed are the Self-Monitoring Data and Compliance Reports for the first quarter samples which were collected January 12, 1992 at the Love Canal Leachate Treatment Facility (LCLTF). These reports fulfill the monitoring requirements for the LCLTF Final Waste Water Discharge Permit No. 16. All of the facility and sewer use ordinance parameters are found to be at the working detection limit of the laboratory. Also, enclosed are copies of the RECRA Environmental, Inc. Analytical Report as backup.

If there are any questions concerning the data, please telephone Ronnie Lee, of my staff, at (518) 457-0927.

Sincerely,

Gerald J. Rider, Jr., P.E.
Chief, Operation and Maintenance Section
Bureau of Construction Services
Division of Hazardous Waste Remediation

Enclosures

cc:w/enc. - J. Westendorf, City of Niagara Falls
R. Lee, NYSDEC

bcc: w/enc. P. Buechi, Reg. 9
B. Sadowski
M. Podd

w/o enc. - M. O'Toole
A. Rockmore

a:zaepfel1:RL:et

SIU PERMIT NAME WASTEWATER DISCHARGE PERMIT

SIU PERMIT NO. 16

SAMPLE LOCATION (as per permit) 97th STREET EFFLUENT

	RESULTS IN ug/l	RESULTS IN lbs/d	ANNUAL AVG ug/l	ANNUAL AVG lb.
Date Sampled	12/12/91			
24 Hr Flow (MGD)	0.0442			
Dimethyl Phthalate	<14	<0.00516	<12.75	<0.00525
Butyl Benzyl Phthalate	<14	<0.00516	<12.75	<0.00525
Dibutyl Phthalate	<14	<0.00516	<12.75	<0.00525
Nitrosodiphenylamine	<14	<0.00516	<12.75	<0.00525
Dichlorobenzenes	<4	<0.00148	<9.00	<0.00371
Dichlorotoluene	<14	<0.00516	<12.75	<0.00525
Acenaphthene	<14	<0.00516	<12.75	<0.00525
Fluoranthene	<4	<0.00148	<10.25	<0.00433
Chrysene	<4	<0.00148	<10.25	<0.00433
Naphthalene	<14	<0.00516	<12.75	<0.00525
Benzo(a) Anthracene	<4	<0.00148	<10.25	<0.00433
Pyrene	<14	<0.00516	<12.75	<0.00525
Trichlorobenzene	<14	<0.00516	<12.75	<0.00525
Trichlorotoluene	<14	<0.00516	<12.00	<0.00525
Hexachlorobutadiene	<14	<0.00516	<12.75	<0.00525
Tetrachlorobenzene	-	-	-	-
Hexachlorocyclopentadiene	<14	<0.00516	<12.75	<0.00525
Hexachlorobenzene	<14	<0.00516	<12.75	<0.00525
Dichlorobenzotrifluoride	<14	<0.00516	<13.67	<0.00535
Phenanthrene	<14	<0.00516	<12.75	<0.00525

Date Prepared: March 2, 1992

NEW YORK STATE DEPARTMENT ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS WASTE REMEDIATION
BUREAU OF CONSTRUCTION SERVICES
OPERATION AND MAINTENANCE SECTION

LOVE CANAL LEACHATE TREATMENT FACILITY

FIRST QUARTER 1992

EFFLUENT

LINE NO.	CALENDAR DATE	FLOW GPD
59	11/07/91	44500
60	11/18/91	34500
61	11/21/91	29100
62	11/25/91	12680
63	11/26/91	43000
	SUBTOTAL	163780
64	12/04/91	55000
65	12/05/91	48500
66	12/09/91	58500
67	12/10/91	28500
68	12/12/91	44200 quarterly
69	12/16/91	45000
70	12/23/91	40820
71	12/26/91	47450
72	12/30/91	49900
	SUBTOTAL	417870
1	01/02/92	46700
2	01/07/92	38500
3	01/14/92	53500
4	01/17/92	48000
5	01/24/92	61300
6	01/27/92	65000
7	01/28/92	25530
8	01/29/92	46800
	SUBTOTAL	385330

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO. 14

1635E

Lab Name: RECRA ENVIRON Contract: COO2412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 12025

Matrix: (soil/water) WATER Lab Sample ID: AS004279

Sample wt/vol: 5.0 (g/mL) ML Lab File ID: A5064

Level: (low/med) LOW Date Received: 12/12/91

% Moisture: not dec. _____ Date Analyzed: 12/18/91

Column Type: (Pack/Cap/Wide) PACK Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

CAS NO.	COMPOUND	CONCENTRATION	UNIT
74-87-3	Chloromethane	10	U
74-83-9	Bromomethane	10	U
75-01-4	Vinyl Chloride	10	U
75-00-3	Chloroethane	10	U
75-09-2	Methylene Chloride	5	U
75-35-4	1,1-Dichloroethene	10	U
75-34-3	1,1-Dichloroethane	5	U
540-59-0	1,2-Dichloroethene (total)	5	U
67-66-3	Chloroform	5	U
107-06-2	1,2-Dichloroethane	5	U
71-55-6	1,1,1-Trichloroethane	5	U
56-23-5	Carbon Tetrachloride	5	U
75-27-4	Bromodichloromethane	5	U
78-87-5	1,2-Dichloropropane	5	U
10061-01-5	cis-1,3-dichloropropene	5	U
79-01-6	Trichloroethene	5	U
124-48-1	Dibromochloromethane	5	U
79-00-5	1,1,2-Trichloroethane	5	U
110-75-8	2-Chloroethylvinyl ether	10	U
71-43-2	Benzene	5	U
10061-02-6	trans-1,3-dichloropropene	5	U
75-25-2	Bromoform	5	U
127-18-4	Tetrachloroethene	5	U
79-34-5	1,1,2,2-Tetrachloroethane	5	U
108-88-3	Toluene	5	U
108-90-7	Chlorobenzene	5	U
100-41-4	Ethylbenzene	5	U
541-73-1	1,3-Dichlorobenzene	5	U
95-50-1	1,2- & 1,4-Dichlorobenzene	5	U
75-69-4	Trichlorofluoromethane	5	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

1635E

Lab Name: RECRA ENVIRON Contract: COO2412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 12025

Matrix: (soil/water) WATER Lab Sample ID: AS004279

Sample wt/vol: 5.0 (g/mL) ML Lab File ID: A5064

Level: (low/med) LOW Date Received: 12/12/91

% Moisture: not dec. _____ Date Analyzed: 12/18/91

Column Type: (Pack/Cap/Wide) PACK Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

CAS NO.	COMPOUND	5	U
o/m Cltol.-----o & m-Chlorotoluene		5	U
106-43-4-----p-Chlorotoluene		5	U
88-16-4-----2-Monochlorobenzotrifluoride		5	U
98-15-7-----3-Monochlorobenzotrifluoride		5	U
98-56-6-----4-Monochlorobenzotrifluoride		5	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

1634E

Lab Name: RECRA ENVIRON Contract: COO2412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 12025

Matrix: (soil/water) WATER Lab Sample ID: AS004278

Sample wt/vol: 700 (g/mL) ML Lab File ID: 9993Z

Level: (low/med) LOW Date Received: 12/12/91

Moisture: not dec. _____ dec. _____ Date Extracted: 12/16/91

Extraction: (SepF/Cont/Sonc) SEPF Date Analyzed: 12/21/91

SPC Cleanup: (Y/N) N pH: 7.0 Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO. COMPOUND UG/L Q

108-95-2	Phenol	14	U
111-44-4	bis(2-Chloroethyl) Ether	14	U
95-57-8	2-Chlorophenol	14	U
541-73-1	1,3-Dichlorobenzene	4	U
106-46-7	1,4-Dichlorobenzene	4	U
95-50-1	1,2-Dichlorobenzene	4	U
108-60-1	bis(2-Chloroisopropyl) Ether	14	U
621-64-7	N-Nitroso-Di-n-Propylamine	14	U
67-72-1	Hexachloroethane	14	U
98-95-3	Nitrobenzene	14	U
78-59-1	Isophorone	14	U
88-75-5	2-Nitrophenol	14	U
105-67-9	2,4-Dimethylphenol	14	U
111-91-1	bis(2-Chloroethoxy)Methane	14	U
120-83-2	2,4-Dichlorophenol	14	U
120-82-1	1,2,4-Trichlorobenzene	14	U
91-20-3	Naphthalene	14	U
87-68-3	Hexachlorobutadiene	14	U
59-50-7	4-Chloro-3-Methylphenol	14	U
77-47-4	Hexachlorocyclopentadiene	14	U
88-06-2	2,4,6-Trichlorophenol	14	U
91-58-7	2-Chloronaphthalene	14	U
131-11-3	Dimethyl Phthalate	14	U
208-96-8	Acenaphthylene	14	U
606-20-2	2,6-Dinitrotoluene	14	U
83-32-9	Acenaphthene	14	U
51-28-5	2,4-Dinitrophenol	72	U
100-02-7	4-Nitrophenol	72	U
121-14-2	2,4-Dinitrotoluene	14	U
84-66-2	Diethylphthalate	14	U
7005-72-3	4-Chlorophenyl-phenylether	14	U
86-73-7	Fluorene	14	U
534-52-1	4,6-Dinitro-2-Methylphenol	72	U
86-30-6	N-Nitrosodiphenylamine (1)	14	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO. 21

1634E

Lab Name: RECRA ENVIRON Contract: COO2412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 12025

Matrix: (soil/water) WATER Lab Sample ID: AS004278

Sample wt/vol: 700 (g/mL) ML Lab File ID: 9993Z

Level: (low/med) LOW Date Received: 12/12/91

% Moisture: not dec. _____ dec. _____ Date Extracted: 12/16/91

Extraction: (SepF/Cont/Sonc) SEPF Date Analyzed: 12/21/91

GPC Cleanup: (Y/N) N pH: 7.0 Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

CAS NO.	COMPOUND	CONCENTRATION	Q
101-55-3	4-Bromophenyl-phenylether	14	U
118-74-1	Hexachlorobenzene	14	U
87-86-5	Pentachlorophenol	72	U
85-01-8	Phenanthrene	14	U
120-12-7	Anthracene	14	U
84-74-2	Di-n-Butylphthalate	14	U
206-44-0	Fluoranthene	4	U
92-87-5	Benzidine	110	U
129-00-0	Pyrene	14	U
85-68-7	Butylbenzylphthalate	14	U
91-94-1	3,3'-Dichlorobenzidine	29	U
56-55-3	Benzo(a)Anthracene	4	U
218-01-9	Chrysene	4	U
117-81-7	Bis(2-Ethylhexyl) Phthalate	14	U
117-84-0	Di-n-Octyl Phthalate	14	U
205-99-2	Benzo(b) Fluoranthene	14	U
207-08-9	Benzo(k) Fluoranthene	14	U
50-32-8	Benzo(a) Pyrene	14	U
193-39-5	Indeno(1,2,3-cd) Pyrene	14	U
53-70-3	Dibenz(a,h) Anthracene	14	U
191-24-2	Benzo(g,h,i) Perylene	14	U
320-60-5	Dichlorobenzotrifluorides	14	U
611-19-8	alpha,2-Dichlorotoluene	14	U
620-20-2	alpha,3-Dichlorotoluene	14	U
104-83-6	alpha,4-Dichlorotoluene	14	U
95-73-8	2,4-Dichlorotoluene	14	U
118-69-4	2,6-Dichlorotoluene	14	U
102-47-6	3,4-Dichlorotoluene	14	U
98-07-7	a,a,a-trichlorotoluene	14	U
94-99-5	alpha,2,4-trichlorotoluene	14	U
102-47-6	alpha,3,4-trichlorotoluene	14	U
61878-57-f	2,4,5-trichlorotoluene	14	U
	2,3,6-Trichlorotoluene	14	U
98-56-6	Tetrachlorotoluene	14	U

22

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

1634E

Lab Name: RECRA ENVIRON Contract: CO02412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 12025

Matrix: (soil/water) WATER Lab Sample ID: AS004278

Sample wt/vol: 700 (g/mL) ML Lab File ID: 9993Z

Level: (low/med) LOW Date Received: 12/12/91

% Moisture: not dec. _____ dec. _____ Date Extracted: 12/16/91

Extraction: (SepF/Cont/Sonc) SEPF Date Analyzed: 12/21/91

GPC Cleanup: (Y/N) N pH: 7.0 Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
98-87-3-----	alpha, alpha-Dichlorotoluene	14	U
19398-61-9-----	2,5-Dichlorotoluene	14	U
2014-83-7-----	alpha,2,6-trichlorotoluene	14	U
62-75-9-----	N-Nitrosodimethylamine	14	U

24

NYSDEC
AQUEOUS MATRIX
WATER QUALITY TESTING

LAB NAME RECRA ENVIRONMENTAL INC.
JOB NO. 91-3711
DESC L09112025L1637E
SAMPLE NO. L1637E

SAMPLE DATE 12/12/91

COMPOUND	UNIT OF MEASURE	METHOD NUMBER	ANALYSIS DATE	RESULT	Q
Non-Filterable Residue (103°C)	mg/l	160.2	12/16/91	4.0	U
Soluble Organic Carbon	mg/l	9060	01/06/92	2.2	

25

NYSDEC
AQUEOUS MATRIX
WATER QUALITY TESTING

LAB NAME RECRA ENVIRONMENTAL INC.
JOB NO. 91-3711
DESC L09112025L1637F
SAMPLE NO.. L1637F

SAMPLE DATE 12/12/91

COMPOUND	UNIT OF MEASURE	METHOD NUMBER	ANALYSIS DATE	RESULT	Q
Non-Filterable Residue (103°C)	mg/l	160.2	12/16/91	133	
Soluble Organic Carbon	mg/l	9060	01/06/92	18	

80

NYSDEC
AQUEOUS MATRIX
WATER QUALITY TESTING

LAB NAME RECRA ENVIRONMENTAL INC.
JOB NO. 91-3711
DESC L09112025L1637M
SAMPLE NO. L1637M

SAMPLE DATE 12/12/91

COMPOUND	UNIT OF MEASURE	METHOD NUMBER	ANALYSIS DATE	RESULT	Q
Non-Filterable Residue (103°C)	mg/l	160.2	12/16/91	4.0	U
Soluble Organic Carbon	mg/l	9060	01/06/92	10	

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NYSDEC
AQUEOUS MATRIX
WATER QUALITY TESTING

LAB NAME RECRA ENVIRONMENTAL INC.
JOB NO. 91-3711
DESC L09112025L1638E
SAMPLE NO. L1638E

SAMPLE DATE 12/12/91

COMPOUND	UNIT OF MEASURE	METHOD NUMBER	ANALYSIS DATE	RESULT	Q
Total Recoverable Phenolics	mg/l	9065	12/17/91	0.006	U

SIU PERMIT NAME Wastewater Discharge PermitPage 3 of 6SIU PERMIT NO. 16SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l	RESULTS IN lbs/d	ANNUAL AVG ug/l	ANNUAL AVG lbs/d
Date Sampled	3/12/92			
24 Hr Flow(MGD)	.0551			
Dimethyl Phthalate	< 12	< 0.00552	< 13.25	< 0.00539
Butyl Benzyl Phthalate	< 12	< 0.00552	< 13.25	< 0.00539
Dibutyl Phthalate	< 12	< 0.00552	< 13.25	< 0.00539
Nitrosodiphenylamine	< 12	< 0.00552	< 13.25	< 0.00539
Dichlorobenzenes	< 4	< 0.0184	< 8.75	< 0.00355
Dichlorotoluene	< 12	< 0.00552	< 13.25	< 0.00539
Acenaphthene	< 12	< 0.00552	< 13.25	< 0.00539
Fluoranthene	< 12	< 0.00552	< 10.75	< 0.00447
Chrysene	< 4	< 0.00184	< 8.75	< 0.00355
Naphthalene	< 12	< 0.00552	< 13.25	< 0.00539
Benzo(a) Anthracene	< 4	< 0.00184	< 8.75	< 0.00355
Pyrene	< 12	< 0.00552	< 13.25	< 0.00539
Trichlorobenzene	< 12	< 0.00552	< 13.25	< 0.00539
Trichlorotoluene	< 12	< 0.00552	< 12.00	< 0.00483
Hexachlorobutadiene	< 12	< 0.00552	< 13.25	< 0.00539
Tetrachlorobenzene	-	-	-	-
Hexachlorocyclopentadiene	< 12	< 0.00552	< 13.25	< 0.00539
Hexachlorobenzene	< 12	< 0.00552	< 13.25	< 0.00539
Dichlorobenzotrifluoride	< 12	< 0.00552	< 13.25	< 0.00539
Phenanthrene	< 12	< 0.00552	< 13.25	< 0.00539

Date Prepared: June 2, 1992

NEW YORK STATE DEPARTMENT ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS WASTE REMEDIATION
BUREAU OF CONSTRUCTION SERVICES
OPERATION AND MAINTENANCE SECTION

LOVE CANAL LEACHATE TREATMENT FACILITY

SECOND QUARTER 1992

EFFLUENT

LINE NO.	CALENDAR DATE	FLOW GPD
9	02/06/92	34500
10	02/13/92	31000
11	02/19/92	34500
12	02/20/92	62500
13	02/21/92	56000
14	02/24/92	62000
15	02/26/92	43000
	SUBTOTAL	323500
16	03/02/92	64000
17	03/05/92	38000
18	03/11/92	61000
19	03/12/92	64000
20	03/13/92	38500
21	03/18/92	48500
22	03/23/92	63500
23	03/26/92	41500
24	03/30/92	66000
25	03/31/92	66000
	SUBTOTAL	551000
26	04/02/92	61500
27	04/06/92	60000
28	04/14/92	63000
29	04/16/92	33500
30	04/20/92	34000
31	04/24/92	58000
32	04/27/92	62500
33	04/28/92	66000
34	04/29/92	66350
35	04/30/92	52000
	SUBTOTAL	556850

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

L1645E

Lab Name: RECRA ENVIRON Contract: COO2412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix: (soil/water) WATER Lab Sample ID: AS008410

Sample wt/vol: 5.0 (g/mL) ML Lab File ID: A5684

Level: (low/med) LOW Date Received: 03/12/92

% Moisture: not dec. _____ Date Analyzed: 03/16/92

Column Type: (Pack/Cap/Wide) PACK Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO. COMPOUND Q

74-87-3	Chloromethane	10	U
74-83-9	Bromomethane	10	U
75-01-4	Vinyl Chloride	10	U
75-00-3	Chloroethane	10	U
75-09-2	Methylene Chloride	5	U
75-35-4	1,1-Dichloroethene	5	U
75-34-3	1,1-Dichloroethane	5	U
540-59-0	1,2-Dichloroethene (total)	5	U
67-66-3	Chloroform	5	U
107-06-2	1,2-Dichloroethane	5	U
71-55-6	1,1,1-Trichloroethane	5	U
56-23-5	Carbon Tetrachloride	5	U
75-27-4	Bromodichloromethane	5	U
78-87-5	1,2-Dichloropropane	5	U
10061-01-5	cis-1,3-dichloropropene	5	U
79-01-6	Trichloroethene	5	U
124-48-1	Dibromochloromethane	5	U
79-00-5	1,1,2-Trichloroethane	5	U
110-75-8	2-Chloroethylvinyl ether	10	U
71-43-2	Benzene	5	U
10061-02-6	trans-1,3-dichloropropene	5	U
75-25-2	Bromoform	5	U
127-18-4	Tetrachloroethene	5	U
79-34-5	1,1,2,2-Tetrachloroethane	5	U
108-88-3	Toluene	5	U
108-90-7	Chlorobenzene	5	U
100-41-4	Ethylbenzene	5	U
541-73-1	1,3-Dichlorobenzene	5	U
12/14DCLB	1,2- & 1,4-Dichlorobenzene	5	U
75-69-4	Trichlorofluoromethane	5	U
106-43-4	p-Chlorotoluene	5	U
88-16-4	o-Monochlorobenzotrifluoride	5	U
98-15-7	m-Monochlorobenzotrifluoride	5	U
98-56-6	p-Monochlorobenzotrifluoride	5	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO. 6

L1645E

Lab Name: RECRA ENVIRON Contract: COO2412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix: (soil/water) WATER Lab Sample ID: AS008410

Sample wt/vol: 5.0 (g/mL) ML Lab File ID: A5684

Level: (low/med) LOW Date Received: 03/12/92

* Moisture: not dec. _____ Date Analyzed: 03/16/92

Column Type: (Pack/Cap/Wide) PACK Dilution Factor: 1.0

CAS NO. COMPOUND CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg)	Q
	<u>o,m Cltol.-----o,m-Chlorotoluene</u>	<u>5</u>	<u>U</u>

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

L1643E

Lab Name: RECRA ENVIRON Contract: C002412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix: (soil/water) WATER Lab Sample ID: AS008408

Sample wt/vol: 800 (g/mL) ML Lab File ID: 8064W

Level: (low/med) LOW Date Received: 03/12/92

% Moisture: not dec. _____ dec. _____ Date Extracted: 03/13/92

Extraction: (SepF/Cont/Sonc) SEPF Date Analyzed: 03/17/92

GPC Cleanup: (Y/N) N pH: 7.0 Dilution Factor: 1.0

CONCENTRATION UNITS:

CAS NO. COMPOUND (ug/L or ug/Kg) UG/L Q

108-95-2-----Phenol	12	U
111-44-4-----bis(2-Chloroethyl) Ether	12	U
95-57-8-----2-Chlorophenol	12	U
541-73-1-----1,3-Dichlorobenzene	4	U
106-46-7-----1,4-Dichlorobenzene	4	U
95-50-1-----1,2-Dichlorobenzene	4	U
108-60-1-----bis(2-Chloroisopropyl) Ether	12	U
621-64-7-----N-Nitroso-Di-n-Propylamine	12	U
67-72-1-----Hexachloroethane	12	U
98-95-3-----Nitrobenzene	12	U
78-59-1-----Isophorone	12	U
88-75-5-----2-Nitrophenol	12	U
105-67-9-----2,4-Dimethylphenol	12	U
111-91-1-----bis(2-Chloroethoxy)Methane	12	U
120-83-2-----2,4-Dichlorophenol	12	U
120-82-1-----1,2,4-Trichlorobenzene	12	U
91-20-3-----Naphthalene	12	U
87-68-3-----Hexachlorobutadiene	12	U
59-50-7-----4-Chloro-3-Methylphenol	12	U
77-47-4-----Hexachlorocyclopentadiene	12	U
88-06-2-----2,4,6-Trichlorophenol	12	U
91-58-7-----2-Chloronaphthalene	12	U
131-11-3-----Dimethyl Phthalate	12	U
208-96-8-----Acenaphthylene	12	U
606-20-2-----2,6-Dinitrotoluene	12	U
83-32-9-----Acenaphthene	12	U
51-28-5-----2,4-Dinitrophenol	62	U
100-02-7-----4-Nitrophenol	62	U
121-14-2-----2,4-Dinitrotoluene	12	U
84-66-2-----Diethylphthalate	12	U
7005-72-3-----4-Chlorophenyl-phenylether	12	U
86-73-7-----Fluorene	12	U
534-52-1-----4,6-Dinitro-2-Methylphenol	62	U
86-30-6-----N-Nitrosodiphenylamine (1)	12	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

L1643E

Lab Name: RECRA ENVIRON Contract: C002412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix: (soil/water) WATER Lab Sample ID: AS008408

Sample wt/vol: 800 (g/mL) ML Lab File ID: 8064W

Level: (low/med) LOW Date Received: 03/12/92

% Moisture: not dec. _____ dec. _____ Date Extracted: 03/13/92

Extraction: (SepF/Cont/Sonc) SEPF Date Analyzed: 03/17/92

GPC Cleanup: (Y/N) N pH: 7.0 Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

Q

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
101-55-3	4-Bromophenyl-phenylether	12	U
118-74-1	Hexachlorobenzene	12	U
87-86-5	Pentachlorophenol	62	U
85-01-8	Phenanthrene	12	U
120-12-7	Anthracene	12	U
84-74-2	Di-n-Butylphthalate	12	U
206-44-0	Fluoranthene	4	U
92-87-5	Benzidine	100	U
129-00-0	Pyrene	12	U
85-68-7	Butylbenzylphthalate	12	U
91-94-1	3,3'-Dichlorobenzidine	25	U
56-55-3	Benzo(a)Anthracene	4	U
218-01-9	Chrysene	4	U
117-81-7	Bis(2-Ethylhexyl) Phthalate	12	U
117-84-0	Di-n-Octyl Phthalate	12	U
205-99-2	Benzo(b) Fluoranthene	12	U
207-08-9	Benzo(k) Fluoranthene	12	U
50-32-8	Benzo(a) Pyrene	12	U
193-39-5	Indeno(1,2,3-cd) Pyrene	12	U
53-70-3	Dibenz(a,h) Anthracene	12	U
191-24-2	Benzo(g,h,i) Perylene	12	U
320-60-5	Dichlorobenzotrifluorides	12	U
611-19-8	alpha,2-Dichlorotoluene	12	U
620-20-2	alpha,3-Dichlorotoluene	12	U
104-83-6	alpha,4-Dichlorotoluene	12	U
95-73-8	2,4-Dichlorotoluene	12	U
118-69-4	2,6-Dichlorotoluene	12	U
102-47-6	3,4-Dichlorotoluene	12	U
98-07-7	a,a,a-trichlorotoluene	12	U
94-99-5	alpha,2,4-trichlorotoluene	12	U
102-47-6	alpha,3,4-trichlorotoluene	12	U
61878-57-f	2,4,5-trichlorotoluene	12	U
236cl3tol	2,3,6-Trichlorotoluene	12	U
98-56-6	Tetrachlorotoluene	12	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

L1643E

Lab Name: RECRA ENVIRON Contract: C002412

Lab Code: RECNY Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix: (soil/water) WATER Lab Sample ID: AS008408

Sample wt/vol: 800 (g/mL) ML Lab File ID: 8064W

Level: (low/med) LOW Date Received: 03/12/92

% Moisture: not dec. _____ dec. _____ Date Extracted: 03/13/92

Extraction: (SepF/Cont/Sonc) SEPF Date Analyzed: 03/17/92

GPC Cleanup: (Y/N) N pH: 7.0 Dilution Factor: 1.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO.

COMPOUND

Q

98-87-3-----alpha, alpha-Dichlorotoluene	12	U
19398-61-9-----2,5-Dichlorotoluene	12	U
2014-83-7-----alpha,2,6-trichlorotoluene	12	U
62-75-9-----N-Nitrosodimethylamine	12	U

INORGANIC ANALYSES DATA SHEET

L1647E

Lab Name: RECRA_ENVIRONMENTAL_INC. Contract: C002412

Lab Code: RECNY Case No.: L091 SAS No.: SDG No.: 03025

Matrix (soil/water): WATER Lab Sample ID: 3987

Level (low/med): LOW Date Received: 03/12/92

† Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony	5.0	U		F
7440-38-2	Arsenic	5.0	U		F
7440-39-3	Barium				NR
7440-41-7	Beryllium	5.0	U		P
7440-43-9	Cadmium	0.30	U		F
7440-70-2	Calcium				NR
7440-47-3	Chromium	11.0			A
7440-48-4	Cobalt				NR
7440-50-8	Copper	13.5	B		P
7439-89-6	Iron				NR
7439-92-1	Lead	3.0	U		F
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.20	U		CV
7440-02-0	Nickel	20.0	U		P
7440-09-7	Potassium				NR
7782-49-2	Selenium	5.0	U	W	F
7440-22-4	Silver	10.0	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium	7.0	U	W	F
7440-62-2	Vanadium				NR
7440-66-6	Zinc	24.4			P
	Cyanide				NR

Color Before: COLORLESS Clarity Before: CLEAR Texture:

Color After: COLORLESS Clarity After: CLEAR Artifacts:

Comments:

LAB_SAMPLE_ID: AS008412
CLIENT_SAMPLE_ID: L091-03025-L1647E

N Y S DEC
Wet Chemistry Analysis

Client Sample No.

L1644E

Lab Name: Recra Environmental, Inc. Contract: _____

Lab Code: RECN Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix (soil/water): WATER Lab Sample ID: AS008409

Solids: 0.0 Date Samp/Recv: 03/12/92 03/12/92

Parameter Name	Units of Measure	Result	C	Q	M	Method Number	Analyzed Date
Total Recoverable Phenolics	MG/L	0.0060	U			420.1	03/17/92

Comments:

N Y S DEC
Wet Chemistry Analysis

Client Sample No.

L1648E

Lab Name: Recra Environmental, Inc. Contract: _____

Lab Code: RECN Y Case No.: L091 SAS No.: _____ SDG No.: 03025

Matrix (soil/water): WATER Lab Sample ID: AS008415

* Solids: 0.0 Date Samp/Recv: 03/12/92 03/12/92

Parameter Name	Units of Measure	Result	C	Q	M	Method Number	Analyzed Date
Non-Filterable Residue (103°C)	MG/L	4.0				160.2	03/17/92
Soluble Organic Carbon	MG/L	1.2				415.1	03/19/92

Comments:

SIU SELF-MONITORING DATA REPORT

FOR THE CITY OF NIAGARA FALLS

PERMIT NO. 16 QUARTER Third

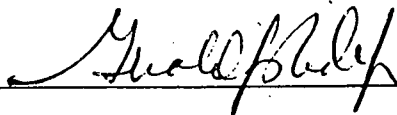
INDUSTRY NAME Love Canal Leachate Treatment Facility PAGE 1 OF 6

PURSUANT TO THE REPORTING REQUIREMENTS FOR THOSE SIU'S REQUIRED TO SUBMIT A QUARTERLY SELF-MONITORING REPORT., THIS REPORT SHALL BE SUBMITTED SUBJECT TO THE FOLLOWING CONDITIONS: THIS REPORT SHALL BE SUBMITTED TO THE CITY QUARTERLY ON OR BEFORE FEBRUARY 28, MAY 31, AUGUST 31, NOVEMBER 30 EACH YEAR. EACH SECTION MUST BE FILLED OUT FOR THOSE PARAMETERS LISTED IN SECTION G OF YOUR WASTEWATER DISCHARGE PERMIT. THE RESULTS MUST BE REPORTED IN CONCENTRATION, MASS, AND ANNUAL AVERAGES FOR ALL PARAMETERS LISTED IN SECTION G OF THE PERMIT. THE SAMPLE LOCATION SHOULD ONLY BE IDENTIFIED AS LISTED ON PAGE TWO (2) OF THE WASTEWATER DISCHARGE PERMIT. PART II OF THE REPORT IS THE COMPLIANCE MONITORING SECTION. ALL VIOLATIONS NOTED IN YOUR QUARTERLY ANALYSIS SHALL BE LISTED HERE. QUARTERLY DATA SHOULD BE COMPARED TO ALL PERMIT, LOCAL ORDINANCE AND FEDERAL STANDARDS. IF NO VIOLATIONS ARE DETECTED, THEN "NO VIOLATIONS" SHOULD APPEAR ON THE REPORT. PURSUANT TO SECTION 40 CFR 403.12g OF THE FEDERAL STANDARDS, ALL VIOLATIONS NOTED MUST BE FOLLOWED UP BY A SAMPLE RECOLLECT AND ANALYSIS AND THE RESULTS SUBMITTED TO THE CITY WITHIN 30 DAYS OF FIRST BECOMING AWARE OF THE VIOLATION.

PURSUANT TO SECTION 40 CFR 403.2 ALL REPORTS SUBMITTED TO THE CITY MUST BE SIGNED BY A COMPANY OFFICIAL.

I CERTIFY THAT I HAVE EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

SIGNED

A handwritten signature in cursive script, appearing to read "G. W. Buley", written over a horizontal line.

PART I SELF MONITORING

SIU PERMIT NAME Waste Water Discharge Permit Page 2 of 6

SIU PERMIT NO. 16

SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l		RESULTS IN lbs/d		ANNUAL AVG ug/l	ANNUAL AVG lb/d
Date Sampled	6/1/92					
24 Hr Flow(MGD)	0.0455					
Monochloro-phenol	<10		<0.00380		<11.50	<0.00457
Dichloro-phenol	<10		<0.00380		<11.50	<0.00457
Monochloro-cresol	<10		<0.00380		<11.50	<0.00457
Trichloro-phenol	<10		<0.00380		<11.50	<0.00457
Hexachlorocyclohexanes						
PCB's						
Endosulfan						
Mirex						
Endosulfan Sulfate						
Declorane Plus						
Heptachlor						

PART I SELF MONITORING

SIU PERMIT NAME Wastewater Discharge PermitPage 3 of 6SIU PERMIT NO. 16SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l		RESULTS IN lbs/d		ANNUAL AVG ug/l	ANNUAL AVG lbs/d
Date Sampled	6/1/92					
24 Hr Flow(MGD)	0.0455					
Dimethyl Phthalate	<10		<0.00380		<11.50	<0.00457
Butyl Benzyl Phthalate	<10		<0.00380		<11.50	<0.00457
Dibutyl Phthalate	<10		<0.00380		<11.50	<0.00457
Nitrosodiphenylamine	<10		<0.00380		<11.50	<0.00457
Dichlorobenzenes	<3		<0.00114		< 5.25	<0.00206
Dichlorotoluene	<10		<0.00380		<11.50	<0.00457
Acenaphthene	<10		<0.00380		<11.50	<0.00457
Fluoranthene	<3		<0.00114		< 7.25	<0.00298
Chrysene	<3		<0.00114		< 5.25	<0.00206
Naphthalene	<10		<0.00380		<11.50	<0.00457
Benzo(a)Anthracene	<3		<0.00114		< 5.25	<0.00206
Pyrene	<10		<0.00380		<11.50	<0.00457
Trichlorobenzene	<10		<0.00380		<11.50	<0.00457
Trichlorotoluene	<10		<0.00380		<11.50	<0.00457
Hexachlorobutadiene	<10		<0.00380		<11.50	<0.00457
Tetrachlorobenzene	-		-		-	-
Hexachlorocyclopentadiene	<10		<0.00380		<11.50	<0.00457
Hexachlorobenzene	<10		<0.00380		<11.50	<0.00457
Dichlorobenzotrifluoride	<10		<0.00380		<11.50	<0.00457
Phenanthrene	<10		<0.00380		<11.50	<0.00457

PART I SELF MONITORING

SIU PERMIT NAME Wastewater Discharge PermitPage 4 of 6SIU PERMIT NO. 16SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l		RESULTS IN lbs/d		ANNUAL AVG ug/l	ANNUAL AVG lb/d
Date Sampled	6/1/92					
24 Hr Flow(MGD)	0.0455					
Benzene	<5		<0.00190		<5.00	<0.00198
Carbon Tetra-Chloride	<5		<0.00190		<5.00	<0.00198
Chlorodibromo-methane	<5		<0.00190		<5.00	<0.00198
Monochlorobenzene	<5		<0.00190		<5.00	<0.00198
Dichlorobromo-methane	<5		<0.00190		<5.00	<0.00198
Dichlorobromo-methane	<5		<0.00190		<5.00	<0.00198
Chloroform	<5		<0.00190		<5.00	<0.00198
Dichloroethylene	<5		<0.00190		<5.00	<0.00198
Bromoform	<5		<0.00190		<5.00	<0.00198
Dichloropropylenes	<5		<0.00190		<5.00	<0.00198
Ethylbenzene	<5		<0.00190		<5.00	<0.00198
Tetrachloroethanes	<5		<0.00190		<5.00	<0.00198
Tetrachloro-ethylene	<5		<0.00190		<5.00	<0.00198
Toluene	<5		<0.00190		<5.00	<0.00198
Trichloroethanes	<5		<0.00190		<5.00	<0.00198
Trichloroethylene	<5		<0.00190		<5.00	<0.00198
Methylene Chloride	0.2B		<0.00008		<3.80	<0.00153
Monochlorotoluenes	<5		<0.00190		<5.00	<0.00198
Monochlorobenzo-trifluoride	<5		<0.00190		<5.00	<0.00198

PART I SELF MONITORING

SIU PERMIT NAME Wastewater Discharge Permit

Page 5 of 6

SIU PERMIT NO. 16

SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN mg/l		RESULTS IN lbs/d		ANNUAL AVG ug/l	ANNUAL AVG lb/d
Date Sampled	6/1/92					
24 Hr Flow(MGD)	0.0455					
Total Suspended Solids	<4.0		<1.519		<4.00	<1.588
Soluble Organic Carbon	5.6		2.126		4.95	1.897
Total Phosphorus	-		-		-	-
Total Phenol	0.0090		0.003		0.0068	0.003
Cadmium	-		-		-	-
Chromium	-		-		-	-
Copper	-		-		-	-
Lead	-		-		-	-
Mercury	-		-		-	-
Nickel	-		-		-	-
Zinc	-		-		-	-
Total Cyanide						
pH (std units)			N/A	N/A	N/A	N/A

Date Prepared: September 3, 1992

NEW YORK STATE DEPARTMENT ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS WASTE REMEDIATION
BUREAU OF CONSTRUCTION SERVICES
OPERATION AND MAINTENANCE SECTION

LOVE CANAL LEACHATE TREATMENT FACILITY

THIRD QUARTER 1992

EFFLUENT

LINE NO.	CALENDAR DATE	FLOW GPD
36	05/04/92	61000
37	05/05/92	62500
38	05/08/92	28500
39	05/11/92	34000
40	05/18/92	44500
41	05/27/92	37700
	SUBTOTAL	268200
42	06/01/92	45500 equal to 42
43	06/09/92	44000
44	06/18/92	33000
45	06/20/92	26100
46	06/23/92	9900
	SUBTOTAL	158500
47	07/01/92	35000
48	07/03/92	750
49	07/06/92	42200
50	07/07/92	300
51	07/10/92	44970
52	07/14/92	41610
53	07/15/92	17000
54	07/16/92	36500
55	07/20/92	76000
56	07/21/92	83000
57	07/22/92	78000
58	07/24/92	57500
59	07/27/92	48600
60	07/31/92	50000
	SUBTOTAL	671430

SAMPLE NO.

1X
ORGANICS ANALYSIS DATA SHEET

L1653E

Name: RECRA ENVIRON Contract: C002412
 Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 06015
 Matrix: (soil/water) WATER Lab Sample ID: AS012019
 Sample wt/vol: 1000 (g/mL) ML Lab File ID: 11002Y
 Rel: (low/med) LOW Date Received: 06/01/92
 Moisture: _____ decanted: (Y/N) N Date Extracted: 06/03/92
 Concentrated Extract Volume: 1000 (uL) Date Analyzed: 06/15/92
 Injection Volume: 2.0 (uL) Dilution Factor: 1.0
 Cleanup: (Y/N) N pH: 7.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

CAS NO.	COMPOUND		
541-73-1	1,3-Dichlorobenzene	3	U
106-46-7	1,4-Dichlorobenzene	3	U
108-95-2	Phenol	10	U
111-44-4	bis(2-Chloroethyl) Ether	10	U
95-57-8	2-Chlorophenol	10	U
95-50-1	1,2-Dichlorobenzene	3	U
108-60-1	2,2'-oxybis(1-Chloropropane)	10	U
621-64-7	N-Nitroso-Di-n-Propylamine	10	U
67-72-1	Hexachloroethane	10	U
98-95-3	Nitrobenzene	10	U
78-59-1	Isophorone	10	U
88-75-5	2-Nitrophenol	10	U
105-67-9	2,4-Dimethylphenol	10	U
111-91-1	bis(2-Chloroethoxy) Methane	10	U
120-83-2	2,4-Dichlorophenol	10	U
120-82-1	1,2,4-Trichlorobenzene	10	U
91-20-3	Naphthalene	10	U
87-68-3	Hexachlorobutadiene	10	U
59-50-7	4-Chloro-3-Methylphenol	10	U
77-47-4	Hexachlorocyclopentadiene	10	U
88-06-2	2,4,6-Trichlorophenol	10	U
91-58-7	2-Chloronaphthalene	10	U
131-11-3	Dimethyl Phthalate	10	U
208-96-8	Acenaphthylene	10	U
606-20-2	2,6-Dinitrotoluene	10	U
83-32-9	Acenaphthene	10	U
51-28-5	2,4-Dinitrophenol	50	U
100-02-7	4-Nitrophenol	50	U
121-14-2	2,4-Dinitrotoluene	10	U
84-66-2	Diethylphthalate	10	U
7005-72-3	4-Chlorophenyl-phenylether	10	U
86-73-7	Fluorene	10	U
534-52-1	4,6-Dinitro-2-Methylphenol	50	U
86-30-6	N-Nitrosodiphenylamine (1)	10	U

1X
ORGANICS ANALYSIS DATA SHEET

L1653E

Lab Name: RECRA ENVIRON

Contract: C002412

Lab Code: RECNY Case No.: L092

SAS No.: _____

SDG No.: 06015

Matrix: (soil/water) WATER

Lab Sample ID: AS012019

Sample wt/vol: 1000 (g/mL) ML

Lab File ID: 11002Y

Level: (low/med) LOW

Date Received: 06/01/92

Moisture: _____ decanted: (Y/N) N

Date Extracted: 06/03/92

Concentrated Extract Volume: 1000 (uL)

Date Analyzed: 06/15/92

Injection Volume: 2.0 (uL)

Dilution Factor: 1.0

PC Cleanup: (Y/N) N pH: 7.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO.

COMPOUND

Q

101-55-3-----4-Bromophenyl-phenylether	10	U
118-74-1-----Hexachlorobenzene	10	UU
87-86-5-----Pentachlorophenol	50	UUU
85-01-8-----Phenanthrene	10	UUUU
120-12-7-----Anthracene	10	UUUUU
84-74-2-----Di-n-Butylphthalate	10	UUUUUU
206-44-0-----Fluoranthene	3	UUUUUUU
62-75-9-----N-Nitrosodimethylamine	10	UUUUUUUU
92-87-5-----Benzidine	80	UUUUUUUUU
129-00-0-----Pyrene	10	UUUUUUUUUU
85-68-7-----Butylbenzylphthalate	10	UUUUUUUUUUU
91-94-1-----3,3'-Dichlorobenzidine	20	UUUUUUUUUUUU
56-55-3-----Benzo(a)Anthracene	3	UUUUUUUUUUUUU
218-01-9-----Chrysene	3	UUUUUUUUUUUUUU
117-81-7-----Bis(2-Ethylhexyl)Phthalate	10	UUUUUUUUUUUUUUU
117-84-0-----Di-n-Octyl Phthalate	10	UUUUUUUUUUUUUUUU
205-99-2-----Benzo(b)Fluoranthene	10	UUUUUUUUUUUUUUUUU
207-08-9-----Benzo(k)Fluoranthene	10	UUUUUUUUUUUUUUUUUU
50-32-8-----Benzo(a)Pyrene	10	UUUUUUUUUUUUUUUUUUU
193-39-5-----Indeno(1,2,3-cd)Pyrene	10	UUUUUUUUUUUUUUUUUUUU
53-70-3-----Dibenz(a,h)Anthracene	10	UUUUUUUUUUUUUUUUUUUUU
191-24-2-----Benzo(g,h,i)Perylene	10	UUUUUUUUUUUUUUUUUUUUUU

1X
ORGANICS ANALYSIS DATA SHEET

L1653E

Lab Name: RECRA ENVIRON Contract: C002412

Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 06015

Matrix: (soil/water) WATER Lab Sample ID: AS012019

Sample wt/vol: 1000 (g/mL) ML Lab File ID: 11002Y

Level: (low/med) LOW Date Received: 06/01/92

Moisture: _____ decanted: (Y/N) N Date Extracted: 06/03/92

Concentrated Extract Volume: 1000 (uL) Date Analyzed: 06/15/92

Injection Volume: 2.0 (uL) Dilution Factor: 1.0

PC Cleanup: (Y/N) N pH: 7.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

Q

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
320-60-5	Dichlorobenzotrifluorides	10	U
611-19-8	alpha,2-Dichlorotoluene	10	U
620-20-2	alpha,3-Dichlorotoluene	10	U
104-83-6	alpha,4-Dichlorotoluene	10	U
95-73-8	2,4-Dichlorotoluene	10	U
118-69-4	2,6-Dichlorotoluene	10	U
95-75-0	3,4-Dichlorotoluene	10	U
98-07-7	a,a,a-trichlorotoluene	10	U
94-99-5	alpha,2,4-trichlorotoluene	10	U
102-47-6	alpha,3,4-trichlorotoluene	10	U
61878-57-F	2,4,5-trichlorotoluene	10	U
236CL3TOL	2,3,6-Trichlorotoluene	10	U
CL4TOL	Tetrachlorotoluene	10	U
98-87-3	alpha,alpha-Dichlorotoluene	10	U
19398-61-9	2,5-Dichlorotoluene	10	U
2014-83-7	alpha,2,6-trichlorotoluene	10	U

1F
SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

L1653E

Lab Name: RECRA ENVIRON

Contract: C002412

Lab Code: RECNY Case No.: L092

SAS No.: _____ SDG No.: 06015

Matrix: (soil/water) WATER

Lab Sample ID: AS012019

Sample wt/vol: 1000 (g/mL) ML

Lab File ID: 11002Y

Level: (low/med) LOW

Date Received: 06/01/92

Moisture: _____ decanted: (Y/N) _____

Date Extracted: 06/03/92

Concentrated Extract Volume: 1000 (uL)

Date Analyzed: 06/15/92

Injection Volume: 2.0 (uL)

Dilution Factor: 1.0

PC Cleanup: (Y/N) N

pH: 7.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

Number TICs found: 10

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1.	OXYGENATED COMPOUND	4.07	7	J
2.	UNKNOWN	4.28	48	J
3.	CHLORINATED COMPOUND	5.35	3	J
4. 930-68-7	2-CYCLOHEXEN-1-ONE	5.93	3	BJN
5.	UNKNOWN	8.20	3	BJ
6.	UNSATURATED COMPOUND	8.95	4	BJ
7.	UNKNOWN	23.69	10	J
8.	UNKNOWN HYDROCARBON	25.76	4	J
9.	UNKNOWN	26.07	11	J
10.	UNKNOWN	32.24	4	J

N Y S DEC
Wet Chemistry Analysis

Client Sample No.

L1654E

Lab Name: Recra Environmental, Inc.

Lab Code: RECN Case No.: L092

SDG No.: 06015

Matrix (soil/water): WATER

Lab Sample ID: AS012020

Solids: 0.0

Date Samp/Recv: 06/01/92 06/01/92

Parameter Name	Units of Measure	Result	C	Q	M	Method Number	Analyzed Date
Total Recoverable Phenolics	MG/L	0.0090				420.1	06/02/92

N Y S DEC
Wet Chemistry Analysis

26

Client Sample No.

L1656E

Lab Name: Recra Environmental, Inc.

Lab Code: RECN Case No.: L092

SDG No.: 06015

Matrix (soil/water): WATER

Lab Sample ID: AS012024

Solids: 0.0

Date Samp/Recv: 06/01/92 06/01/92

Parameter Name	Units of Measure	Result	C	Q	M	Method Number	Analyzed Date
Non-Filterable Residue (103°C)	MG/L	4.0	U			160.2	06/05/92
Soluble Organic Carbon	MG/L	5.6				415.1	06/05/92

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO. 13

L1655E

Lab Name: RECRA ENVIRON Contract: C002412
 Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 06015
 Matrix: (soil/water) WATER Lab Sample ID: AS012021
 Sample wt/vol: 5.0 (g/mL) ML Lab File ID: G3468
 Level: (low/med) LOW Date Received: 06/01/92
 Moisture: not dec. _____ Heated Purge: N Date Analyzed: 06/04/92
 Column: SP-1000 ID: 2.0 (mm) Dilution Factor: 1.0
 Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO. COMPOUND Q

74-87-3	Chloromethane	10	U
74-83-9	Bromomethane	2	BJ
75-01-4	Vinyl Chloride	10	U
75-00-3	Chloroethane	10	U
75-09-2	Methylene Chloride	0.2	BJ
75-35-4	1,1-Dichloroethene	5	U
75-34-3	1,1-Dichloroethane	5	U
540-59-0	1,2-Dichloroethene (total)	5	U
67-66-3	Chloroform	5	U
107-06-2	1,2-Dichloroethane	5	U
71-55-6	1,1,1-Trichloroethane	5	U
56-23-5	Carbon Tetrachloride	5	U
75-27-4	Bromodichloromethane	5	U
78-87-5	1,2-Dichloropropane	5	U
10061-01-5	cis-1,3-dichloropropene	5	U
79-01-6	Trichloroethene	5	U
124-48-1	Dibromochloromethane	5	U
79-00-5	1,1,2-Trichloroethane	5	U
71-43-2	Benzene	5	U
10061-02-6	trans-1,3-dichloropropene	5	U
75-25-2	Bromoform	5	U
127-18-4	Tetrachloroethene	5	U
79-34-5	1,1,2,2-Tetrachloroethane	5	U
108-88-3	Toluene	5	U
108-90-7	Chlorobenzene	5	U
100-41-4	Ethylbenzene	5	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO. **14**

L1655E

Name: RECRA ENVIRON Contract: C002412
 Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 06015
 Matrix: (soil/water) WATER Lab Sample ID: AS012021
 Sample wt/vol: 5.0 (g/mL) ML Lab File ID: G3468
 Dilution: (low/med) LOW Date Received: 06/01/92
 Disturbance: not dec. _____ Heated Purge: N Date Analyzed: 06/04/92
 Column: SP-1000 ID: 2.0 (mm) Dilution Factor: 1.0
 Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO. COMPOUND CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

110-75-8-----	2-Chloroethylvinyl ether	10	U
12/14DCLB-----	1,2- & 1,4-Dichlorobenzene	10	U
75-69-4-----	Trichlorofluoromethane	10	U
541-73-1-----	1,3-Dichlorobenzene	10	U

1X
ORGANICS ANALYSIS DATA SHEET

SAMPLE NO.

15

L1655E

Name: RECRA ENVIRON Contract: C002412
 Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 06015
 Matrix: (soil/water) WATER Lab Sample ID: AS012021
 Sample wt/vol: 5.0 (g/mL) ML Lab File ID: G3468
 Level: (low/med) LOW Date Received: 06/01/92
 Moisture: not dec. _____ Heated Purge: N Date Analyzed: 06/04/92
 GC Column: SP-1000 ID: 2.0 (mm) Dilution Factor: 1.0
 Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO. COMPOUND Q

O/M CLTOL-----o	& m-Chlorotoluene_____	5	U
106-43-4-----p	Chlorotoluene_____	5	U
88-16-4-----2	Monochlorobenzotrifluoride_	5	U
98-15-7-----3	Monochlorobenzotrifluoride_	5	U
98-56-6-----4	Monochlorobenzotrifluoride_	5	U

1X
 ORGANICS ANALYSIS DATA SHEET
 TENTATIVELY IDENTIFIED COMPOUNDS

SAMPLE NO. **16**

L1655E

Name: RECRA ENVIRON Contract: C002412
 Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 06015
 Matrix: (soil/water) WATER Lab Sample ID: AS012021
 Sample wt/vol: 5.0 (g/mL) ML Lab File ID: G3468
 Level: (low/med) LOW Date Received: 06/01/92
 Moisture: not dec. _____ Date Analyzed: 06/04/92
 Column: SP-1000 ID: 2.0 (mm) Dilution Factor: 1.0
 Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

Number TICs found: 0 CONCENTRATION UNITS:
 (ug/L or ug/Kg) UG/L

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
-----	-----	-----	-----	-----

SIU SELF-MONITORING DATA REPORT

FOR THE CITY OF NIAGARA FALLS

PERMIT NO. 16 QUARTER Fourth

INDUSTRY NAME Love Canal Leachate Treatment Facility PAGE 1 OF 6

PURSUANT TO THE REPORTING REQUIREMENTS FOR THOSE SIU'S REQUIRED TO SUBMIT A QUARTERLY SELF-MONITORING REPORT., THIS REPORT SHALL BE SUBMITTED SUBJECT TO THE FOLLOWING CONDITIONS: THIS REPORT SHALL BE SUBMITTED TO THE CITY QUARTERLY ON OR BEFORE FEBRUARY 28, MAY 31, AUGUST 31, NOVEMBER 30 EACH YEAR. EACH SECTION MUST BE FILLED OUT FOR THOSE PARAMETERS LISTED IN SECTION G OF YOUR WASTEWATER DISCHARGE PERMIT. THE RESULTS MUST BE REPORTED IN CONCENTRATION, MASS, AND ANNUAL AVERAGES FOR ALL PARAMETERS LISTED IN SECTION G OF THE PERMIT. THE SAMPLE LOCATION SHOULD ONLY BE IDENTIFIED AS LISTED ON PAGE TWO (2) OF THE WASTEWATER DISCHARGE PERMIT. PART II OF THE REPORT IS THE COMPLIANCE MONITORING SECTION. ALL VIOLATIONS NOTED IN YOUR QUARTERLY ANALYSIS SHALL BE LISTED HERE. QUARTERLY DATA SHOULD BE COMPARED TO ALL PERMIT, LOCAL ORDINANCE AND FEDERAL STANDARDS. IF NO VIOLATIONS ARE DETECTED, THEN "NO VIOLATIONS" SHOULD APPEAR ON THE REPORT. PURSUANT TO SECTION 40 CFR 403.12g OF THE FEDERAL STANDARDS, ALL VIOLATIONS NOTED MUST BE FOLLOWED UP BY A SAMPLE RECOLLECT AND ANALYSIS AND THE RESULTS SUBMITTED TO THE CITY WITHIN 30 DAYS OF FIRST BECOMING AWARE OF THE VIOLATION.

PURSUANT TO SECTION 40 CFR 403.2 ALL REPORTS SUBMITTED TO THE CITY MUST BE SIGNED BY A COMPANY OFFICIAL.

I CERTIFY THAT I HAVE EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

SIGNED

John R. Strong, P.E.

PART I SELF MONITORING

SIU PERMIT NAME Waste Water Discharge Permit

Page 2 of 6

SIU PERMIT NO. 16

SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l		RESULTS IN lbs/d		ANNUAL AVG ug/l	ANNUAL AVG lb/d
Date Sampled	9/14/92					
24 Hr Flow(MGD)	0.0550					
Monochloro-phenol	<10		<0.00459		<11.50	<0.00477
Dichloro-phenol	<10		<0.00459		<11.50	<0.00477
Monochloro-cresol	<10		<0.00459		<11.50	<0.00477
Trichloro-phenol	<10		<0.00459		<11.50	<0.00477
Hexachlorocyclohexanes						
PCB's						
Endosulfan						
Mirex						
Endosulfan Sulfate						
Declorane Plus						
Heptachlor						

PART I SELF MONITORING

SIU PERMIT NAME Wastewater Discharge PermitPage 4 of 6SIU PERMIT NO. 16SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l		RESULTS IN lbs/d		ANNUAL AVG ug/l	ANNUAL AVG lb/d
Date Sampled	9/14/92					
24 Hr Flow(MGD)	0.0550					
Benzene	<5		<0.00229		<5.00	<0.00208
Carbon Tetra-Chloride	<5		<0.00229		<5.00	<0.00208
Chlorodibromo-methane	<5		<0.00229		<5.00	<0.00208
Monochlorobenzene	<5		<0.00229		<5.00	<0.00208
Dichlorobromo-methane	<5		<0.00229		<5.00	<0.00208
Chloroform	<5		<0.00229		<5.00	<0.00208
Dichloroethylene	<5		<0.00229		<5.00	<0.00208
Bromoform	<5		<0.00229		<5.00	<0.00208
Dichloropropylenes	<5		<0.00229		<5.00	<0.00208
Ethylbenzene	<5		<0.00229		<5.00	<0.00208
Tetrachloroethanes	<5		<0.00229		<5.00	<0.00208
Tetrachloro-ethylene	<5		<0.00229		<5.00	<0.00208
Toluene	<5		<0.00229		<5.00	<0.00208
Trichloroethanes	<5		<0.00229		<5.00	<0.00208
Trichloroethylene	<5		<0.00229		<5.00	<0.00208
Methylene Chloride	<5		<0.00229		<3.80	<0.00163
Monochlorotoluenes	<5		<0.00229		<5.00	<0.00208
Monochlorobenzo-trifluoride	<5		<0.00229		<5.00	<0.00208

PART I SELF MONITORING

SIU PERMIT NAME Wastewater Discharge PermitPage 3 of 6SIU PERMIT NO. 16SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN ug/l	RESULTS IN lbs/d	ANNUAL AVG ug/l	ANNUAL AVG lb/d
Date Sampled	9/14/92			
24 Hr Flow(MGD)	0.0550			
Dimethyl Phthalate	<10	<0.00459	<11.50	<0.00477
Butyl Benzyl Phthalate	<10	<0.00459	<11.50	<0.00477
Dibutyl Phthalate	<10	<0.00459	<11.50	<0.00477
Nitrosodiphenylamine	<10	<0.00459	<11.50	<0.00477
Dichlorobenzenes	<3	<0.00138	< 3.50	<0.00146
Dichlorotoluene	<10	<0.00459	<11.50	<0.00477
Acenaphthene	<10	<0.00459	<11.50	<0.00477
Fluoranthene	<10	<0.00459	< 7.25	<0.00318
Chrysene	<3	<0.00138	< 3.50	<0.00146
Naphthalene	<10	<0.00459	<11.50	<0.00477
Benzo(a)Anthracene	<3	<0.00138	< 3.50	<0.00146
Pyrene	<10	<0.00459	<11.50	<0.00477
Trichlorobenzene	<10	<0.00459	<11.50	<0.00477
Trichlorotoluene	<10	<0.00459	<11.50	<0.00477
Hexachlorobutadiene	<10	<0.00459	<11.50	<0.00477
Tetrachlorobenzene	-	-	-	-
Hexachlorocyclopentadiene	<10	<0.00459	<11.50	<0.00477
Hexachlorobenzene	<10	<0.00459	<11.50	<0.00477
Dichlorobenzotrifluoride	<10	<0.00459	<11.50	<0.00477
Phenanthrene	<10	<0.00459	<11.50	<0.00477

PART I SELF MONITORING

SIU PERMIT NAME Wastewater Discharge Permit

Page 5 of 6

SIU PERMIT NO. 16

SAMPLE LOCATION (as per permit) 97th Street Effluent

	RESULTS IN mg/l		RESULTS IN lbs/d		ANNUAL AVG mg/l	ANNUAL AVG lb/d
Date Sampled	9/14/92					
24 Hr Flow(MGD)	0.0550					
Total Suspended Solids	<4.0		<1.836		<4.00	<1.667
Soluble Organic Carbon	1.5		0.688		2.63	1.044
Total Phosphorus	-		-		-	-
Total Phenol	0.0080		0.004		0.0100	0.00302
Cadmium	<0.005		<0.0023		<0.0027	<0.0012
Chromium	<0.010		<0.0046		<0.0105	<0.0048
Copper	<0.010		<0.0046		<0.0118	<0.0054
Lead	<0.003		<0.0014		<0.0030	<0.0014
Mercury	<0.0002		<0.0001		<0.0002	<0.0001
Nickel	<0.030		<0.0138		<0.0250	<0.0115
Zinc	0.141		0.0647		0.0827	0.0380
Total Cyanide						
pH (std units)			N/A	N/A	N/A	N/A

Date Prepared: November 10, 1992

NEW YORK STATE DEPARTMENT ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS WASTE REMEDIATION
BUREAU OF CONSTRUCTION SERVICES
OPERATION AND MAINTENANCE SECTION

LOVE CANAL LEACHATE TREATMENT FACILITY

FOURTH QUARTER 1992

EFFLUENT		
LINE NO.	CALENDAR DATE	FLOW GPD
61	08/05/92	25000
62	08/11/92	32450
63	08/14/92	38000
64	08/20/92	44000
65	08/28/92	40000
	SUBTOTAL	229450
66	09/01/92	58400
67	09/08/92	56180
68	09/09/92	28100
69	09/10/92	3700
70	09/11/92	48000
71	09/14/92	55000 quarterly
72	09/17/92	37500
73	09/21/92	53500
74	09/22/92	55000
75	09/24/92	32500
76	09/28/92	56000
77	09/30/92	35000
	SUBTOTAL	538880
78	10/05/92	51400
79	10/09/92	25000
80	10/15/92	34600
81	10/16/92	33250
82	10/19/92	66000
83	10/21/92	53000
84	10/22/92	67000
85	10/26/92	63500
	SUBTOTAL	493750

1X
ORGANICS ANALYSIS DATA SHEET

16
SAMPLE NO.

L1668E

Lab Name: RECRA ENVIRON Contract: C002412
 Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 09023
 Matrix: (soil/water) WATER Lab Sample ID: AS017603
 Sample wt/vol: 5.0 (g/mL) ML Lab File ID: L1593
 Level: (low/med) LOW Date Received: 09/14/92
 % Moisture: not dec. _____ Heated Purge: _____ Date Analyzed: 09/15/92
 GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0
 Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
74-87-3	Chloromethane	10	U
74-83-9	Bromomethane	10	U
75-01-4	Vinyl Chloride	10	U
75-00-3	Chloroethane	10	U
75-09-2	Methylene Chloride	5	U
75-35-4	1,1-Dichloroethene	5	U
75-34-3	1,1-Dichloroethane	5	U
540-59-0	1,2-Dichloroethene (total)	5	U
67-66-3	Chloroform	5	U
107-06-2	1,2-Dichloroethane	5	U
71-55-6	1,1,1-Trichloroethane	5	U
56-23-5	Carbon Tetrachloride	5	U
75-27-4	Bromodichloromethane	5	U
78-87-5	1,2-Dichloropropane	5	U
10061-01-5	cis-1,3-dichloropropene	5	U
79-01-6	Trichloroethene	5	U
124-48-1	Dibromochloromethane	5	U
79-00-5	1,1,2-Trichloroethane	5	U
110-75-8	2-Chloroethylvinyl ether	10	U
71-43-2	Benzene	5	U
10061-02-6	trans-1,3-dichloropropene	5	U
75-25-2	Bromoform	5	U
127-18-4	Tetrachloroethene	5	U
79-34-5	1,1,2,2-Tetrachloroethane	5	U
108-88-3	Toluene	5	U
108-90-7	Chlorobenzene	5	U
100-41-4	Ethylbenzene	5	U
541-73-1	1,3-Dichlorobenzene	10	U
12/14DCLB	1,2- & 1,4-Dichlorobenzene	10	U
75-69-4	Trichlorofluoromethane	10	U

1X
ORGANICS ANALYSIS DATA SHEET

17
SAMPLE NO.

L1668E

Lab Name: RECRA ENVIRON Contract: C002412

Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 09023

Matrix: (soil/water) WATER Lab Sample ID: AS017603

Sample wt/vol: 5.0 (g/mL) ML Lab File ID: L1593

Level: (low/med) LOW Date Received: 09/14/92

% Moisture: not dec. _____ Heated Purge: _____ Date Analyzed: 09/15/92

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: _____ 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
O/M CLTOL-----o & m-Chlorotoluene		5	U
106-43-4-----p-Chlorotoluene		5	U
88-16-4-----2-Monochlorobenzotrifluoride		5	U
98-15-7-----3-Monochlorobenzotrifluoride		5	U
98-56-6-----4-Monochlorobenzotrifluoride		5	U

1X
ORGANICS ANALYSIS DATA SHEET

25
SAMPLE NO.

L1666E

Lab Name: RECRA ENVIRON Contract: C002412

Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 09023

Matrix: (soil/water) WATER Lab Sample ID: AS017601

Sample wt/vol: 1000 (g/mL) ML Lab File ID: 9996W

Level: (low/med) LOW Date Received: 09/14/92

% Moisture: _____ decanted: (Y/N) N Date Extracted: 09/18/92

Concentrated Extract Volume: 1000 (uL) Date Analyzed: 09/29/92

Injection Volume: 2.0 (uL) Dilution Factor: 1.0

GPC Cleanup: (Y/N) N pH: 7.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
108-95-2	Phenol	9	J
111-44-4	bis(2-Chloroethyl) Ether	10	U
95-57-8	2-Chlorophenol	10	U
541-73-1	1,3-Dichlorobenzene	3	U
106-46-7	1,4-Dichlorobenzene	3	U
95-50-1	1,2-Dichlorobenzene	3	U
108-60-1	2,2'-oxybis(1-Chloropropane)	10	U
621-64-7	N-Nitroso-Di-n-Propylamine	10	U
67-72-1	Hexachloroethane	10	U
98-95-3	Nitrobenzene	10	U
78-59-1	Isophorone	10	U
88-75-5	2-Nitrophenol	10	U
105-67-9	2,4-Dimethylphenol	10	U
111-91-1	bis(2-Chloroethoxy)Methane	10	U
120-83-2	2,4-Dichlorophenol	10	U
120-82-1	1,2,4-Trichlorobenzene	10	U
91-20-3	Naphthalene	10	U
87-68-3	Hexachlorobutadiene	10	U
59-50-7	4-Chloro-3-Methylphenol	10	U
77-47-4	Hexachlorocyclopentadiene	10	U
88-06-2	2,4,6-Trichlorophenol	10	U
91-58-7	2-Chloronaphthalene	10	U
131-11-3	Dimethyl Phthalate	10	U
208-96-8	Acenaphthylene	10	U
606-20-2	2,6-Dinitrotoluene	10	U
83-32-9	Acenaphthene	10	U
51-28-5	2,4-Dinitrophenol	50	U
100-02-7	4-Nitrophenol	50	U
121-14-2	2,4-Dinitrotoluene	10	U
84-66-2	Diethylphthalate	10	U
7005-72-3	4-Chlorophenyl-phenylether	10	U
86-73-7	Fluorene	10	U
534-52-1	4,6-Dinitro-2-Methylphenol	50	U

1X
ORGANICS ANALYSIS DATA SHEET

26
SAMPLE NO.

L1666E

Lab Name: RECRA ENVIRON Contract: C002412
 Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 09023
 Matrix: (soil/water) WATER Lab Sample ID: AS017601
 Sample wt/vol: 1000 (g/mL) ML Lab File ID: 9996W
 Level: (low/med) LOW Date Received: 09/14/92
 % Moisture: _____ decanted: (Y/N) N Date Extracted: 09/18/92
 Concentrated Extract Volume: 1000 (uL) Date Analyzed: 09/29/92
 Injection Volume: 2.0 (uL) Dilution Factor: 1.0
 GPC Cleanup: (Y/N) N pH: 7.0

CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L

CAS NO. COMPOUND (ug/L or ug/Kg) UG/L Q

86-30-6	N-Nitrosodiphenylamine (1)	10	U
101-55-3	4-Bromophenyl-phenylether	10	U
118-74-1	Hexachlorobenzene	10	U
87-86-5	Pentachlorophenol	10	U
85-01-8	Phenanthrene	10	U
120-12-7	Anthracene	10	U
84-74-2	Di-n-Butylphthalate	10	U
206-44-0	Fluoranthene	3	U
62-75-9	N-Nitrosodimethylamine	10	U
92-87-5	Benzidine	80	U
129-00-0	Pyrene	10	U
85-68-7	Butylbenzylphthalate	10	U
91-94-1	3,3'-Dichlorobenzidine	20	U
56-55-3	Benzo(a)Anthracene	3	U
218-01-9	Chrysene	3	U
117-81-7	Bis(2-Ethylhexyl) Phthalate	10	U
117-84-0	Di-n-Octyl Phthalate	10	U
205-99-2	Benzo(b) Fluoranthene	10	U
207-08-9	Benzo(k) Fluoranthene	10	U
50-32-8	Benzo(a) Pyrene	10	U
193-39-5	Indeno(1,2,3-cd) Pyrene	10	U
53-70-3	Dibenz(a,h) Anthracene	10	U
191-24-2	Benzo(g,h,i) Perylene	10	U
320-60-5	Dichlorobenzotrifluorides	10	U
611-19-8	alpha,2-Dichlorotoluene	10	U
620-20-2	alpha,3-Dichlorotoluene	10	U
104-83-6	alpha,4-Dichlorotoluene	10	U
95-73-8	2,4-Dichlorotoluene	10	U
118-69-4	2,6-Dichlorotoluene	10	U
95-75-0	3,4-Dichlorotoluene	10	U
98-07-7	a,a,a-trichlorotoluene	10	U
94-99-5	alpha,2,4-trichlorotoluene	10	U
102-47-6	alpha,3,4-trichlorotoluene	10	U

1X
ORGANICS ANALYSIS DATA SHEET

27
SAMPLE NO.

L1666E

Lab Name: RECRA ENVIRON Contract: C002412
 Lab Code: RECNY Case No.: L092 SAS No.: _____ SDG No.: 09023
 Matrix: (soil/water) WATER Lab Sample ID: AS017601
 Sample wt/vol: 1000 (g/mL) ML Lab File ID: 9996W
 Level: (low/med) LOW Date Received: 09/14/92
 % Moisture: _____ decanted: (Y/N) N Date Extracted: 09/18/92
 Concentrated Extract Volume: 1000 (uL) Date Analyzed: 09/29/92
 Injection Volume: 2.0 (uL) Dilution Factor: 1.0
 GPC Cleanup: (Y/N) N pH: 7.0

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) <u>UG/L</u>	Q
61878-57-F-----	2,4,5-trichlorotoluene_____	10	U
236CL3TOL-----	2,3,6-Trichlorotoluene_____	10	U
CL4TOL-----	Tetrachlorotoluene_____	10	U
98-87-3-----	alpha,alpha-Dichlorotoluene_____	10	U
19398-61-9-----	2,5-Dichlorotoluene_____	10	U
2014-83-7-----	alpha,2,6-trichlorotoluene_____	10	U

1
INORGANIC ANALYSES DATA SHEET

NYSDEC SAMPLE NO.

L1670E

Lab Name: RECRA_ENVIRONMENTAL_INC. Contract: C002412

Lab Code: RECNY Case No.: L092 SAS No.: SDG No.: 09023

Matrix (soil/water): WATER Lab Sample ID: 9612

Level (low/med): LOW Date Received: 09/14/92

% Solids: 0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony	5.0	U		F
7440-38-2	Arsenic	5.0	U		F
7440-39-3	Barium				NR
7440-41-7	Beryllium	5.0	U		P
7440-43-9	Cadmium	5.0	U		A
7440-70-2	Calcium				NR
7440-47-3	Chromium	10.0	U		A
7440-48-4	Cobalt				NR
7440-50-8	Copper	10.0	U		A
7439-89-6	Iron				NR
7439-92-1	Lead	3.0	U	W	F
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.20	U		CV
7440-02-0	Nickel	30.0	U		P
7440-09-7	Potassium				NR
7782-49-2	Selenium	5.0	U	W	F
7440-22-4	Silver	1.0	U	W	F
7440-23-5	Sodium				NR
7440-28-0	Thallium	6.0	U	W	F
7440-62-2	Vanadium				NR
7440-66-6	Zinc	141		*	P
	Cyanide				NR

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

LAB SAMPLE ID: AS017605-SG000005

REDIGESTION ID: 9934

N Y S DEC
Wet Chemistry Analysis

35

Client Sample No.

L1665E

Lab Name: Recra Environmental, Inc.

Contract: _____

Lab Code: RECNV

Case No.: L092

SAS No.: _____

SDG No.: 09023

Matrix (soil/water): WATER

Lab Sample ID: AS017600

% Solids: 0.0

Date Samp/Recv: 09/14/92 09/14/92

Parameter Name	Units of Measure	Result	C	Q	M	Method Number	Analyzed Date
Non-Filterable Residue (103°C)	MG/L	4.0	U			160.2	09/18/92
Soluble Organic Carbon	MG/L	1.5				415.1	09/30/92

Comments:

N Y S DEC
Wet Chemistry Analysis

38

Client Sample No.

L1667E

Lab Name: Recra Environmental, Inc. Contract: _____

Lab Code: RECNY Case No.: L092 SAS No.: _____

SDG No.: 09023

Matrix (soil/water): WATER

Lab Sample ID: AS017602

% Solids: 0.0

Date Samp/Recv: 09/14/92 09/14/92

Parameter Name	Units of Measure	Result	C	Q	M	Method Number	Analyzed Date
Total Recoverable Phenolics	MG/L	0.0080				420.1	09/17/92

Comments:

TO	Gerald Rider	AT.	NYS DEC
SUBJECT	LOM6 Team Monitoring	DATE	
<p>Enclosed is a letter to OGS and the tentative sampling schedule plus analytical requirements. DOH requires large quantities of samples therefore it might render OGS Council useless. But I have a plan. I'll talk to you about it. Also would Ronnie be free for weeks indicated? Note I</p>			
<p>DUPLICATE</p>		<p>SIGNED XXXXXXXXXX</p>	
<p>usually have me help but any additional would be appreciated - the schedule is quite aggressive but I want to get it done in good weather.</p>			
<p>DATE</p>		<p>SIGNED <i>XXXXXX</i></p>	

REDIFORM 45 469

POLY PAK (50 SETS) 4P. 469

SEND PARTS 1 AND 3 INTACT -
PART 3 WILL BE RETURNED WITH REPLY.

carbonless

DETACH AND FILE FOR FOLLOW-UP

Week one

- ⑥ 9205 - ① 48.7 Depth. & 1 hour for 16.5 gallons
Corner wheatfield to 100th
- ⑦ 8210 - ① 44.1 Depth. & 1 hour for 13.4 gallons
728 - 101st ST.
- ⑧ 7205 - ① 49.6 & 1+ hr. N of DDF
- ⑨ 7161 - 21.7 X-Street Colvin 1+ hour
- ⑩ 7155 - 26.9 NW CORNER along Colvin
- ⑪ 7130 - 28. Mosquito land. 1+ hr
- ⑫ 7120 - 31.2' NW CORNER DDF 1+ hr
- ⑬ 8110 - 27' NE CORNER CANAL 2 hrs.

Need
2xtra w1
MSD

4xtra w2
MS MSD

Week 2 July 789

~~XXXXXXXXXXXXXXXXXXXX~~

Well 7115 33 ft deep SW corner DDSF
Peristaltic pump 2+ hours - slows toward
finish may have to bail last purge

Well 7120 31.2 ft deep NW corner DDSF
Peristaltic 1+ hour - good purger

Well 7125 26.5 ft. NORTH of DDSF two wells
together between trees peristaltic 1+ hour.

Well 7130 28 feet. by tree in mosquito land.
Peristaltic good fast purger 1+ hr

Well 7205 Bedrock 49.6' with 7125 Good
fast purge 1+ hour.

Well 7132 NO BORING LOG. 30.8' deep. Good purge
1+ hour. peristaltic.

Well 7155 26.9' deep. 1+ hour NW corner of
site along Colwin

Well 7161 21.7' across street corner. 1+ hour
good fast purge.

Well 8106 East of P10 18.0' 1+ hour
good purge.

TRY FOR

with 8110 27 feet. 2 hours WE center
of canal. Good purge

Church wells. Well # 3151 24.9' between
2 or 4 hours may have to purge to let set
take samples next day.

well # 3252 33.2' slow recharge purge dry
and allow to recharge overnight & sample

12 wells hopefully

About 1 hour for 10.5 gallons LA Salle
Expwy between 9210 @ 10205

Well 10115 No EPA 3.75 case 2" Rise 2.94' stick
33.7' Depth \cong 14' DTW LAST Purge 9/21/91
About 1.5 hr for 10.5 gallons SWEST CANAL &
Frontier ave.

Well 10270 TAMS A3 3.75 case 2" Rise 1.28' stick
47.3' Depth \cong 12' DTW LAST Purge 8/21/91
About 1.5 hours for 20 gallons peristaltic
SWEST canal & Frontier AVE.

9 wells 6 Bed rock 3 overburden
total Purge gallons

Week one.

Well 3233 EPA 32B Dia 3.88 3.0 ft stick up.

42.4 total depth \cong 11.67 DTW

(Corner 93rd & Read Avenue): last purge 5/25/88
w/ peristaltic pump total volume purged 66 gallons.

Well 3265 OAK ST EPA 100B Dia 3.88 flush well

31.5 \pm depth \cong 9.3 DTW Never purged evidence of

being used as an oil sump. .653 gal/foot depth
about .13 gal/purge \cong 4.5 gallons

Well 6209 EPA 71B Dia 3.75 3ft stick up

42.03 total depth \cong 13.72 DTW Not purged Southeast

Canal & Frontier About 19 gal/purge 57 gal total

Well 8210 No EPA # 2" Diameter 44.1 Depth \cong 11.86 DTW 3ft stick

up last purged 7/9/91 peristaltic About one hour
for 13.4 gallons total 728 101st ST.

Well 9205 No EPA 3.75 casing 2" Riser 48.7' Depth

\cong 1.3 DTW last purge 7/9/91 About 1 hour for

16.5 gallons total Corner of 100th & Wheatfield st.

Well 10105 No EPA 3.75 case 2" Rise 29.3 Depth

\cong 11' DTW LAST Purge 8/19/91 peristaltic About

one hour for 10.5 gal. flush well LA SALLE Expwy
before 10210 Series

Well 9140 No EPA 3.75 Case 2" Rise flush well

\cong 8' DTW 28.4 Depth LAST Purge 8/19/91

Week 1 Bucon Supermarket

Well 10147 30.9' NO BORING LOG about 1 hour to
pump dry

Well 10150 about 1 hour 32.2' 4 gal/18 mins

Well 10225 A 213.7' TOUGH all day
adventure dry to practical & allow to recover

well 10225 B 138.6' allow 3-4 hours
can only use 1/2 beograd. gets 3 well volumes
strong sulfide

well 10225 C 63.2' about 2-3 hours
purges well dedicated tubing some
hits decom well prior & after should
do last -

10270 well A-3 48.7' 2 hours good purge
6 gallon/vol. good place for dips

10272 well B-3 49.8' 2 hours

10278^A well e-3 47' over 1 hour

3 wells

~~DCF~~ DCF / Admin

Week 30

Ronnie Lee

Well 8110 refer to week 1

Well 8115 29.2' 2+ hours slow purge
steady but there is no rushing this one.

Well 8120 28.5' 1 1/2 hour good purge
Possible QA QC well.

Well 8125 28' 1 hour good purge.

Well 8130 30.2' about one hour good purge.

Well ~~4108~~ by Dewatering facility 32.4" 3 hours
slow after first purge.

Well 8140 32' about 1 1/2 hours. fair purge.

Well 9105 29.9' about 2 hours. fair purge.

Well 9110 24.5' about 1+ hours fair purge.

Well 9113 No Boring log. 37' 2+ hours

Well 9115 19.5' about 1 hour

Try for .

39'

9118

NO BORING LOG.

1-2 hours

9120

23'

< 1 hour good purge

13 wells.

+ 12

25

8/4/92

Field Blank #1@1:15

" " #2@1:18

Week 4 AMEN @ MOROCCO BE
KATH EASTMAN

1 Well 9122 No Bourne log. 2 hours goes
slow purge move to return to purge.
may want to sample.

Well 9125 26.0 feet. about one hour.
good purge.

Well 9130 31.0 about. 2 hours.

✓ Well 6209 no data first time.

well 9205 1 1/2 hours good purges

well 8210 1 1/2 hours good purges

well 3233 no data

well ~~9210~~ 10113 1 1/2 hours good purges.
on expressway.

well 9140 29.5 feet about one hour ±
expressway.

well 10105 29' about one hour expressway

Oil well on OAK street.

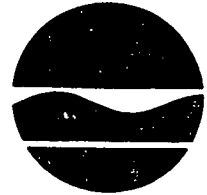
10 wells

+ 25

35 wells.

D. Foster

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233



Thomas C. Jorling
Commissioner

MEMORANDUM

TO: Italo Carsich, Director, Bureau of Technical Services and Research

FROM: Bob Olagasti, Director, Bureau of Technical Services, DHWR *AB*

RE: Use of DOH's Lab Qualities

DATE: JUN 15 1992

On May 28, 1992, G. Ryder, D. Foster and myself met with J. Ryan and L. Bailey of your staff. The purpose of the meeting was to discuss the issue of having DOH provide analytical services for the monitoring of activities at Love Canal during this year's sampling program and hopefully, future monitoring activities.

Our immediate needs for this summer involves the analysis of regular groundwater monitoring effectiveness sampling at sites that are the responsibility of the State, such as Love Canal. The sampling and the corresponding analytical work are both routine.

As you know, the Division of HWR has been allocated 2.6 person-years (p-y) (4290 man-hours) for FY 92-93 to be used at DOH's Wadsworth Center for Laboratory and Research. Out of the 2.6 p-y committed to the Division we will allocate 2 p-y (3,300 man hours) to Love Canal O & M work. We feel that DOH lab is more suited for this type of routine analytical work.

The sampling schedule for the 1992 Long Term Monitoring (LTM) for Love Canal is as follows:

Week of	Number of Samples
7/7	9 10 + Field and Trip Blanks
7/13	9 10 "
7/20	9 9 "
7/27	7 "
8/3	- no sampling scheduled at this time -

(cont.)

8/10	9 + Field and Trip Blanks.
8/17	6 "
8/24	4 "

The last week of sampling will include wells known to have contamination ranging from low ppb to moderate ppm levels of halogenated and non - halogenated organics. "Hot" samples will be indicated on the sample label.

Analysis will be for Volatiles, BNA's and Pesticides. It is very important that DOH lab report all hits, including tentatively identified compounds (T.I.C.'s) All summary reporting must be in standard ASP format, including best estimate values for compounds detected at or below the quantification limit ("J" values).

Samples will be shipped on Thursday of each week for arrival at Wadsworth Labs by mid-morning on Friday. DEC would like to try to ship via NYS courier. If the courier delivers the samples to DOH mail room, can the Lab arrange to receive them?

DOH should ship bottles for the first week's sampling as soon as practical to :
Mr. Maurice Moore
Love Canal Treatment Plant
9820 Colvin Blvd.
Niagara Falls, NY 14304

We all believe that DOH will be able to provide DEC with satisfactory analytical results for this monitoring activity at Love Canal.

If you have any questions please contact Gerry Ryder or Dave Foster at 7-0927.

bcc: M. O'Toole
C. Goddard
G. Rider
~~D. Foster~~
J. Ryan
J. Rankin

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233



Thomas C. Jerling
Commissioner

TO: MAURICE MOORE

FROM: DAVID FOSTER

DATE: 6/25/92

NUMBER OF PAGES: 2 + COVER

FOR VERIFICATION OF PROBLEMS CALL D. FOSTER AT (716) 457-0414

OUR RECEIVING TELECOPIER - RAPICOM 230 - (518) 457-1088

6/25/92

①

MEMO TO: FILE

FROM: G D FOSTER

RE: COORD W/ NYS DOH LABS FOR LOVE CANAL LTM SAMPLING - 1992

PRESENT: ART RICHARDS, RON PAUSE, NYS DOH;
JACK RYAN, NYS DEC - DOW; JERRY RIDER,
DAVE FOSTER, DEC - DHWR.

WE WOULD LIKE A DIRECT CONTACT BETWEEN THE FIELD & THE LAB.

MAURICE MOORE
(716) 283-0111 or
297-9637

RON PAUSE
(518) 473-0323

ART RICHARDS
-0322

837 1632

TRANSPORTING SAMPLES VIA STATE COURRIER
DEC IS EXPLORING, WANTS TO DO TRIAL RUN,
DEC WILL DELIVER TO COURRIER IN BUFFALO
AT C.O.B. COURRIER WILL DRIVE TO ALBANY &
DELIVER TO DOH MAIL ROOM BY 10 AM NEXT
DAY.

? DOH: CAN WE RETURN COOLERS SAME WAY?
DON'T SEE WHY NOT IF WE HAVE 2
SETS OF COOLERS.

SAMPLE SIZES

VOA 2 ea 40 ml vial

BNA 1 ea 2.3 l bottle

PEST 1 ea 1 l bottle

label on
MS + MSD

2 ea 4 l jugs
4 ea 40 ml vials

6/25/92

(2)

9 WELLS WOULD PRODUCE THE FOLLOWING FOR A WEEK'S SAMPLING

	TOTAL
2 ea 4 l jugs	= 2
9 ea 2 l bottles + 1 (field blank)	= 10
9 ea 1 l bottles + 1 (field blank)	= 10
22 ea 40ml vials + 2 (field blank)	= 24

9 WELLS / WEEK IS A MAXIMUM.

SAMPLES WILL BE PROCESSED AS ONE BATCH, SO ALL MUST ARRIVE BEFORE ANY ARE EXTRACTED.

∴ DON'T DRIVE SAMPLES BACK, OR INSTRUCTIONS

~~BE~~ DOH NEEDS ADDRESS TO SHIP BOTTLES VIA COURRIER.

CC: MAURICE MOORE
JERRY RIDER
JACK RYAN

work glove Rinse
Field Blank.

Call on how many
for field blank.

JUST VOA'S.

AFTER 4:30

Call 473-8989

473-0322

GREG DUNN

3370

work
10/20
from

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
4L Lot 2099012 1041007	MW10210C	10:42 ^{hrs}	BNA MW210C	11
041008	MW10210C	10:36	PEST./PCB MW210C	11
Yonk V. AS: Lot 2113013 059236	✓	/	TRIP BLANK	11
059237	✓	/	↓	11
059231	MW10210A	10:40 10:56	MW10210A 2	11
059232	MW10210A	10:43 10:59	MW10210A 2	11
059233	MW10210B	10:44	MW10210B 2	11
059234	MW10210B	10:47	MW10210B 2	11

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<u>I-Chen</u>			
2. Received by	<u>Ronald W. Parnis</u>	<u>ALPHA</u>	<u>8/24/92</u>	<u>1130</u>
3. Received by	<u>M. M.</u>	<u>NYSDEC</u>	<u>8/24/92</u>	
4. Sample Collected by	<u>M. M.</u>	<u>NYSDEC</u>	<u>8-27-92</u>	
5. Sample Received by	<u>B. C. [Signature]</u>	<u>NYSDEC</u>		<u>835</u>
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
10T Lot 2128012 051300	MW10210A	11:02	MW10210A	11
051303	MW10210B	10:48	MW10210B	11
051307	MW10210C	10:28	PEST./PCB MW10210C	11
Lot 211402 043164	MW10135	2:16	MW10135	11
2.3L Lot 1317032 11186A	MW10210A	11:07	MW10210A	11
111875	MW10210B	10:53	MW10210B	11
111876	MW10210C	10:31	MW10210C	11
111877	MW10135	2:21	MW10135	11

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I-Chem			
2. Received by	<i>[Signature]</i>	WCLTR	8/24/92	1130
3. Received by	<i>[Signature]</i>	NYSDEC	8/24/92	
4. Sample Collected by	<i>[Signature]</i>	NYSDEC	8/24/92	
5. Sample Received by	B. P. [Signature]	NYSDEC	8-27-92	835
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

ADJ

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
40ml VIALS LOT 2113015 059252	MW10210C	10:10	mw10210c	
059256	MW10210C	10:13	mw10210c	
059266	MW10210C	10:16	MS/MSD #1 #2 mw10210c	
059267	MW10210C	10:19	" #2 mw10210c	
05926F	MW10210C	10:22	" #3 mw10210c	
059269	MW10210C	10:25	" #4 mw10210c	
059288 <i>W</i>	MW10135	2:10	10135 mw10135	
059294	MW10135	2:13	10135 mw10135	

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<i>I-Chem</i>			
2. Received by	<i>James A. Vaux</i>	<i>WELCH</i>	<i>8/25/92</i>	<i>1150</i>
3. Received by	<i>M. M. M.</i>	<i>NYSDEC</i>	<i>8/24/92</i>	
4. Sample Collected by	<i>M. M. M.</i>	<i>NYSDEC</i>	<i>8/24/92</i>	
5. Sample Received by	<i>Barbara P. J. J.</i>	<i>NYSDEC</i>	<i>8-27-92</i>	<i>835</i>
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND Analytical Services
Love Canal Long Term monitoring
 Source Number _____ County Niagara
 Drainage Basin 01 Name Niagara River New York Gazetteer No. 3102 Town Niagara Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 230.F.T

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site. 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.

monitoring well 10210 A

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish Year <u>92</u> Month <u>08</u> Day <u>26</u> Mil hrs. 00-23 <u>11</u> Minute <u>07</u>	Free	<u>24</u> CHLORRES	<u>4</u> °C
Composite Start Year <u>92</u> Month <u>08</u> Day <u>26</u> Mil hrs. 00-23 <u>10</u> Minute <u>56</u>	Total	<u>23</u> CHLORRES	

Type of Sample (Select from list) 250 Description Bedrock ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. Moore
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

Sanitary Bacteriology

- Total Coliforms MF Chlorinated Potable Water
- Total Coliforms MF & SPC Unchlorinated Potable Water
- Total & Fecal Coliforms MF Nonpotable Surface Water
- Total Coliforms MPN & SPC Potable Water
- Total & Fecal Coliforms MPN Chlorinated Waste Water
- Other _____

Organic Chemistry

- Insecticides Expanded List
- Herbicides
- PCBs
- Purgeable Halocarbons
- Purgeable Aromatics
- Nitrogen/Phosphorus Pesticides
- Petroleum Products
- Priority Pollutants
- Dioxin/Furan
- Ketones
- Other Love Canal Analytes

Inorganic Chemistry

- Potable Water, OCSS-I
- Fluoride
- Nitrate
- Trace Metals, HSL
- WQSN
- Other _____

Nuclear Chemistry

- Scheduled Analysis
- Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in Ink

Program Code 110 Program Name State Superfund Analytical Services
Love Canal Long Term Monitoring
 Source Number _____ County Niagara
 Drainage Basin 01 Name Niagara River New York Gazetteer No. 3102 Town Niagara Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.90" W
 Z Direction, altitude or depth, include units _____ FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well 10210 B

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	<u>92</u>	<u>08</u>	<u>26</u>	<u>10</u>	<u>53</u>	Free	<u>24</u> CHLORRES	<u>4</u> °C
	Year	Month	Day	Mid hrs. 00-23	Minute			
Composite Start	<u>92</u>	<u>08</u>	<u>26</u>	<u>10</u>	<u>44</u>	Total	<u>23</u> CHLORRES	
	Year	Month	Day	Mid hrs. 00-23	Minute			

Type of Sample (Select from list) 250 Description Bedrock Ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. Moore
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- | | | |
|--|---|--|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>Love Canal Analytes</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL

<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
| | | <p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24 _____

Please print all information legibly in ink

Program Code 110 Program Name State Superfund Analytical services
Love Canal Long term monitoring
 Source Number _____ County Niagara
 Drainage Basin 01 Name Niag. Falls New York Gazetteer No. 3102 Town Niag. Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well 10210 C

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish Year: <u>92</u> Month: <u>08</u> Day: <u>24</u> Mil hrs. 00-23: <u>10</u> Minute: <u>41</u>	Free	24 CHLORRES	4 °C
Composite Start Year: <u>92</u> Month: <u>08</u> Day: <u>24</u> Mil hrs. 00-23: <u>10</u> Minute: <u>10</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description Bedrock ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by m moare
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name State Superfund Analytical Services
Love Canal Long Term Mon.
 Source Number _____ County Niagara
 Drainage Basin 011 Name Niagara River New York Gazetteer No. 31102 Town Niagara Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 4.0 FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well 10135

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite	<u>9.2</u>	<u>08</u>	<u>24</u>	<u>1.4</u>	<u>2.1</u>	Free	24 CHLORRES	4 °C
Finish	Year	Month	Day	Mill hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>08</u>	<u>26</u>	<u>24</u>	<u>10</u>			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results <input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> LPHE <input type="checkbox"/>	Special Mail Code	Additional Information Regarding This Sample <u>This well has exhibited KNOWN Contamination Please USE CAUTION !!</u>
To (No. of copies) FED <input type="checkbox"/> INFO <input type="checkbox"/> LAB <input type="checkbox"/>		
Submitted by <u>M. MOORE</u>		
Phone Number <u>(716) 283-0112</u>		

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

FORM OF PAYMENT *

Cash GBL Gov't Bill of Lading Number

Bill to Shipper Bill to Consignee Third Party Billing



SERVICES **

UNITED STATES / CANADA

INTERNATIONAL

Same Day (Extra Charges)
 AM PM
 Second Day Saturday Delivery

Express
 Preferred
 Standard

Date _____ Origin _____ Shipment Number **116083828 3**

Shipper's Account Number
E 536281702

From: Your Name **MAURICE F MOORE** Phone **(916) 283 0112**

To: Consignee's Name **RONALD PAUSE** Phone **518 473 0323**

CHECK TO SHIPPER

Company Name **NYS DEC** Dept. or Floor _____

Company Name **NYS DOH Woodworth Center for LAB & RES.** Dept. or Floor _____

\$ _____

Address **805 97th ST.**

Address **EMPIRE STATE PLAZA DOCK J**

EMERY WORLDWIDE will collect consignee's check made payable only to the shipper for the value of the goods in the amount shown above.

City **NIAGARA FALLS NY** State _____ Canada

City **ALBANY NY** State _____ Country _____ Canada

Customer's Reference Numbers (will appear on invoice) **9-32-020**

Zip Code (Required) **14304**

Consignee's Account Number **E**

Zip Code (Required) **12201-0509**

Description **3 samples in [2] Coolers Heavy**

Dimensions Pcs. L W H **2 27 14 1/2 15 1/2**

Total Pieces **2** Total Weight (In Lbs.) **145**

* If No Form Of Payment Is Checked, The Shipper Shall Be Liable For Declared Value Charges.
 ** See Description Of Services On Reverse Side Of This Waybill.

Terms and Conditions, Declared Value and Limit Of Liability

This shipment shall be subject to the Terms and Conditions of Contract ("Terms") as set forth on the reverse hereof. Our liability shall be limited to the higher of \$50.00 per shipment or \$0.50 per pound (\$1.10 per kilogram) of cargo lost or damaged, unless you specify a higher amount in the Declared Value Box on this Waybill. The maximum declared value for an Urgent Envelope or Urgent Pack is \$50.00. We shall in no event be liable for loss of profit, income, interest, attorneys fees or any special, incidental or consequential damages. If this shipment involves international transportation, our liability shall be limited to \$9.07 per pound (\$20.00 per kilogram) unless you specify a higher amount in the Declared Value Box on this waybill and the Warsaw Convention may govern and thereby limit our liability.

ZIP SHIP

The following conditions apply when the Zip Ship box to the left is checked by the shipper:

- Shipper must provide Consignee's zip code on the Waybill; Consignee's full name and address is optional.
- Shipper must provide a "ship to name and address" label on every package.
- Billing will be to the Shipper or a Third Party; "Bill to Consignee" is not available.
- Consignee's name and address will not appear on the invoice.
- Shipments must be within the 50 United States.

Remarks _____

Zip Ship Check if our Packaging is used
 Urgent Envelope 9X12
 Urgent Pack 12X15

Shipper's Signature **Maurice Moore**

International Shipments _____ Third party Account Number mandatory for Third party billing. **E**

Free Domicile International And Canadian Shipments May Require Commercial Invoices And Other Special Documents

International Customs Value _____ International Insurance _____
FOR INFORMATION OR RATES CALL 1-800 HI EMERY (1-800-443-6379)

Time Received **1420** Date Received **8/19/92**
 Goods Rec'd At: _____ Shippers Door Drop Box Residence Door Terminal Carrier Advance By: **K5**

Multiple Shpts. / Drop Box

1	2	3	4	5	6
7	8	9	0	1	2

 Over 32 →
 Non-Negotiable Waybill OP-1 60001-46 (5/90) Litho U.S.A. Executive Offices: Palo Alto, CA 94303

SHIPPER'S COPY - 1

U.S./CANADA SERVICES

Same Day—Expedited service with extra charges.

AM—Earliest possible delivery before noon the next business day.

PM—Delivery before 5:00PM the next business day.

Second Day—Delivery the second business day.

INTERNATIONAL SERVICES

Express—Fastest service Door-to-Door for letters, packages, and heavyweight shipments.

Preferred—Expedited Airport-to-Airport services for packages and heavyweight shipments with pick-up, customs clearance, and delivery options available.

Standard—Reliable, predictable Airport-to-Airport service for packages and heavyweight shipments with slightly longer transit times. Pick-up, customs clearance, and delivery options available.

NOTE: Delivery time and charges for all services may vary depending on origin and destination points. To be sure of rates, areas served and delivery times call 1-800 HI EMERY (1-800-443-6379) or consult our Service Guide.

For International Shipments we accept this document as a Shipper's Letter of Instruction and we will prepare and sign an air waybill and any required export documentation from the information shown hereon. For some shipments we may act as an agent for an airline, in which case the airline's tariffs apply.

TERMS AND CONDITIONS OF CONTRACT (THE "TERMS")

1. In tendering this shipment, the Shipper and the Consignee agree to these TERMS which no agent or employee of the parties may alter. This Waybill is NON-NEGOTIABLE and has been prepared by Shipper or by us on Shipper's behalf. The Shipper agrees that this shipment is subject to the TERMS stated herein and those TERMS AND CONDITIONS in the Service Guide in effect on the date of shipment, which are incorporated herein by reference, and made a part of this contract. In the case of conflict between the TERMS contained herein and those TERMS AND CONDITIONS in the Service Guide, the TERMS AND CONDITIONS in the Service Guide shall control. The Service Guide is available at all our offices or a copy can be obtained by writing to Emery Worldwide, Palo Alto, California 94303.

2. OUR LIABILITY IS LIMITED TO THE HIGHER OF \$50.00 PER SHIPMENT OR \$0.50 PER POUND (\$1.10 PER KILOGRAM) OF CARGO LOST, DAMAGED, OR DELAYED UNLESS A HIGHER DECLARED VALUE IS REQUESTED, AND THE FEES SET FORTH IN THE SERVICE GUIDE FOR SUCH HIGHER DECLARED VALUE ARE PAID. IN NO EVENT SHALL OUR LIABILITY EXCEED THE DECLARED VALUE OF THE SHIPMENT OR THE AMOUNT OF LOSS OR DAMAGE ACTUALLY SUSTAINED, WHICHEVER IS LOWER.

IF THE SHIPMENT INVOLVES INTERNATIONAL TRANSPORTATION, OUR LIABILITY SHALL BE LIMITED TO \$9.07 PER POUND (\$20.00 PER KILOGRAM) OF CARGO LOST, DAMAGED, OR DELAYED UNLESS A HIGHER DECLARED VALUE IS REQUESTED, AND THE FEES SET FORTH IN THE SERVICE GUIDE FOR SUCH HIGHER DECLARED VALUE ARE PAID. THE RULES RELATING TO LIABILITY ESTABLISHED BY THE WARSAW CONVENTION SHALL APPLY TO THE INTERNATIONAL CARRIAGE OF ANY SHIPMENT HEREUNDER INSOFAR AS THE SAME IS GOVERNED THEREBY. FOR INTERNATIONAL SHIPMENTS THIS WAYBILL SHALL BE DEEMED AN AIR WAYBILL WITHIN THE MEANING OF THE WARSAW CONVENTION.

THE MAXIMUM DECLARED VALUE FOR ANY URGENT ENVELOPE OR URGENT PACK IS \$50.00.

The Maximum Declared Value for shipments containing artworks, drawings, etchings, water colors, tapestries, sculpture, clocks, chronographs, jewelry, including costume jewelry, furs, fur trimmed clothing and personal effects, shall be limited to \$500 per shipment.

In the event of loss or damage to a shipment containing glass, our liability shall be limited to \$50. Shipments of glass valued in excess of \$50 will not be accepted and if such are accepted our liability will be limited to \$50. Glass shipments include, but are not limited to windshields, plate glass and light bulbs.

Any Declared Value in excess of the maximums allowed herein is null and void and the acceptance by us of any shipment with a Declared Value in excess of the allowed maximums does not constitute a waiver of these maximums.

Subject to the limitations of liability contained in this Waybill and the Service Guide, we shall only be liable for loss, damage, misdelivery or non-delivery caused by our own negligence.

We are not liable for any loss, misdelivery or non-delivery caused by the act, default or omission of the Shipper, Consignee, or other party who claims interest in the shipment, the nature of the shipment or any defect thereof, violation by the Shipper or Consignee of any of the TERMS contained in the Waybill or in the SERVICE GUIDE including, but not limited to, improper or insufficient packing, securing, marking or addressing, or failure to observe any of the rules relating to shipments not acceptable for transportation or shipments acceptable only

under certain conditions, acts of God, perils of the air, public enemies, public authorities, acts or omissions of customs or quarantine officials, war, riots, strikes, or other labor disputes, weather conditions or mechanical delay of aircraft or other equipment, compliance with delivery instructions from the Shipper or Consignee, or acts or omissions of any person other than us.

We cannot guarantee delivery by a specific time or date and shall not be liable for any damage due to delay, misdelivery or non-delivery.

IN ANY EVENT, WE SHALL NOT BE LIABLE FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO LOSS OF PROFITS OR INCOME WHETHER OR NOT WE HAD KNOWLEDGE THAT SUCH DAMAGES MIGHT BE INCURRED.

3. Receipt of the shipment by the Consignee or the Consignee's agent without written notice on the delivery receipt and/or delivery manifest will be prima facie evidence that the shipment was delivered in good condition. No claim will be accepted by us until all transportation charges have been paid. The amount of the claim may not be deducted from the transportation charges.

All claims for loss or damage must be made in writing to us within one hundred and twenty (120) days after the date of acceptance of the shipment by us.

Claims for overcharge must be made in writing to us within one hundred eighty (180) days after the bill date.

Notice of loss or damage must be reported to us at 1-800 HI EMERY (1-800-443-6379) for shipments moving within the United States or to the Emery Worldwide terminal of destination for international shipments within fourteen (14) days from the date of delivery, unless otherwise required by federal or state law, rule or regulation applicable to the shipment. The shipment, its container(s), and packing material must be made available to us for inspection at the delivery location.

Claims for service failure, or non-delivery of a shipment must be reported to us in writing within ninety (90) days after the date of acceptance of the shipment by us.

For international shipments, notice for a delayed shipment must be reported to us in writing within twenty-one (21) days after the shipment is delivered to the consignee.

For information about filing a claim please contact 1-800 HI EMERY (1-800-443-6379) or your local Emery Worldwide office if not in the United States. We shall have no liability for any such claim for which notice and documentation is not filed within the time limits set forth herein.

- All shipments are subject to opening for inspection by us; however, we are not obligated to perform such inspection.
- The Shipper shall be primarily liable for all costs and expenses related to this shipment.
- All TERMS, including, but not limited to all the limitations of liability, shall apply to our agents and their contracting carriers.
- As used herein the words "our", "we", and "us" shall refer to Emery Worldwide, A CF company.

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

6

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
Comp. VIALS Lot 2113013 059163	MW4108	0710 8/19/92	MW4108	water
059164	MW4108	0712 8/19/92	MW4108	"
059165	MW8140	0730 8/19/92	MW8140	"
059170	MW8140	0732 8/19/92	MW8140	"
059225	MW10113	0920 8/19/92	MW 8140 10113	"
059226	MW10113	0923 8/19/92	MW10113	"
059227	MW9210	0810 8/19/92	MW9210	"
059228	MW9210	0812 8/19/92	MW9210	"

SPECIFY METHOD OF PRESERVATION <input type="checkbox"/> NaOH <input checked="" type="checkbox"/> Cool, 4°C <input type="checkbox"/> Acidification (specify) <input type="checkbox"/> Other (specify)	TRANSPORTING SAMPLES DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. <u>IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.</u>
--	--

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J. Chan			
2. Received by	Ronald W. Rouse	WCLHR	8/18/92	10:11
3. Received by	M. Moran	NYSDOE	8/18/92	5:00
4. Sample Collected by	M. Moran	NYSDOE	8/19/92	8-12
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used
for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
40ml VIALS Lot 2113013 059229	MW 10205	0835 8/19/92	MW 10205	2 Water
059230	MW 10205	0838 8/19/92	MW 10205	2 "
059253	MW 10215	0855 8/19/92	MW 10215	2 "
059258	MW 10215	0858 8/19/92	MW 10215	2 "
059259	MW 10113	0924 8/19/92	MS MSD #1 MW 10113	2 "
059260	MW 10113	0929 8/19/92	MS MSD #2 MW 10113	2 "
059288	MW 10113	0932 8/19/92	MS MSD #3 MW 10113	2 "
059289	MW 10113	0935 8/19/92	MS MSD #4 MW 10113	2 "

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<u>J. Chen</u>			
2. Received by	<u>R. DeW. Brown</u>	<u>UCCIA</u>	<u>8/18/92</u>	<u>10:11</u>
3. Received by	<u>M. Moore</u>	<u>NYS Dec</u>	<u>8/18/92</u>	<u>500</u>
4. Sample Collected by	<u>M. Moore</u>	<u>NYS Dec</u>	<u>8/19/92</u>	<u>8-12:00</u>
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used
for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2-32 lot 1317032 111926	MW 4108	0720 8/19/92	MW 4109	1 Water
111930	MW 8140	0740 8/19/92	MW 8140	2 "
111931	MW 10113	0945 8/19/92	MW 10113	2 "
111935	MW 9210	0820 8/19/92	MW 9210	2 "
111937	MW 10205	0845 8/19/92	MW 10205	2 "
111939	MW 10215	0905 8/19/92	MW 10215	2 "
4 onl VIA WLT 2113.13 059220			TRIP BLK 8/19/92	1 "
059235			TRIP BLK 8/19/92	1 "

<p>SPECIFY METHOD OF PRESERVATION</p> <p><input type="checkbox"/> NaOH</p> <p><input checked="" type="checkbox"/> Cool, 4°C</p> <p><input type="checkbox"/> Acidification (specify)</p> <p><input type="checkbox"/> Other (specify)</p>	<p style="text-align: center;">TRANSPORTING SAMPLES</p> <p>DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. <u>IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.</u></p>
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CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J. Chern			
2. Received by	Joe crew Piana	WCLL	8/18/92	10:00
3. Received by	M. Man	NYS Dec	8/18/92	5:00
4. Sample Collected by	M. Man	NYS Dec	8/19/92	5:12
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH,
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
4L Lot 2099012 041009	MW10113	0950 8/19/92	MS/MSD DNA	1 water
041010	MW10113	0955 8/19/92	MS/MSD Pest/PCB	1 "
1L Lot 2114012 043156	MW4108	0715 8/19/92	MW4108	1 "
043157	MW8140	0735 8/19/92	MW8140	1 "
043158	MW10113	0940 8/19/92	MW10113	1 "
043159	MW9210	0815 8/19/92	MW9210	1 "
043160	MW10205	0840 8/19/92	MW10205	2 "
043161	MW10215	0900 8/19/92	MW10215	2 "

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	T. Chen			
2. Received by	[Signature]	WCC/PL	8/17/92	1:11
3. Received by	[Signature]	NYS Dec	8/16/92	5:00
4. Sample Collected by	[Signature]	NYS Dec	8/19/92	8-12
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
Love Canal Long Term Mon.
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIA6 River New York Gazetteer No. 3102 Town NIAGARA falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 30 FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well #4108

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite	<u>9.2</u>	<u>08</u>	<u>19</u>	<u>07</u>	<u>2.0</u>	Free	24 CHLORRES	4 °C
Finish	Year	Month	Day	Mid hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>08</u>	<u>19</u>	<u>07</u>	<u>1.0</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 2.5D Description Overburden Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F)^P Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Special Mail Code _____ Additional Information Regarding This Sample _____

Submitted by M. Moore
 Phone Number (716) 283-0112

- | | | |
|--|---|--|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>Love Canal Analytes</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL
<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
| | | <p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund Analytical services
Love Canal Long term mon.
 Source Number _____ County NIAGARA
 Drainage Basin 0.1 Name NIAG. River New York Gazetteer No. 3.1.0.2 Town NIAGARA Falls
 Latitude 4.3° 0.4' 0.6. 00" N Longitude 7.8° 57' 0.3. 00" W
 Z Direction, altitude or depth, include units 3.1 FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 8140

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Special Mail Code 712 Additional Information Regarding This Sample

Submitted by M. MOORE
 Phone Number (716) 283-0112

- | | | |
|--|---|--|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>Love Canal ANALYTES</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL
<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
| | | <p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name State Superfund Analytical Services
Love Canal Long term mon.
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAB. River New York Gazetteer No. 3102 Town NIAGARA Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 28 ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 10113

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>08</u>	<u>1.9</u>	<u>09</u>	<u>55</u>	Free	24 CHLORRES	4 °C
	Year	Month	Day	Mil hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>08</u>	<u>1.9</u>	<u>09</u>	<u>30</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description Over Burden Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M Moore
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____

- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
Love Canal Long term mon.
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG RIVER New York Gazetteer No. 31102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 8.2 ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 9210

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>92</u>	<u>08</u>	<u>19</u>	<u>08</u>	<u>20</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mil hrs. 00-23	Minute			
Composite Start	<u>92</u>	<u>08</u>	<u>19</u>	<u>08</u>	<u>10</u>	Total	23 CHLORRES	
	Year	Month	Day	Mil hrs. 00-23	Minute			

Type of Sample (Select from list) 250 Description Bedrock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M MOORE
 Phone Number (716) 283-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- | | | |
|--|---|--|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>Love Canal Analytes</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL
<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
| | | <p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state Superfund Analytical services
Love Canal Long term Mon.
 Source Number _____ County NIAGARA
 Drainage Basin 011 Name NIAG. River New York Gazetteer No 31102 Town NIAGARA Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 5425

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation Site # 9-32-010

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 10205

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>08</u>	<u>19</u>	<u>08</u>	<u>45</u>	Free	24 CHLORRES	4 °C
	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>08</u>	<u>19</u>	<u>08</u>	<u>35</u>			

Type of Sample (Select from list) 25D Description Bedrock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytical

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund Analytical Services
Love Canal Long term monitoring
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 60 ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 10215

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>08</u>	<u>19</u>	<u>09</u>	<u>05</u>	Free	24 CHLORRES	4 °C
	Year	Month	Day	Mill hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>08</u>	<u>19</u>	<u>08</u>	<u>55</u>	Total	23 CHLORRES	
	Year	Month	Day	Mill hrs. 00-23	Minute			

Type of Sample (Select from list) 250 Description Bedrock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M MOORE
 Phone Number (716) 283-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- | | | |
|--|--|---|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>Love Canal Analytes.</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL

<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____

<p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |
|--|--|---|

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
ALBANY, N.Y. 12201-0509

4

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used
for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: <u>WATER</u> , AIR SOIL, ETC.
<u>7L</u> LOT 2099012 040986	MW 8120	8/4/92 1510	mw 8120 cooler # 1	BNA, MS MSD
040981	MW 8120	8/4/92 1515	mw 8120 cooler # 1	PreSt/PCB's MS, MSD
<u>2.3L</u> LOT 1317032 111469	MW 7161	8/4/92 1340	mw 7161 cooler # 1	BNA
111472	MW 8106	8/4/92 1400	mw 8106 cooler # 1	BNA
111777	MW 8110	8/4/92 1420	mw 8110 cooler # 1	BNA
111772	MW 8115	8/4/92 1435	mw 8115 cooler # 2	BNA
111771	MW 8120	8/4/92 1500	mw 8120 cooler # 2	BNA
111775	MW 8125	8/4/92 1524	mw 8125 cooler # 2	BNA

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<u>I-Chem</u>			
2. Received by	<u>Richard Pina</u>	<u>WCLIA</u>	<u>7/16/92</u>	<u>1150</u>
3. Received by	<u>RC Eastman</u>	<u>NYS DEC</u>	<u>7/16/92</u>	<u>1516</u>
4. Sample Collected by	<u>M. Thoms</u>	<u>NYS DEC</u>	<u>8/4/92</u>	<u>1300/1700</u>
5. Sample Received by	<u>R. Hel</u>	<u>NYS DEC</u>	<u>8/5/92</u>	<u>0808</u>
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used
for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER , AIR SOIL, ETC.
2.32 LOT 1317032 11720	MW 8130	8/4/92 1546	mw 8130 Cooler #2	BNA
✓ 1C LOT 2056012 025771	MW 7161	8/4/92 1345	mw 7161 Cooler #1	Pest/PCB's
✓ 025644	MW 8106	8/4/92 1405	mw 8106 Cooler #1	Pest/PCB's
✓ 025770	MW 8110	8/4/92 1425	mw 8110 Cooler #1	Pest/PCB's
✓ 025773	MW 8115	8/4/92 1440	mw 8115 Cooler #1	Pest/PCB's
✓ 025775	MW 8120	8/4/92 1505	mw 8120 Cooler #1	Pest/PCB's
✓ 025774	MW 8125	8/4/92 1530	BROKEN LID New Lid mfr off IC Item Bottle mw 8125 Cooler #2	Pest/PCB's
✓ 025643	MW 8130	8/4/92 1550	mw 8130 Cooler #2	Pest/PCB's

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J-Chem			
2. Received by	Ronald W. Kava	WCLHR	7/16/92	1130
3. Received by	K.C. Eastman	NYS DEC	7/16/92	1515
4. Sample Collected by	M. Moran	NYS DEC	8/10/92	1300-1700
5. Sample Received by	R. Wel	NYS DEC	8/5/92	0808
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
42ml LOT 2113013 ✓ 0.9L 059196	MW 8130	8/4/92 1540 1540	MW 8130 Coln #2	Water
✓ 059197	MW 8130	8/4/92 1543	MW 8130 Coln #2	Water
✓ 059198	FLD BLNK	8/4/92 1318	FLD BLNK Coln #2	Water
✓ 059195	FLD BLNK	8/4/92 1315	FLD BLNK Coln #2	Water
✓ 059176	X	X ✓	TRIP BLANK Coln #2 Prepared 7/16/92 dup	Water
✓ 059208	X	X ✓	Prepared 7/16/92 dup TRIP BLANK Coln #2	Water
X			X	
X			X	

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I-Chem			
2. Received by	Ronald W. Plante KC Eastman	WCCFA NYS DEC	7/16/92 7/18/92	1130 1515
3. Received by				
4. Sample Collected by	J. Stone	NYS DEC	8/4/92	1300-1700
5. Sample Received by	R. Lee	NYS DEC	8/5/92	0807
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR, SOIL, ETC.
40001 WALS Lot 2113013 059154	MW 8120	8/4/92 1440	mw 8120 Cool #2	water
059155	MW 8120	8/4/92 1446	mw 8120 Cool #2	"
059189	MW 8120	8/4/92 1449	MS, MSD #1 Cool #2	"
059221	MW 8120	8/4/92 1452	MS, MSD #2 Cool #2	"
059190	MW 8120	8/4/92 1443	MS, MSD #3 Cool #2	"
059191	MW 8120	8/4/92 1455	MS, MSD #4 Cool #2	"
059192	MW 8125	8/4/92 1523	mw 8125 Cool #2	"
059193	MW 8125	8/4/92 1520	mw 8125 Cool #2	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J-Chem			
2. Received by	Ronald W. Rouse	WCLHR	7/16/92	1130
3. Received by	KCCastman	NYSDEC	7/16/92	1516
4. Sample Collected by	M. Man	NYS DEC	8/4/92	1300-1700
5. Sample Received by	Riker	NYSDEC	8/5/92	2087
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
✓ 46 JMC VIALS LOT 2115013 059178	MW 7161	8/4/92 1335	MW 7161 Cooler #2	Water
✓ 059209	MW 7161	8/4/92 1338	MW 7161 Cooler #2	"
✓ 059210	MW 8106	8/4/92 1355	MW 8106 Cooler #2	"
✓ 059179	MW 8106	8/4/92 1358	MW 8106 Cooler #2	"
✓ 059156	MW 8110	8/4/92 1418	MW 8110 Cooler #2	"
✓ 059158	MW 8110	8/4/92 1415	MW 8110 Cooler #2	"
✓ 059194	MW 8115	8/4/92 1430	MW 8115 Cooler #2	"
✓ 059195	MW 8115	8/4/92 1428	MW 8115 Cooler #2	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I-Chem			
2. Received by	Ronald W. Reese	WCLLR NYSDEC	7/16/92 7/17/92	1130 1515
3. Received by	J.C. Easton			
4. Sample Collected by	J. Allen	NYSDEC	8/4/92	1300-1900
5. Sample Received by	R. Lee	NYSDEC	8/5/92	0807
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG-TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ 22 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIAL SITE 9-32-02D

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MW 7161

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>92</u>	<u>08</u>	<u>04</u>	<u>15</u>	<u>45</u>	Free	24 CHLORRES	<u>14.7°C</u>
	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>92</u>	<u>08</u>	<u>04</u>	<u>15</u>	<u>35</u>			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M MOORE
 Phone Number (716) 283-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 09.00" W
 Z Direction, altitude or depth, include units FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL Remediation Site 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 8106

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>0.8</u>	<u>0.4</u>	<u>14</u>	<u>0.5</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mid hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>0.8</u>	<u>0.4</u>	<u>1.3</u>	<u>5.5</u>			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in INK

Program Code _____ Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONGTERM MONITORING

Source Number _____ County NIAGARA

Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS

Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W

Z Direction, altitude or depth, include units _____ 28 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIAL SITE 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 8110

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in this section.

Program Code _____ Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG-RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 23 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIAL SITE 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL #8115

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>92</u> Year	<u>08</u> Month	<u>04</u> Day	<u>14</u> Mil hrs. 00-23	<u>40</u> Minute	Free	24 CHLORRES	<u>4 °C</u>
Composite Start	<u>92</u>	<u>08</u>	<u>04</u>	<u>14</u>	<u>28</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name State superfund analytical services
Love Canal Long Term monitoring
 Source Number _____ County Niagara
 Drainage Basin D1 Name Niag. River New York Gazetteer No. 3102 Town Niagara Falls
 Latitude 43° 06' 04.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ 28 FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 8120

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Free	
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVER BURDEN GROUND WATER.

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by m. moore
 Phone Number (716) 283-0372

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only
Lab Accession Number _____ Sample Rec'd _____
Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name State Superfund Analytical Services
Source Number _____ County Niagara
Drainage Basin 011 Name Niag. River New York Gazetteer No 3102 Town NIAGARA FALLS
Latitude 43° 06' 04.00" N Longitude 78° 57' 03.00" W
Z Direction, altitude or depth, include units 28 FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 8125

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>0.8</u>	<u>0.4</u>	<u>1.5</u>	<u>3.0</u>	Free	24 CHLORRES	4° °C
	Year	Month	Day	Mill hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>0.8</u>	<u>0.4</u>	<u>1.5</u>	<u>2.0</u>			

Type of Sample (Select from list) 250 Description Overburden groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
To (No. of copies) FED INFO LAB
Submitted by m moore
Phone Number (716) 283-0112

Special Mail Code _____
Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name state superfund analytical services
Love canal long term monitoring
 Source Number _____ County Niagara
 Drainage Basin 0.1 Name Niagara River New York Gazetteer No 310.2 Town Niagara Falls
 Latitude 43° 06' 04.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 8130

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description overburden ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M Moore
 Phone Number (714) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin D:1 Name NIAG RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 06' 04.00" N Longitude 79° 57' 03.00" W
 Z Direction, altitude or depth include units _____ DAFT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
AMBIENT AIR FIELD BLANK SE CORNER ADMIN BLDG

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Free	
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description AMBIENT AIR FIELD BLANK

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO _____ RO _____ LPHE _____
 To (No. of copies) FED _____ INFO _____ LAB _____
 Submitted by M. MORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2/ 058368 40ml 2/13013	#3 8210 MS MS	7/9/92 1052	mw 8210 (VOA)	WATER
2* 058369	#4 8210 MS MS	7/8/92 1058	mw 8210 (VOA)	WATER
2 058370	9205	7/8/92 1135	mw 9205 (VOA)	"
2 058371	9205	7/8/92 1138	mw 9205 (VOA)	"
2 058374	3233	7/8/92 1450	mw 3233 (VOA)	"
2 058399	3233	7/8/92 1453	mw 3233 (VOA)	"
2 058400	9140	7/8/92 1520	mw 9140 (VOA)	"
2* 058401 V V	9140	7/8/92 1523	mw 9140 (VOA)	"

- SPECIFY METHOD OF PRESERVATION
- NaOH
 - Cool, 4°C
 - Acidification (specify)
 - Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. *IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<u>I Chem</u>		<u>6-30-92</u>	<u>1300</u>
2. Received by	<u>Randy Rose</u>	<u>WCLM</u>	<u>6/25/92</u>	<u>1300</u>
3. Received by	<u>B.P. Surprenant</u>	<u>DEC</u>	<u>7-1-92</u>	<u>10:00</u>
4. Sample Collected by	<u>Randy Rose</u>	<u>NYS DEC</u>	<u>7/8/92</u>	<u>8-500</u>
5. Sample Received by	<u>B.P. Surprenant</u>	<u>NYS DEC</u>	<u>7-9-92</u>	<u>900</u>
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
058422 <i>40 ml</i>		7/8/92		
<i>2113013</i>	10105	1555	MW 10105 (VOA)	WATER
058423	10105	7/8/92 1558	MW 10105 (VOA)	WATER
058424	1ST WEEK FB	7/8/92 1620	1st week field blank (VOA)	DI WATER GLOVE RINSE
058425	1ST WEEK FB	7/8/92 1625	1st week field blank (VOA)	DI WATER GLOVE RINSE
<i>[scribbles]</i>				
<i>[scribbles]</i>				
<i>[scribbles]</i>				
<i>[scribbles]</i>				
<i>[scribbles]</i>				
<i>[scribbles]</i>				

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<i>J. Chern</i>		6-30-92	1300
2. Received by	<i>Ronald J. Paine</i>	WCLTR	6/30/92	1300
3. Received by	<i>B. P. Sullivan</i>	DEC	7-1-92	10:00
4. Sample Collected by	<i>Wayne Mo</i>	NYS DOC	7/8/92	8-500
5. Sample Received by	<i>B. P. Sullivan</i>	NYS DEC	7-9-92	900
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
025766	3233	7/8/92 1455	MW 3233 (PEST)	WATER
025629	9140	7/8/92 1525	MW 9140 (PEST)	WATER
025764	10105	7/8/92 1605	MW 10105 (PEST)	WATER
025769	XTRA	XTRA	XTRA	XTRA
058375				Trip Blank Water
058376				Trip Blank Water
058366	6209	7/8/92 8:35	MW 6209 (VOA)	WATER
058367	6209	7/8/92 8:38	MW 6209 (VOA)	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	F Chem		6-30-92	1300
2. Received by	Ronald W. Pance	WCLM	6/30/92	1300
3. Received by	B. C. Supervisor	DEC	7-1-92	10:00
4. Sample Collected by	W. J. [unclear]	NYSDEC	7/8/92	8:50
5. Sample Received by	B. C. Supervisor	NYSDEC	7-9-92	900
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
058410	2113013 10115	7/8/92 9:00 AM	MW 10115 (VOA)	WATER
058411	10115	7/8/92 9:03 AM	MW 10115 (VOA)	"
058416	10270	7/8/92 9:20	MW 10270 (VOA)	"
058417	10270	7/8/92 9:23	MW 10270 (VOA)	"
058418	8210	10:40	MW 8210 (VOA)	"
058419	8210	1043	MW 8210 (VOA)	"
058420	#1 8210 MS MSD	1046	MW 8210 (VOA)	"
058421	#2 8210 MS MSD	1049	MW 8210 (VOA)	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chem		6.30.92	1300
2. Received by	Rosemary Paine	WCLM	6/30/92	1300
3. Received by	Brian P. Supina	DEC	7-1-92	10:00
4. Sample Collected by	James M...	NYS DEC	7/8/92	8-500
5. Sample Received by	B. P. Supina	NYS DEC	7-9-92	900
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR, SOIL, ETC.
040938 201102 4 L	8210 MS	1110	MW 8210 MS/MSA (BNA)	WATER
040937	8210 MS	1115	MW 8210 MS/MSD (FEST)	WATER
111591 131702 2.3L	6209	7/8/92 8:25 AM	MW 6209 (BNA)	WATER
111623	10115	7/8/92 9:10 AM	MW 10115 (BNA)	WATER
111782	10270	7/8/92 9:25	MW 10270 (BNA)	WATER
111595	8210	11:00	MW 8210 BNA	WATER
111785	9205	1140	MW 9205 BNA	WATER
111780	3233	1500	MW 3233 BNA	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chem		6-30-92	1300
2. Received by	B. P. Superior	WCLM	6/30/92	1200
3. Received by	B. P. Superior	DEC	7-1-92	10:00
4. Sample Collected by	B. P. Superior	NYS DEC	7/8/92	8-5:00 pm
5. Sample Received by	B. C. Superior	NYS DEC	7-9-92	900
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
1317032 3 L		7/8/92	MW	
3 ✓ 111783	9140	1530	9140 (BNA)	WATER
1 ✓ 111781	10105	7/8/92 1600	MW 10105 (BNA)	WATER
2 ✓ 111788	XTRA	XTRA	XTRA	XTRA
2056012 1 L		7/8/92		
1 ✓ 025772	6209	8:30 AM	MW 6209 (PESTICIDES)	WATER
3 ✓ 025767	10115	7/8/92 9:05 AM	MW 10115 (PEST)	WATER
1 ✓ 025768	10270	7/8/92 9:30	MW 10270 (PEST)	WATER
3 ✓ 025765	8210	11:05	MW 8210 (PEST)	WATER
2 ✓ 025632	9205	11:45	MW 9205 (PEST)	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	F. Chern		6-30-92	11:30
2. Received by	Randy Paine	WCLH	6/30/92	1:30
3. Received by	D.P. Imperator	DEC	7-1-92	10:00
4. Sample Collected by	Randy Paine	NYS DEC	7/8/92	9:51
5. Sample Received by	D.P. Imperator	NYS DEC	7-9-92	4:00
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING
STATE SUPERFUND ANALYTICAL SERVICES
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name Niag. Riv. New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 42 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-0AD
LOVE CANAL LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL 6209 SE CORNER LOVE CANAL 100th & FRONTIER AVE.

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>0.8</u>	<u>0.8</u>	<u>3.0</u>	Free	24 CHLORRES	4 °C
	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>0.8</u>	<u>0.8</u>	<u>2.0</u>			

Type of Sample (Select from list) 250 Description Bedrock groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

- | | | |
|--|--|---|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input checked="" type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>LOVE CANAL ANALYTES</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL

<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____

<p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |
|--|--|---|

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING STATE SUPERFUND ANALYTICAL SERVICES

Source Number _____ County NIAGARA

Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGATA FALLS

Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W

Z Direction, altitude or depth, include units 39 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-030
LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 10115 SW CORNER LOVE CANAL 95TH & FRONTIER AVENUE

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	<u>9.2</u>	<u>2.7</u>	<u>08</u>	<u>09</u>	<u>10</u>	Free	24 CHLORRES
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>08</u>	<u>09</u>	<u>00</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN WELL GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Special Mail Code _____ Additional Information Regarding This Sample _____

Submitted by M. MOORE
 Phone Number (716) 283-0112

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only
Lab Accession Number _____ Sample Rec'd _____
Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING STATE SUPERFUND ANALYTICAL SERVICES
Source Number _____ County NIAGARA
Drainage Basin 0.1 Name NIAL. River New York Gazetteer No. 310.2 Town NIAGARA FALLS
Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
Z Direction, altitude or depth, include units 47 FT

LOCATION : 60 character maximum. PLEASE PRINT.

LOVE CANAL REMEDIATION SITE # 9-32-020
LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.

MONITORING WELL # 10270 SWEST CORNER LOVE CANAL
95TH & FRONTIER AVENUE

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	Free	24 CHLORRES	4 °C
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description Bedrock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)

- Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
To (No. of copies) FED INFO LAB

Special Mail Code

Additional Information Regarding This Sample

Submitted by M. MOORE
Phone Number (716) 283-0112

white precipitate in water looks similar to wet cobwebs or A WAXY material

Sanitary Bacteriology

- Total Coliforms MF Chlorinated Potable Water
 Total Coliforms MF & SPC Unchlorinated Potable Water
 Total & Fecal Coliforms MF Nonpotable Surface Water
 Total Coliforms MPN & SPC Potable Water
 Total & Fecal Coliforms MPN Chlorinated Waste Water
 Other _____

Organic Chemistry

- Insecticides Expanded List
 Herbicides
 PCBs
 Purgeable Halocarbons
 Purgeable Aromatics
 Nitrogen/Phosphorus Pesticides
 Petroleum Products
 ~~Priority Pollutants~~
 Dioxin/Furan
 Ketones
 Other LOVE CANAL ANALYTES

Inorganic Chemistry

- Potable Water, OCSS-I
 Fluoride
 Nitrate
 Trace Metals, HSL
 WQSN
 Other _____

Nuclear Chemistry

- Scheduled Analysis
 Other _____

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING
STATE SUPERFUND ANALYTICAL SERVICE
 Source Number _____ County NIAGARA
 Drainage Basin D1 Name NIAG. RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020
LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING well # B210 728 101ST ST. NIAGARA FALLS
NY ~~AREA~~ LOVE CANAL EDA

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	Free	24 CHLORRES	4 °C
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description Bedrock Groundwater

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample
Matrix Spike & Matrix Spike Dup. from this well.

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____

- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING.
STATE SUPERFUND ANALYTICAL SERVICES
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 49 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020
LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 9205 CORNER WHEATFIELD AVE &
100TH ST. LOVE CANAL EDA NIAGARA FALLS NY

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
<input checked="" type="checkbox"/> Grab/Composite	<u>9.2</u>	<u>07</u>	<u>08</u>	<u>1.1</u>	<u>45</u>	Free	24 CHLORRES	<u>4</u> °C
Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>07</u>	<u>08</u>	<u>1.1</u>	<u>35</u>			

Type of Sample (Select from list) 25D Description BEDROCK GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 293.0112
 Special Mail Code _____ Additional Information Regarding This Sample
LOVE CANAL ANALYTICAL SERVICES

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____

- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code _____ Program Name LOVE CANAL LONG TERM MONITORING
STATE SUPERFUND ANALYTICAL SERVICES

Source Number _____ County NIAGARA

Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS

Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W

Z Direction, altitude of depth include units 4.2 FT

LOCATION : 60 character maximum. PLEASE PRINT.

LOVE CANAL REMEDIATION SITE # 9-32020
LOVE CANAL LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.

MONITORING WELL # 3233 93RD & READ AVE
NIAGARA FALLS NY

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	<u>7.2</u>	<u>01</u>	<u>08</u>	<u>15</u>	<u>00</u>	Free	<u>24</u> CHLORRES
Composite Start	<u>9.2</u>	<u>07</u>	<u>08</u>	<u>14</u>	<u>50</u>	Total	<u>23</u> CHLORRES	

Type of Sample (Select from list) 250 Description GROUNDWATER (BEDROCK)

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)

- Illness (A)
 Turbidity (C)
 Natural Disaster (E)
 New Equip. or Proc. (G)
 Interruption in Chlorination (I)
 Taste/Odor (B)
 Color (D)
 Fishkill (F)
 Equip. Failure (H)
 Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB

Special Mail Code _____
 Additional Information Regarding This Sample _____

Submitted by m moore

Phone Number (716) 283-0112

Sanitary Bacteriology

- Total Coliforms MF Chlorinated Potable Water
 Total Coliforms MF & SPC Unchlorinated Potable Water
 Total & Fecal Coliforms MF Nonpotable Surface Water
 Total Coliforms MPN & SPC Potable Water
 Total & Fecal Coliforms MPN Chlorinated Waste Water
 Other _____

Organic Chemistry

- Insecticides Expanded List
 Herbicides
 PCBs
 Purgeable Halocarbons
 Purgeable Aromatics
 Nitrogen/Phosphorus Pesticides
 Petroleum Products
 Priority Pollutants
 Dioxin/Furan
 Ketones
 Other LOVE CANAL ANALYTES

Inorganic Chemistry

- Potable Water, OCSS-I
 Fluoride
 Nitrate
 Trace Metals, HSL
 WQSN
 Other _____

Nuclear Chemistry

- Scheduled Analysis
 Other _____

Request for Analysis

For Laboratory Use Only
Lab Accession Number _____ Sample Rec'd _____
Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING
STATE SUPERFUND ANALYTICAL SERVICES
Source Number _____ County NIAGARA
Drainage Basin 0.1 Name NIAG RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
Z Direction, altitude or depth, include units 29 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020
LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 9140 LASALLE EXPRESSWAY SOUTH
OF LOVE CANAL

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>0.8</u>	<u>1.5</u>	<u>30</u>	Free	<u>24 CHLORRES</u>	<u>4 °C</u>
	Year	Month	Day	Mil hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>0.8</u>	<u>1.5</u>	<u>2.0</u>	Total	<u>23 CHLORRES</u>	
	Year	Month	Day	Mil hrs. 00-23	Minute			

Type of Sample (Select from list) 2.50 Description GROUNDWATER (OVERBURDEN)

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
To (No. of copies) FED INFO LAB
Submitted by M. MOORE
Phone Number (714) 283-0112
Special Mail Code _____
Additional Information Regarding This Sample
EXCESSIVE AMOUNTS OF ORANGE PAINT IN
THIS SAMPLE

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING
STATE SUPERFUND ANALYTICAL SERVICES

Source Number _____ County NIAGARA

Drainage Basin 01 Name NIAG River New York Gazetteer No 3102 Town NIAGARA FALLS

Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W

Z Direction, altitude or depth, include units 29 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020
LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL #10105 LASALLE EXPRESSWAY SOUTH
OF LOVE CANAL

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Free	Total	
Grab/Composite Finish	24 CHLORRES	23 CHLORRES	4 °C
Year: <u>92</u> Month: <u>07</u> Day: <u>08</u> Mil hrs. 00-23: <u>16</u> Minute: <u>05</u>			
Composite Start			
Year: <u>92</u> Month: <u>07</u> Day: <u>08</u> Mil hrs. 00-23: <u>15</u> Minute: <u>55</u>			

Type of Sample (Select from list) A50 Description GROUNDWATER (DUMBURDEN)

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)

Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

Sanitary Bacteriology

- Total Coliforms MF Chlorinated Potable Water
- Total Coliforms MF & SPC Unchlorinated Potable Water
- Total & Fecal Coliforms MF Nonpotable Surface Water
- Total Coliforms MPN & SPC Potable Water
- Total & Fecal Coliforms MPN Chlorinated Waste Water
- Other _____

Organic Chemistry

- Insecticides Expanded List
- Herbicides
- PCBs
- Purgeable Halocarbons
- Purgeable Aromatics
- Nitrogen/Phosphorus Pesticides
- Petroleum Products
- Priority Pollutants
- Dioxin/Furan
- Ketones
- Other LOVE CANAL ANALYTES

Inorganic Chemistry

- Potable Water, OCSS-I
- Fluoride
- Nitrate
- Trace Metals, HSL
- WQSN
- Other _____

Nuclear Chemistry

- Scheduled Analysis
- Other _____

Request for Analysis

For Laboratory Use Only
Lab Accession Number _____ Sample Rec'd _____
Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name LOVE CANAL LONG TERM MONITORING
STATE SUPERFUND ANALYTICAL SERVICES
Source Number _____ County NIAGARA
Drainage Basin 01 Name NIAG RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
Latitude 43° 04' 46.00" N Longitude 78° 57' 03.00" W
Z Direction, altitude or depth, include units N/A

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL Remedial site # 9-32-020
LOVE CANAL LONG TERM MONITORING

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
FIELD BLANK GLOVE RINSE 2 VOA's only.

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description Deionized water Glove Rinse

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
To (No. of copies) FED INFO LAB
Submitted by M. M. DORE
Phone Number (716) 283-0112
Special Mail Code _____
Additional Information Regarding This Sample
sample only 2 VOAs for this

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

40 vials
 #3
 #3
 #3
 #3
 #3
 #3
 #3
 #3
 #3

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
059189 ✓	7155 ✓	7/15/92 1150	MW 7155	Water
059211 ✓	7155 ✓	7/15/92 1153	MW 7155	"
059212 ✓	3151 ✓	7/15/92 1315	MW 3151	"
059213 ✓	3151 ✓	7/15/92 1318	MW 3151	"
059214 ✓	3251 ✓	7/15/92 1335	MW 3251	"
059215 ✓	3251 ✓	7/15/92 1338	MW 3251	"
059216 ✓	2nd week FB ✓	7/15/92 1033	2nd week Field blank Ambient	"
059217 ✓	2nd week FB ✓	7/15/92 1035	2nd week field blank Ambient	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool; 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I. Chem			
2. Received by	<u>[Signature]</u>	UCLH	7/15/92	1200
3. Received by	<u>[Signature]</u>	NYSDEC	07-04-92	300
4. Sample Collected by	<u>[Signature]</u>	NYSDEC	07-10-92	1200
5. Sample Received by	<u>[Signature]</u>	NYSDEC	07-05-92	8-4
6. Sample Received by	<u>[Signature]</u>	NYSDEC	07/16/92	0845
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
0591806	7125 ✓	7/15/92 1030	MW 7125 VOA	WATER
0591816 ✓	7125 ✓	7/15/92 1033	MW 7125	"
0591826 ✓	7205 ✓	7/15/92 1110	MW 7205	"
0591836 ✓	7205 ✓	7/15/92 1113	MW 7205	"
0591846 ✓	7130 ✓	7/15/92 1125	MW 7130	"
0591856 ✓	7130 ✓	7/15/92 1128	MW 7130	"
0591866 ✓	7132 ✓	7/15/92 1140	MW 7132	"
0591876 ✓	7132 ✓	7/15/92 1143	MW 7132	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I-Chen			
2. Received by	R. C. Eastman	NYSD&C	7/15/92	1201
3. Received by	S. P. Johnson	NYSD&C	07-09-92	300
4. Sample Collected by	H.C. Eastman	NYSD&C	07-10-92	1200
5. Sample Received by	Maurice Miller	NYSD&C	07-15/92	8-4
6. Sample Received by	R.C. Eastman	NYSD&C	07-16-92	0845
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

Conc'd
No

#2
#2
#2
#2
#3
#3
#3
#3

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
111470 ✓	7132 ✓	7/15/92 1145	MW 7132 BNA	Water
111468 ✓	7155 ✓	7/15/92 1155	MW 7155 BNA	"
111471 ✓	3157 ✓	7/15/92 1320	MW 3157 BNA	"
111467 ✓	3251 ✓	7/15/92 1340	MW 3251 BNA	"
058372 ✓	7115 ✓	7/15/92 940	MW 7115 VOA	"
058372 ✓	7115 ✓	7/15/92 943	MW 7115 VOA	"
058365 ✓	7120 ✓	7/15/92 1000	MW 7120 VOA	"
058390 ✓	7120 ✓	7/15/92 1003	MW 7120 VOA	"

SPECIFY METHOD OF PRESERVATION

- NAH
- Cool, 4°C
- Refrigeration (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<u>J. Champ</u>			
2. Received by	<u>Wendy Reed</u>	<u>WCLH</u>	<u>7/15/92</u>	<u>1200</u>
3. Received by	<u>K.C. Eastman</u>	<u>NYS DOC</u>	<u>07-09-92</u>	<u>300</u>
4. Sample Collected by	<u>Maurice D. ...</u>	<u>NYS DOC</u>	<u>07-10-92</u>	<u>1200</u>
5. Sample Received by	<u>K.C. Eastman</u>	<u>NYS DOC</u>	<u>07-15-92</u>	<u>8-4</u>
6. Sample Received by			<u>07-16-92</u>	<u>0845</u>
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

COR No.	SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
#1	4L Lot 2099012 # 040982 ✓✓	7125 ^{MS} / _{MSD} ✓	7/15/92 1105	MW 7125 Peot	Water
#1	4L Lot 2099012 040983 ✓✓	7125 ^{MS} / _{MSD} ✓	7/15/92 1100	MW 7125 BNA	"
#2	Lot 2056012 025645 ✓✓	7115 ✓	7/15/92 945	MW 7115 Peot	"
#3	025646 ✓	7120 ✓	7/15/92 1000	MW 7120 Peot	"
#3	025647 ✓	7125 ✓	7/15/92 1055	MW 7125 Peot	"
#2	025648 ✓	7205 ✓	7/15/92 1115	MW 7205 Peot	"
#1	025649 ✓	7130 ✓	7/15/92 1135	MW 7130 Peot	"
#2	025650 ✓	7132 ✓	7/15/92 1150	MW 7132 Peot	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	T. Chem		7/15/92	1200
2. Received by	R. Edwards	WVDEC	07-09-92	1200
3. Received by	H. C. Eastman	NYS DEC	07-09-92	1200
4. Sample Collected by	Alvin Mow	NYS DEC	7-15-92	8-400
5. Sample Received by	K.C. Eastman	NYS DEC	07-16-92	0845
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

COOLING NO.	SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
#1	02851 ✓	7155 ✓	7/15/92 1200	MW 7155 Pest	Water
#1	02852 ✓	3151 ✓	7/15/92 1325	MW 3151 Pest	"
#1	02853 ✓	3251 ✓	7/15/92 1345	MW 3251 Pest	"
#1	111786 ✓	7115 ✓	7/15/92 950	MW 7115 BNA	"
#1	111798 ✓	7120 ✓	7/15/92 1005	MW 7120 BNA	"
#2	111797 ✓	7125 ✓	7/15/92 1050	MW 7125 BNA	"
#2	111787 ✓	7205 ✓	7/15/92 1120	MW 7205 BNA	"
#2	111791 ✓	7130 ✓	7/15/92 1130	MW 7130 BNA	"

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J. Chen			
2. Received by	R. P. Eastman	WCLH	7/15/92	1200
3. Received by	R. P. Eastman	NYS DEC	07-09-92	300
4. Sample Collected by	R. P. Eastman	NYS DEC	07-10-92	1200
5. Sample Received by	R. P. Eastman	NYS DEC	07-15-92	8-4
6. Sample Received by	R. P. Eastman	NYS DEC	07-16-92	0845
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
40-1-10-1 #3 059151 ✓	#1 N MS 7125 MSO	7/15/92 1034	MW 7125 MS/MSO	Water
#3 059149 ✓	#2 N MS 7125 MSO	7/15/92 1039	MW 7125 MS/MSO	"
#3 059150 ✓	#3 ✓ MS 7125 MSO	7/15/92 1042	MW 7125 MS/MSO	"
#3 059151 ✓	#4 ✓ MS 7125 MSO	7/15/92 1045	MW 7125 MS/MSO	"
#3 059152 ✓	TRIP BLANK ✓	Flu	Trip Blank	"
#3 059153 ✓	TRIP BLANK ✓		Trip Blank	"
X				
X				

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J. Cherny			
2. Received by	Edward [unclear]	WCLH	7/9/92	1200
3. Received by	John E. [unclear]	NYDEC	07-09-92	380
4. Sample Collected by	K.C. Eastman	NYDEC	07-10-92	1200
5. Sample Received by	Maurice [unclear]	NYSDOT	07-12-92	8-400
6. Sample Received by	K.C. Eastman	NYSDOT	07-16-92	0845
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 0.5 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL Remediation SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
AMBIENT AIR FIELD BLANK

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	Free	24 CHLORRES	4 °C
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description AMBIENT AIR FIELD BLANK

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (714) 283-0112

Special Mail Code _____ Additional Information Regarding This Sample
AMBIENT AIR FIELD BLANK 2 VOA
BOTTLES ONLY

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin D.1 Name NIAG RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 32 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-000

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 7115 North West LOVECANAL

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>0.9</u>	<u>5.0</u>	Free	24 CHLORRES	4 °C
Finish	Year	Month	Day	Mill hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>0.9</u>	<u>4.0</u>			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAB. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 31 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL Remediation site # 9-32-030

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 7120 NORTH WEST LOVE-CANAL

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>1.0</u>	<u>2.0</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mill hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>1.0</u>	<u>1.0</u>			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____ Additional Information Regarding This Sample _____

Sanitary Bacteriology

- Total Coliforms MF Chlorinated Potable Water
- Total Coliforms MF & SPC Unchlorinated Potable Water
- Total & Fecal Coliforms MF Nonpotable Surface Water
- Total Coliforms MPN & SPC Potable Water
- Total & Fecal Coliforms MPN Chlorinated Waste Water
- Other _____

Organic Chemistry

- Insecticides Expanded List
- Herbicides
- PCBs
- Purgeable Halocarbons
- Purgeable Aromatics
- Nitrogen/Phosphorus Pesticides
- Petroleum Products
- Priority Pollutants
- Dioxin/Furan
- Ketones
- Other LOVE CANAL ANALYTES

Inorganic Chemistry

- Potable Water, OCSS-I
- Fluoride
- Nitrate
- Trace Metals, HSL
- WQSN
- Other _____

Nuclear Chemistry

- Scheduled Analysis
- Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 2.7 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL Remediation SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING well # 7125 North West LOVE-CANAL

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>07</u>	<u>15</u>	<u>1.0</u>	<u>55</u>	Free	<u>24</u> CHLORRES	<u>4</u>	°C
Composite Start	<u>9.2</u>	<u>07</u>	<u>15</u>	<u>1.0</u>	<u>30</u>	Total	<u>23</u> CHLORRES		

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112
 Special Mail Code _____ Additional Information Regarding This Sample
Matrix Spike & Matrix Spike Dsp

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPER FUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAGARA RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 5.0 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 7205 North west Love Canal

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>1.1</u>	<u>2.0</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mil hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>1.1</u>	<u>1.0</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 2.50 Description Bedrock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 293-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

Sanitary Bacteriology

- Total Coliforms MF Chlorinated Potable Water
- Total Coliforms MF & SPC Unchlorinated Potable Water
- Total & Fecal Coliforms MF Nonpotable Surface Water
- Total Coliforms MPN & SPC Potable Water
- Total & Fecal Coliforms MPN Chlorinated Waste Water
- Other _____

Organic Chemistry

- Insecticides Expanded List
- Herbicides
- PCBs
- Purgeable Halocarbons
- Purgeable Aromatics
- Nitrogen/Phosphorus Pesticides
- Petroleum Products
- Priority Pollutants
- Dioxin/Furan
- Ketones
- Other LOVE CANAL ANALYTES

Inorganic Chemistry

- Potable Water, OCSS-I
- Fluoride
- Nitrate
- Trace Metals, HSL
- WQSN
- Other _____

Nuclear Chemistry

- Scheduled Analysis
- Other _____

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name Niag. River New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 28 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 7130 NORTHWEST LOVE CANAL

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>1.1</u>	<u>3.5</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mill hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>1.5</u>	<u>1.1</u>	<u>2.5</u>			

Type of Sample (Select from list) 250 Description OVERBUDEN GROUNDWATER

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RAHRA New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units _____ 29 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-000

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL #7132 NORTHWEST LOVE-CANAL

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Free	24 CHLORRES
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO <input type="checkbox"/> RO <input type="checkbox"/> LPHE <input type="checkbox"/>	Special Mail Code	Additional Information Regarding This Sample
To (No. of copies) FED <input type="checkbox"/> INFO <input type="checkbox"/> LAB <input type="checkbox"/>		
Submitted by <u>M. MOORE</u>		
Phone Number <u>(716) 283-0112</u>		

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____

- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 26FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 7155 NORTH LOVE CANAL

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>15</u>	<u>2.2</u>	<u>00</u>	Free	<u>24</u> CHLORRES	<u>4</u> °C
	Year	Month	Day	Mil hrs. 00-23	Minute	Total	<u>23</u> CHLORRES	
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>15</u>	<u>1.1</u>	<u>50</u>			
	Year	Month	Day	Min	Sec			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MODRE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____

- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 46.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 22FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL HAZARDOUS REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 3151 97A ST Church PARKING Lot.

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Free	Total	
Grab/Composite Finish Year <u>97</u> Month <u>07</u> Day <u>15</u> Mil hrs. 00-23 <u>13</u> Minute <u>25</u>	24 CHLORRES	23 CHLORRES	<u>4</u> °C
Composite Start Year <u>97</u> Month <u>07</u> Day <u>15</u> Mil hrs. 00-23 <u>13</u> Minute <u>15</u>			

Type of Sample (Select from list) 25D Description OVERBURDEN GROUND WATER.

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____

- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin D1 Name NIAG. RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 2.9 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 325 97th St. Church Parking lot.

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>07</u>	<u>15</u>	<u>1.3</u>	<u>4.5</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9.2</u>	<u>07</u>	<u>15</u>	<u>1.3</u>	<u>0.5</u>			

Type of Sample (Select from list) 250 Description Bedrock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. M. DORE
 Phone Number (716)
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYSES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2113013 40ml	MW 10174B ✓	8/12/92	MW 10174B	
059207	MW 10278	1427	MW 10278 cooler 2	Water
059219	MW 10174B ✓ MW 10278	8/12/92 1425	MW 10174B MW 10278 cooler 2	Water
059168	✓	7-30-92 1115 check	Trip Blank cooler 3	
059169	✓	✓ check	↓ cooler 3	

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Clem	I Clem		
2. Received by	Tom Paul	NYS DOH WCL+R	7-30-92	1130
3. Received by	R. Lee	NYS DEC		
4. Sample Collected by	U. More	NYS DEC	8/12/92	8-7
5. Sample Received by	G. D. Fields	NYS DEC	8/13/92	8:30
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2113013 059199	mw10225A	8/12/92 1305	mw10225A cooler 2	Water
059200	mw10225A	8/12/92 1303	mw10225A cooler 2	Water
059201	mw10225B	8/12/92 1118	mw10225B cooler 2	Water
059202	mw10225B	8/12/92 1115	mw10225B cooler 2	Water
059203	mw10225C	8/12/92 1247 1247	mw10225C cooler 3	Water
059204	mw10225C	8/12/92 1248	mw10225C cooler 3	Water
059205	mw10227A	8/12/92 1405	mw10227A cooler 2	Water
059206	mw10227A	8/12/92 1408	mw10227A cooler 2	Water

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chern	I Chern		
2. Received by	Ron Paul	NYS DOH/WCL+R	7-30-92	1130
3. Received by	R. Lee	NYS DEC		
4. Sample Collected by	M. Hove	NYS DEC	8/12/92	8-7
5. Sample Received by	A. J. [unclear]	NYS DEC	8/13/92	8/30
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2128012 1QT		8/12/92		
051298	MW 10225B	1103	MW 10225B cooler #3	Water
051299	MW 10225C	8/12/92 1250	MW 10225C cooler #3	Water
051301	MW 10272	8/12/92 1410	MW 10272 cooler #3	Water
051302	MW 10174B MW 10278	8/12/92 1430	MW 10174B MW 10278 cooler 2	Water
2113013 40 ml		8/12/92		
059157	MW 10147	1330	MW 10147 cooler 3	Water
059159	MW 10147	8/12/92 1332	MW 10147 cooler 5	Water
059160	MW 10150	8/12/92 1216	MW 10150 cooler 3	Water
059161	MW 10150	8/12/92 1215	MW 10150 cooler 3	Water

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J Chem	J Chem		
2. Received by	Ron Parise	NYS DSH WCLTR	7-30-92	1130
3. Received by	R. LEE	NYS DEC		
4. Sample Collected by	M. Shaw	NYS DEC	8/12/92	8-7
5. Sample Received by	A. DeWester	NYS DEC	8/13/92	8:30
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessed by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2113013	40ml	8/12/92	Cooler 3	
059162	MW 10150	1217	MW 10150 ms/msd #1	Water
059166	MW 10150	8/12/92 1218	MW 10150 ms/msd #2	Water
059167	MW 10150	8/12/92 1219	MW 10150 ms/msd #3	Water
059171	MW 10150	8/12/92 1220	MW 10150 ms/msd #4	Water
059172	MW 10278 MW 10174B	8/12/92 1501	MW 10278 MW 10174B	Cooler 2 Water
059173	MW 10278 MW 10174B	8/12/92 1523	MW 10278 MW 10174B	Cooler 2 Water
059174	MW 10178A	8/12/92 1506	MW 10178A	Cooler 2 Water
059177	MW 10178A	8/12/92 KDB	MW 10178A	Cooler 2 Water

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chem	I Chem		
2. Received by	Ron Pause	NYSDOH WCA + R	7-30-92	1130
3. Received by	R Lee	NYSDOH		
4. Sample Collected by	J. Howe	NYSDOH	8/12/92	8-9
5. Sample Received by	[Signature]			
6. Sample Received by	A. Dainoff	NYSDOH	8/13/92	8:30
7. Sample Received by.				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
1317032 2.3		8/12/92		
112038	mw10225c	1255	MW 10225c Cooler 2	water
112039	mw 10272	8/12/92 1415	MW 10272 Cooler 3	water
112040	mw 10174B mw 10278	8/12/92 1432	MW 10174B MW 10278 Cooler 2	water
128012 10+		8/12/92		
05/292	mw 10147	1335	MW 10147 Cooler 1	water
05/293	mw 10150	8/12/92 1222	MW 10150 Cooler 1	Water
05/294	mw 10278 mw 10174B	8/12/92 1523	MW 10278 Cooler #3 Cooler 2	Water
05/296	mw 10178A	8/12/92 1510	MW 10178A Cooler 2	Water
05/297	mw 10225A	8/12/92 1307	MW 10225A Cooler #3	Water

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chem	I Chem		
2. Received by	Don Paul	NYS DCHW CENTER	7-30-92	1130
3. Received by	R. LEE	NYS DEC		
4. Sample Collected by	M. Mares	NYS DEC	8/12/92	8-9
5. Sample Received by	G. J. Foster	NYS DEC	8/13/92	8:30
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2099012 4L		8/12/92	MW 10150 BNA	
041011	MW 10150	1232	cooler #1 ms/msd	Water
041012	MW 10150	8/12/92	MW 10150	
		1236	Pest/PCB ms/msd cooler 1	Water
1317032 2.34		8/12/92		
111767	MW 10147	1337	MW 10147 cooler 1	Water
111872	MW 10150	8/12/92	MW 10150 cooler #1	Water
111883	MW 10274 MW 10174B	8/12/92 1535	MW 10274 cooler #3 MW 10174B	Water
112035	MW 10178A	8/12/92	MW 10178A cooler 2	Water
112036	MW 10225A	8/12/92	MW 10225A cooler 2	Water
112037	MW 10225A	8/12/92	MW 10225B cooler 2	Water

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	<u>I. Chern</u>	<u>I. Chern</u>		
2. Received by	<u>Ron Paine</u>	<u>NYS DOH WCLAB</u>	<u>7-30-92</u>	<u>1150</u>
3. Received by	<u>R. Lee</u>	<u>NYS DEL</u>		
4. Sample Collected by	<u>M. Mose</u>	<u>NYS Del</u>	<u>8/12/92</u>	<u>8-4</u>
5. Sample Received by	<u>C. J. Foster</u>	<u>NYS DEL</u>	<u>8/13/92</u>	<u>8:30</u>
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
6310 Source Number _____ County Niagara
 Drainage Basin 0:1 Name Niag. River New York Gazetteer No. 3102 Town Niagara Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site #9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well 10147

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish Year: <u>92</u> Month: <u>08</u> Day: <u>12</u> Mil hrs. 00-23: <u>13</u> Minute: <u>37</u>	Free	<u>24</u> CHLORRES	<u>4</u> °C
Composite Start Year: <u>92</u> Month: <u>08</u> Day: <u>12</u> Mil hrs. 00-23: <u>13</u> Minute: <u>30</u>	Total	<u>23</u> CHLORRES	

Type of Sample (Select from list) 250 Description Overburden Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. Moore
 Phone Number (716) 283-0112

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name State superfund Analytical Services
Love Canal Long Term Monitoring
 Source Number _____ County Niagara
 Drainage Basin 01 Name Nias River New York Gazetteer No. 3102 Town Niagara falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 10150

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9</u> <u>2</u>	<u>0</u> <u>8</u>	<u>1</u> <u>2</u>	<u>1</u> <u>2</u>	<u>2</u> <u>2</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mill hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>9</u> <u>2</u>	<u>0</u> <u>8</u>	<u>1</u> <u>2</u>	<u>1</u> <u>2</u>	<u>1</u> <u>5</u>			

Type of Sample (Select from list) 250 Description Overburden Ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. Moore
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
Love canal long term monitoring
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 10174 B

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	<u>9</u> <u>2</u>	<u>0</u> <u>8</u>	<u>1</u> <u>2</u>	<u>1</u> <u>4</u>	<u>3</u> <u>2</u>	Free	24 CHLORRES
Composite Start	<u>9</u> <u>2</u>	<u>0</u> <u>8</u>	<u>1</u> <u>2</u>	<u>1</u> <u>4</u>	<u>2</u> <u>5</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by m moore
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund Analytical Services
Love Canal Long term monitoring
 Source Number _____ County NIAGARA
River
 Drainage Basin 01 Name NIAB. Falls New York Gazetteer No. 31102 Town NIAGARA Falls
 Latitude 43°04'06.00" N Longitude 78°57'03.00" W
 Z Direction, altitude or depth, include units _____ ft.

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 5-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 10178A

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Free	Total	
Grab/Composite Finish	<u>9.2</u>	<u>0.8</u>	<u>4</u> °C
Year Month Day Mil hrs. 00-23 Minute	<u>1.2</u>	<u>1.5</u>	
Composite Start	<u>9.2</u>	<u>0.8</u>	
Year Month Day Mil hrs. 00-23 Minute	<u>1.2</u>	<u>1.5</u>	
	<u>0.6</u>	<u>0.6</u>	

Type of Sample (Select from list) 250 Description Over Burden Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. M. O. M.
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
Love canal long term monitoring
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ FT

LOCATION : 60 character maximum. PLEASE PRINT.
Love canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 10225A

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	<u>92</u>	<u>08</u>	<u>02</u>	<u>13</u>	<u>10</u>	Free	<u>24</u> CHLORRES	<u>4</u> °C
	Year	Month	Day	Mid hrs. 00-23	Minute			
Composite Start	<u>92</u>	<u>08</u>	<u>12</u>	<u>13</u>	<u>03</u>	Total	<u>23</u> CHLORRES	

Type of Sample (Select from list) ASD Description GROUND WATER BEDROCK

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M Moore
 Phone Number (714) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love Canal ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
Love canal long term monitoring
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name Niag River New York Gazetteer No 3102 Town NIAGARA Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 10225 B

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.				
	Free	Total					
Grab/Composite Finish	<u>92</u> Year	<u>08</u> Month	<u>12</u> Day	<u>11</u> Mil hrs. 00-23	<u>18</u> Minute	24 CHLORRES	<u>4</u> °C
Composite Start	<u>92</u> Year	<u>08</u> Month	<u>12</u> Day	<u>11</u> Mil hrs. 00-23	<u>03</u> Minute	23 CHLORRES	

Type of Sample (Select from list) 25D Description Bedrock Ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by m moore
 Phone Number (714) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love canal analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund Analytical services
Love canal long term monitoring
 Source Number _____ County Niagara
 Drainage Basin 011 Name Niag. River New York Gazetteer No 3102 Town Niagara Falls
 Latitude 43°04'06.00" N Longitude 78°57'03.00" W
 Z Direction, altitude or depth, include units _____ ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 10225 C

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite	<u>92</u>	<u>08</u>	<u>12</u>	<u>12</u>	<u>55</u>	Free	24 CHLORRES	<u>4</u> °C
Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	
Composite Start	<u>92</u>	<u>08</u>	<u>12</u>	<u>12</u>	<u>40</u>			

Type of Sample (Select from list) 250 Description Bed rock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. Moore
 Phone Number (716) 283-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other Love canal Analytes

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name State Superfund Analytical Services
Love Canal Long term monitoring
 Source Number _____ County Niagara
 Drainage Basin D.1 Name Niag. River New York Gazetteer No. 3102 Town Niagara Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ RT

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 10278

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.1</u>	<u>08</u>	<u>12</u>	<u>15</u>	<u>28</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mil hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>08</u>	<u>12</u>	<u>15</u>	<u>21</u>	Total	23 CHLORRES	
	Year	Month	Day	Mil hrs. 00-23	Minute			

Type of Sample (Select from list) 250 Description Bed rock Groundwater

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M Moore
 Phone Number (716) 283-0112

- | | | |
|--|---|--|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>LOVE CANAL ANALYTES</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL
<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
| | | <p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name state superfund analytical services
Love canal long term monitoring
 Source Number _____ County Niagara
 Drainage Basin 01 Name NIA6. River New York Gazetteer No 3102 Town Niagara Falls
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units _____ ft

LOCATION : 60 character maximum. PLEASE PRINT.
Love Canal Remediation site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 10272

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Free	
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description Bedrock Ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. Moore
 Phone Number (716) 283-0112

- | | | |
|--|---|--|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>Love Canal Analytes</u> | <p>Inorganic Chemistry</p> <input type="checkbox"/> Potable Water, OCSS-1
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL

<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
|--|---|--|

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
✓ 12 2056012 025631	MW 9105 ✓	1600 7/28/92	MW 9105 Pest	WATER Water
✓ 12 025633	MW 9110	1640 7/28/92	MW 9110	WATER
✓ 12 025634	MW 9113 ✓	1700 7/28/92	MW 9113	WATER
✓ 12 025636	MW 9115	1720 07/28/92	MW 9115	WATER
✓ 12 025637	MW 9118	1740 07/28/92	MW 9118	WATER
✓ 12 025638	MW 9120	1800 7/28/92	MW 9120	WATER
✓ 12 025639	MW 9122	0825 7/29/92	MW 9122	WATER
✓ 12 025640 ✓	MW 9125	0800 7/29/92	MW 9125	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J. Chen		6-29-92	10:00
2. Received by	James Pan	WCLM	6/29/92	10:00
3. Received by	B.P. [unclear]	DEC	7-1-92	10:00
4. Sample Collected by	M. [unclear]	DEC	7/28/92	8-7
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
✓ 12 2056012 025641	mw 9130 ✓	0725 7/29/92	MW 9130	WATER
✓ 2.3L 1317032 111475	mw 9105 ✓	1555 7/28/92	MW 9105	WATER
✓ 2.3L 114592	mw 9110	1645 7/28/92	MW 9110	WATER
✓ 2.3L 111618	mw 9113 ✓	1705 7/28/92	mw 9113	WATER
✓ 2.3L 111625	mw 9115	1725 07/28/92	MW 9115	WATER
✓ 2.3L 111476	mw 9118	1745 07/28/92	MW 9118	WATER
✓ 2.3L 111480	mw 9120	1805 07/28/92	MW 9120	WATER
✓ 2.3L 111482 ✓	mw 9130 ✓	0720 7/29/92	MW 9130	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OF HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	J. Chen		6-29-92	10:00
2. Received by	Donald Tamm	WCLTR	6/29/92	10:00
3. Received by	B.P. Jupp	DEC	7-1-92	10:00
4. Sample Collected by	J. Chen	DEC	7/28/92	8-4
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
2.3 l 205602		0805		
✓ 111487	mw 9125	7/29/92	mw 9125	WATER
2.3 l		0825		
✓ 111489	mw 9122	7/29/92	mw 9122	WATER
4 l 2099012		1650	MS/MSD BNA	
✓ 040939	mw 9110	7/28/92		WATER
4 l		1655	MS/MSD Pest	
✓ 040940	mw 9110	7/28/92		WATER
40ml 2113013		6-29-92	NYSDOH WCH + R	Trip Blank Water
✓ 058362		1000		
40ml		↓	↓	↓
✓ 058389				WATER
40ml 2113013		0715		
✓ 058354	mw 9130	7/29/92	mw 9130	WATER
40ml		0718		
✓ 058359	mw 9130	7/29/92	mw 9130	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chem		6-29-92	1000
2. Received by	Barbara Pava	WCH + R	6/25/92	1000
3. Received by	B. E. Johnson	DEC	7-1-92	10:00
4. Sample Collected by	M. M.	Dec	7/28, 29/92	8-7
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR, SOIL, ETC.
058360	mw 9105	1850 7/28/92	mw 9105	WATER Water
361	mw 9105	1553 7/28/92	mw 9105	WATER Water
378	mw 9110	1620 07/28/92	MW 9110	WATER
379	mw 9110	1623 07/28/92	MW 9110	WATER
381	ms/msd mw 9110	1626 07/28/92	MW 9110	WATER
382	ms/msd mw 9110	1629 07/28/92	MW 9110	WATER
383	ms/msd mw 9110	1632 07/28/92	MW 9110	WATER
384	ms/msd mw 9110	1635 07/28/92	MW 9110	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	F Chem		6-29-92	1000
2. Received by	Ronald P. Paine	WCLTR	6/29/92	1000
3. Received by	B. P. Simpson	DEC	7-1-92	10:00
4. Sample Collected by	M. M.	DEC	7/28/92	9-9
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALBANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE; WATER, AIR SOIL, ETC.
✓ 058385	mw 9113 ✓	1655 7/28/92	MW 9113	WATER
✓ 386	mw 9113 ✓	1658 7/28/92	mw 9113	WATER
✓ 387	mw 9115	1715 07/28/92	MW 9115	WATER
✓ 388	mw 9115	1718 07/28/92	MW 9115	WATER
✓ 404	mw 9118	1735 07/28/92	MW 9118	WATER
✓ 405	mw 9118	1738 07/28/92	MW 9118	WATER
✓ 406	mw 9120	1750 07/28/92	MW 9120	WATER
✓ 407	mw 9120	1753 07/28/92	mw 9120	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chem		6-29-92	10:00
2. Received by	Ronald W. Payne	WCLTR	6/28/92	10:00
3. Received by	Brian L. Simpson	DEC	7-1-92	10:00
4. Sample Collected by	H. Moore	DEC	7/28-29/92	8-9
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER FOR LABORATORIES AND RESEARCH
 ALDANY, N.Y. 12201-0509

CHAIN OF CUSTODY RECORD

Must be completed for samples which might be used for enforcement proceedings or litigation.

SAMPLE ID (LAB USE ONLY)	FIELD REFERENCE NO.	DATE/TIME COLLECTED	SAMPLE COLLECTION POINT	TYPE: WATER, AIR SOIL, ETC.
058 408	408 2113013 mw 9122	0815 7/29/92	mw 9122	WATER
409	mw 9122	0818 7/29/92	mw 9122	WATER
412	mw 9125	0755 7/29/92	mw 9125	WATER
413	mw 9125	0758 7/29/92	mw 9125	WATER

SPECIFY METHOD OF PRESERVATION

- NaOH
- Cool, 4°C
- Acidification (specify)
- Other (specify)

TRANSPORTING SAMPLES

DURING TRANSPORT OF THE SAMPLE FROM SAMPLING SITE TO LABORATORY, THE CHAIN OF CUSTODY MUST BE UNBROKEN. GENERALLY THIS WILL REQUIRE THAT THE SAMPLE BE DELIVERED BY THE SAMPLE COLLECTOR OR HIS DESIGNATED REPRESENTATIVE WHO WILL SIGN FOR THE RECEIPT, INTEGRITY AND TRANSFER OF THE SAMPLE DURING SHIPMENT. IF INTEGRITY OF SAMPLE IS QUESTIONED, DESCRIBE PROBLEM ON REVERSE SIDE OF THIS FORM.

CUSTODY OF SAMPLES

	NAME	AFFILIATION	DATE	TIME
1. Sample Container Prepared by	I Chern		6-29-92	1000
2. Received by	<i>[Signature]</i>	WCLHR	6/29/92	1000
3. Received by	B. C. <i>[Signature]</i>	DEC	7-1-92	10:00
4. Sample Collected by	M. <i>[Signature]</i>	DEC	7/29/92	8:00
5. Sample Received by				
6. Sample Received by				
7. Sample Received by				
8. Sample Received by				
9. Sample Received by				
10. Sample Rec'd Lab by				
11. Sample Accessioned by				

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 0.6 Name NIAL RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 29.5 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 7-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
monitoring well # 9105

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	-

Type of Sample (Select from list) 2.50 Description OVER BUDGET Ground water

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. M. ORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG RIVER New York Gazetteer No. 31 02 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 24.5 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring Well # 9110

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>07</u>	<u>28</u>	<u>1.6</u>	<u>55</u>	Free	24 CHLORRES	<u>4</u> °C
	Year	Month	Day	Mil hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>07</u>	<u>28</u>	<u>1.6</u>	<u>2.0</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 2.5D Description OVER BURDEN

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. ADORÉ
 Phone Number (716) 283-0112
 Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude of depth, include units 37 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 9113

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u>	<u>0.7</u>	<u>28</u>	<u>1.7</u>	<u>05</u>	Free	24 CHLORRES	4 °C
	Year	Month	Day	Mill hrs. 00-23	Minute			
Composite Start	<u>9.2</u>	<u>0.7</u>	<u>28</u>	<u>1.6</u>	<u>55</u>	Total	23 CHLORRES	
	Year	Month	Day	Mill hrs. 00-23	Minute			

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112
 Special Mail Code 7/18/92 Additional Information Regarding This Sample

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING

Source Number _____ County NIAGARA

Drainage Basin 01 Name NIAGARA RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS

Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W

Z Direction, altitude or depth, include units 19.5 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 9115

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u> Year	<u>07</u> Month	<u>28</u> Day	<u>17</u> Mil hrs. 00-23	<u>25</u> Minute	Free	24 CHLORRES	<u>4</u> °C
Composite Start	<u>9.2</u>	<u>07</u>	<u>28</u>	<u>17</u>	<u>15</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO <input type="checkbox"/> RO <input type="checkbox"/> LPHE <input type="checkbox"/>	Special Mail Code	Additional Information Regarding This Sample
To (No. of copies) FED <input type="checkbox"/> INFO <input type="checkbox"/> LAB <input type="checkbox"/>		
Submitted by <u>M. MODRE</u>		
Phone Number <u>(716) 283-0112</u>		

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only - Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES, LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth include units 36.F.T

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 9118

TIME OF SAMPLING					Chlorine Residual (Field)		Sample Temp.	
Grab/Composite Finish	<u>9.2</u> Year	<u>07</u> Month	<u>28</u> Day	<u>07</u> Mil hrs. 00-23	<u>45</u> Minute	Free	24 CHLORRES	4 °C
Composite Start	<u>9.2</u>	<u>07</u>	<u>28</u>	<u>07</u>	<u>35</u>	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE Special Mail Code _____
 To (No. of copies) FED INFO LAB Additional Information Regarding This Sample _____

Submitted by M. MOORE
 Phone Number (716) 283-0124 35
07/28/92

- | | | |
|--|---|---|
| <p>Sanitary Bacteriology</p> <input type="checkbox"/> Total Coliforms MF Chlorinated Potable Water
<input type="checkbox"/> Total Coliforms MF & SPC Unchlorinated Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MF Nonpotable Surface Water
<input type="checkbox"/> Total Coliforms MPN & SPC Potable Water
<input type="checkbox"/> Total & Fecal Coliforms MPN Chlorinated Waste Water
<input type="checkbox"/> Other _____ | <p>Organic Chemistry</p> <input type="checkbox"/> Insecticides <input type="checkbox"/> Expanded List
<input type="checkbox"/> Herbicides
<input type="checkbox"/> PCBs
<input type="checkbox"/> Purgeable Halocarbons
<input type="checkbox"/> Purgeable Aromatics
<input type="checkbox"/> Nitrogen/Phosphorus Pesticides
<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> Priority Pollutants
<input type="checkbox"/> Dioxin/Furan
<input type="checkbox"/> Ketones
<input checked="" type="checkbox"/> Other <u>LOVE CANAL ANALYTES</u> | <p>Inorganic Chemistry</p> <input checked="" type="checkbox"/> Potable Water, OCSS-I
<input type="checkbox"/> Fluoride
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Trace Metals, HSL
<input type="checkbox"/> WQSN
<input type="checkbox"/> Other _____ |
| | | <p>Nuclear Chemistry</p> <input type="checkbox"/> Scheduled Analysis
<input type="checkbox"/> Other _____ |

Request for Analysis

For Laboratory Use Only
 Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 011 Name NIAGARA RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 24 FT

LOCATION : 60 character maximum. PLEASE PRINT
Love Canal Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING well # 9120

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish Year <u>92</u> Month <u>07</u> Day <u>28</u> Mil hrs. 00-23 <u>10</u> Minute <u>05</u>	Free	24 CHLORRES	<u>4</u> °C
Composite Start Year <u>92</u> Month <u>07</u> Day <u>28</u> Mil hrs. 00-23 <u>17</u> Minute <u>50</u>	Total	23 CHLORRES	

Type of Sample (Select from list) A50 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 283-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name W.G. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude of depth, include units 34.5 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REMEDIATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MONITORING WELL # 9122

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

- COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
- Illness (A)
 - Turbidity (C)
 - Natural Disaster (E)
 - New Equip. or Proc. (G)
 - Interruption in Chlorination (I)
 - Taste/Odor (B)
 - Color (D)
 - Fishkill (F)
 - Equip. Failure (H)
 - Other (J)

Chain of custody form accompanying sample

Report Results CO <input type="checkbox"/> RO <input type="checkbox"/> LPHE <input type="checkbox"/>	Special Mail Code	Additional Information Regarding This Sample
To (No. of copies) FED <input type="checkbox"/> INFO <input type="checkbox"/> LAB <input type="checkbox"/>		
Submitted by <u>M. MOORE</u>		
Phone Number <u>(716) 283-0112</u>		

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL SERVICES
LOVE CANAL LONG TERM MONITORING
 Source Number _____ County NIAGARA
 Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No. 3102 Town NIAGARA FALLS
 Latitude 43° 04' 06.00" N Longitude 78° 57' 03.00" W
 Z Direction, altitude or depth, include units 26 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL Remediation Site # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
Monitoring well # 9125

TIME OF SAMPLING						Chlorine Residual (Field)		Sample Temp.
	Grab/Composite Finish	Year	Month	Day	Mil hrs. 00-23	Minute	Free	24 CHLORRES
Composite Start	Year	Month	Day	Mil hrs. 00-23	Minute	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUNDWATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO RO LPHE
 To (No. of copies) FED INFO LAB
 Submitted by M. MOORE
 Phone Number (716) 263-0112

Special Mail Code _____
 Additional Information Regarding This Sample _____

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

Request for Analysis

For Laboratory Use Only Lab Accession Number _____ Sample Rec'd _____
 Test Pattern _____ Year _____ Month _____ Day _____ Military Hour 00-24

Please print all information legibly in ink

Program Code 110 Program Name STATE SUPERFUND ANALYTICAL BEAUTIFUL LOVE CANAL LONG TERM MONITORING

Source Number _____ County NIAGARA

Drainage Basin 01 Name NIAG. RIVER New York Gazetteer No 3102 Town NIAGARA FALLS

Latitude 43° 04' 46.00" N Longitude 78° 57' 03.00" W

Z Direction, altitude or depth, include units 31 FT

LOCATION : 60 character maximum. PLEASE PRINT.
LOVE CANAL REGENERATION SITE # 9-32-020

EXACT DESCRIPTION OF SITE: (name of resident, street address, precise sampling point) 58 character maximum. PLEASE PRINT.
MOUNTAIN DRINKING WELL # P20305 SW CORNER LOVE CANAL 95TH & FRONTIER AVENUE

TIME OF SAMPLING	Chlorine Residual (Field)		Sample Temp.
Grab/Composite Finish	Free	24 CHLORRES	41 °C
Composite Start	Total	23 CHLORRES	

Type of Sample (Select from list) 250 Description OVERBURDEN GROUND WATER

COMPLAINTS, OBSERVATIONS, REASONS FOR SUBMISSION (Do not check if routine surveillance)
 Illness (A) Turbidity (C) Natural Disaster (E) New Equip. or Proc. (G) Interruption in Chlorination (I)
 Taste/Odor (B) Color (D) Fishkill (F) Equip. Failure (H) Other (J)

Chain of custody form accompanying sample

Report Results CO <input type="checkbox"/> RO <input type="checkbox"/> LPHE <input type="checkbox"/>	Special Mail Code	Additional Information Regarding This Sample
To (No. of copies) FED <input type="checkbox"/> INFO <input type="checkbox"/> LAB <input type="checkbox"/>		
Submitted by <u>M. MCDRUG</u>	<u>X</u>	
Phone Number <u>(716) 2863-0112</u>		

- Sanitary Bacteriology**
- Total Coliforms MF Chlorinated Potable Water
 - Total Coliforms MF & SPC Unchlorinated Potable Water
 - Total & Fecal Coliforms MF Nonpotable Surface Water
 - Total Coliforms MPN & SPC Potable Water
 - Total & Fecal Coliforms MPN Chlorinated Waste Water
 - Other _____

- Organic Chemistry**
- Insecticides Expanded List
 - Herbicides
 - PCBs
 - Purgeable Halocarbons
 - Purgeable Aromatics
 - Nitrogen/Phosphorus Pesticides
 - Petroleum Products
 - Priority Pollutants
 - Dioxin/Furan
 - Ketones
 - Other LOVE CANAL ANALYTES

- Inorganic Chemistry**
- Potable Water, OCSS-I
 - Fluoride
 - Nitrate
 - Trace Metals, HSL
 - WQSN
 - Other _____
- Nuclear Chemistry**
- Scheduled Analysis
 - Other _____

TO	Mark Van Valkenburg	AT	NYSDOH
SUBJECT	Specimens of Love Canal Samples	DATE	6/12/92
<p>Mark, enclosed is a letter to D.G.S. requesting courier service for our samples. They say they deliver to the mailroom at WCI & R mail room by 9:00 AM next day. Is this OK for receipt of coolers? If not let me know I'll make other arrangements.</p>			
DUPLICATE		SIGNED <i>Maurice.</i>	
DATE	SIGNED		

REDIFORM 45 469

POLY-PAK (50 SETS) 4P. 469

SEND PARTS 1 AND 3 INTACT
PART 3 WILL BE RETURNED WITH REPLY

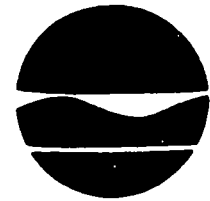
carbonless

DETACH AND FILE FOR FOLLOW-UP

New York State Department of Environmental Conservation

9820 Colvin Boulevard, Niagara Falls, NY 14304

June 10, 1992



Thomas C. Jorling
Commissioner

Brian Moody
N.Y.S. Office of General Services
Bureau of IMICS
Core 3, Sublevel 2
Swan St. Bldg.
Albany, NY 12242

Dear Mr. Moody:

In following our conversation of 6/ 8/92, I am writing you to explain our request for the use of the OGS courier service. A substantial cost savings to the State and a more timely and reliable delivery is the main goal of our request.

As part of the operation and maintenance, long-term monitoring at the Love Canal, Site #9-32-020, involves the sampling of numerous wells surrounding the site. These wells are part of an early warning system that ensures the effectiveness of our collection system as a barrier drain, as such the samples should be clean groundwater samples. If there is the presence of any Love Canal Chemicals in the samples they would be of very low concentration. There would be **No** biological hazards, and **No** corrosives, and **No** flammables. All samples are an aqueous matrix in separate 1 liter or 40 ml bottles. Placed in coolers, the bottles are individually wrapped in absorbant wrap, separated by ice paks (not wet ice), bubble wrap and packing peanuts the coolers are then securely taped shut. There is also a chain of custody closure on each cooler. Filled, the coolers weigh between 40-50 lbs.

Sampling is to commence on or around the 7th of July and continue through the last week in August with approximately 10 wells sampled each week. This rate would result in 1-2 coolers per week that would be delivered to your designated pick-up point by Thursday, 5:00 P.M. Currently we would deliver these to 270 Michigan Ave. at the NYSDEC HQ for Reg. 9, however, if we could deliver them to a point closer to the Niagara Falls area we would appreciate it. The samples would be delivered to the NYS Dept. of Health, Wadsworth Center for Labs and Research, Empire State Plaza, Corning Tower, Albany, New York.

In closing, I hope you will look favorably upon our request. I would like to reiterate that we would only be sending groundwater samples. These samples would be in secured coolers under your 50 lb. weight limit. This would greatly help us in terms of cost savings and in timely, reliable delivery. If you agree to this request, I would like to send a "dry run" cooler to coordinate our delivery and pick-up at the laboratory. Thank you for your consideration and if there are any problems or questions, please call me at (716) 283-0112.

Sincerely

Maurice F. Moore
L.C. Treatment Plant Operator

cc: G. Rider, Chief, O & M Sect., B.C.S., D.H.W.R., N.Y.S.D.E.C
D. Foster, Engr. Geol. II, N.Y.S.D.E.C.
M. Vanvalkenberg, Prog. Res. Spec. II, N.Y.S.D.O.H.

SAMPLING SCHEDULE FOR
LONG TERM MONITORING
LOVE CANAL
1992

MONITORING WELL # | WEEK SAMPLED | MONITORING WELL # | WEEK SAMPLED

✓3151	(2)	10135	(5 OR 6)
4108	(3)	✓10147	(1)
✓7115	(2)	✓10150	(1)
7120	(2)	✓10174A (C2)	(1)
7125	(2)	✓10178B (E1)	(1)
7130	(2)	BEDROCK	
7132	(2)	3233 (93rd. St.)	(4)
7155	(2)	✓3251 (church)	(2)
7161	(2)	3265 (Oak St.)	(4)
8106	(2) -	6209 (SE canal)	(4)
8110	(2 OR 3) -	7205	(2)
8115	(3)	8210 (101 St.)	(4)
8120	(3)	9205 (97th./Whitfld)	(4)
8125	(3)	9210 (Xprswy)	(5)
8130	(3)	10205	(5)
8140	(3)	10210 A	(5)
9105	(3)	10210 B	(5)
9110	(3)	10210 C	(5)
9113	(3)	10215	(5)
9115	(3)	✓10225 A	(1)
9118	(3 OR 4)	✓10225 B	(1)
9120	(4)	✓10225 C	(1)
9122	(4)	10270	(1) -
9125	(4)	✓10272	(1)
9130	(4)	✓10278	(1)
9140	(4)		
10105	(4)		
10113	(4)		
10115	(4)		

10 wells	7/5 - 7/10	WEEK 1	-	BRIAN SUPRENANT
12 wells	7/12 - 7/17	WEEK 2	-	AMEM OMOROSBE & KATHY EASTMAN
11 wells	7/19 - 7/24	WEEK 3	-	RONNIE LEE(?)
13 wells	7/26 - 7/31	WEEK 4	-	G. DAVID FOSTER
7 wells	8/2 - 8/7	WEEK 5	-	BILL ZEPETELLI & BRIAN SUPRENANT(?)

53 total

*Dave - we included Sunday dates & Fridays
I would expect to begin early Monday mornings
& finish by 4:00 Thursday NYSDOH would
get samples by Friday morning*

April 26, 1988

Sampling Schedule

Love Canal Long Term Monitoring Program

May 1988 Sampling Program

<u>Round</u>	Sample Collection	DOH Split Samples rec. in WCL&R	#of Samples (exclusive of Blanks and duplicates)
1st	5/2, 3&4	5/5 AM	10
2nd	5/5, 6&7	5/9 AM	10
3rd	5/12, 13&14	5/16 AM	15
4th	5/19, 20&21	5/23 AM	15
5th	5/26 & 27	5/31 AM	10
			total 60

LOVE CANAL PERIMETER MONITORING PROGRAM

LABORATORY PROTOCOLS

I. Sample Collection

- A. A total of 10 bottles, 4 1liter bottles and 6 40ml vials, should be provided for a total of 49 well, 3 sanitary sewer, 5 storm sewer and 2 control well samples. The bottles should be allocated as follows:

2 vials (thiosulfate)	EPA Method 502.1
2 vials (" /acidified)	EPA Method 503.1
2 vials (thiosulfate)	Ketones
1 liter	EPA Method 625
1 liter	X-PEST
1 liter	HPLC
1 liter	Spare bottle

All appropriate forms (chain of custody, ACC-1 etc.) should also be provided for the samples.

- B. The bottles should be clear of any odors and contaminant free.
- C. The following blanks shall be provided (in addition to the bottles specified above):

1. Trip (samples of organic-free water sent along with the sample bottles from the laboratory) - 1 per batch of samples collected and shipped to the laboratory, a total of 6 40ml vials should be provided per sampling round. Analysis will include those parameters specified by EPA Method 502.1 (Volatile Halogenated), EPA Method 503.1 (Aromatic Purgeables), and the Ketones.

2. Sampler (samples of organic-free water which have been collected by passing the water over or through the sampling equipment) - 1 per batch of samples collected per week, a total of 4 1liter bottles and 6 40ml vials should be provided. Analysis will include those parameters specified in Item II.A.1.

3. Method (samples analysed in order to assess possible laboratory contamination) - 1 per batch of samples analysed as specified by the WCL&R laboratory protocols.

D. The following replicate samples shall be provided:

1. Field duplicates (collected to assess the adequacy of overall sampling and handling procedures) - 1 per batch should be taken in duplicate (to be selected by field personnel), a total of 4 1liter bottles and 6 40ml vials should be provided. Analysis will include those parameters specified in Item II.A.1. Duplicates will not be provided from well MW-10135.

2. Laboratory spikes (samples analysed in order to assess the reproducibility of the laboratory procedures used) - 1 organic-free water spike per batch for all test patterns. 1 per batch of samples for all test pattern groups (3 additional 1 liter bottles from a selected sample location must be provided). Specific analytes will be specified by the WCL&R laboratory protocols.

II. Sample Analysis

A. Methods/Parameters

1. The samples shall be analysed for the Volatile Organics, Semi-Volatile and Pesticide parameters on the EPA Target Compound List (TCL) and which correspond to the NYSDOH WCL&R methods: EPA Method 502.1 (Volatile Halogenated), EPA Method 503.1 (Aromatic Purgeables), Ketones, X-PEST (Organochlorine Pesticides), and EPA Method 625 (Acids, Base/Neutrals).
2. In addition, all of the samples shall be analysed for tetrachlorobenzene (all isomers) (method 625, Neutral fraction), o,p,m-methyl phenols, (method 625, acid fraction), benzyl alcohol (625, Base/Neutral fraction) and the Organic Acids (HPLC) including: Benzoic Acid, o, m, p-Chlorobenzoic Acid.

B. Detection Levels

1. Detection levels for those compounds on the TCL should be as specified by Exhibit C, USEPA Contract Laboratory Program, Statement of Work for Organic Analysis, 10/86, Rev: 1/87, 2/87, 7/87 or as specified by the applicable WCL&R method.
2. Detection levels are as follows: tetrachlorobenzene (all isomers) 10 ug/l, 2 and 4-methyl phenols 10 ug/l, benzyl alcohol 10 ug/l, Chlorobenzoic Acids (all isomers) 30 ug/l and Benzoic Acid 50 ug/l.
3. Suspected results for Volatiles (EPA Methods 502.1, 503.1 and Ketones), will be qualitatively confirmed using MS as determined by the Analytical Chemist. Suspected results for all other test patterns will be qualitatively and quantitatively confirmed using MS, as determined by the Analytical Chemist.

Attachment

MMS

4/20/88

SPEED MESSAGE

TO RONNIE

FROM Jerry

CC. M. Padd
M. Moore
~~██████████~~ D. FOSTER

SUBJECT Lake Canal 1992 Annual Report

DATE 6/8/92

for the final report

Please work with ^{Mike} Maurice ~~██████████~~ and establish a schedule for next years report. Our required due date is January 30, 1993.

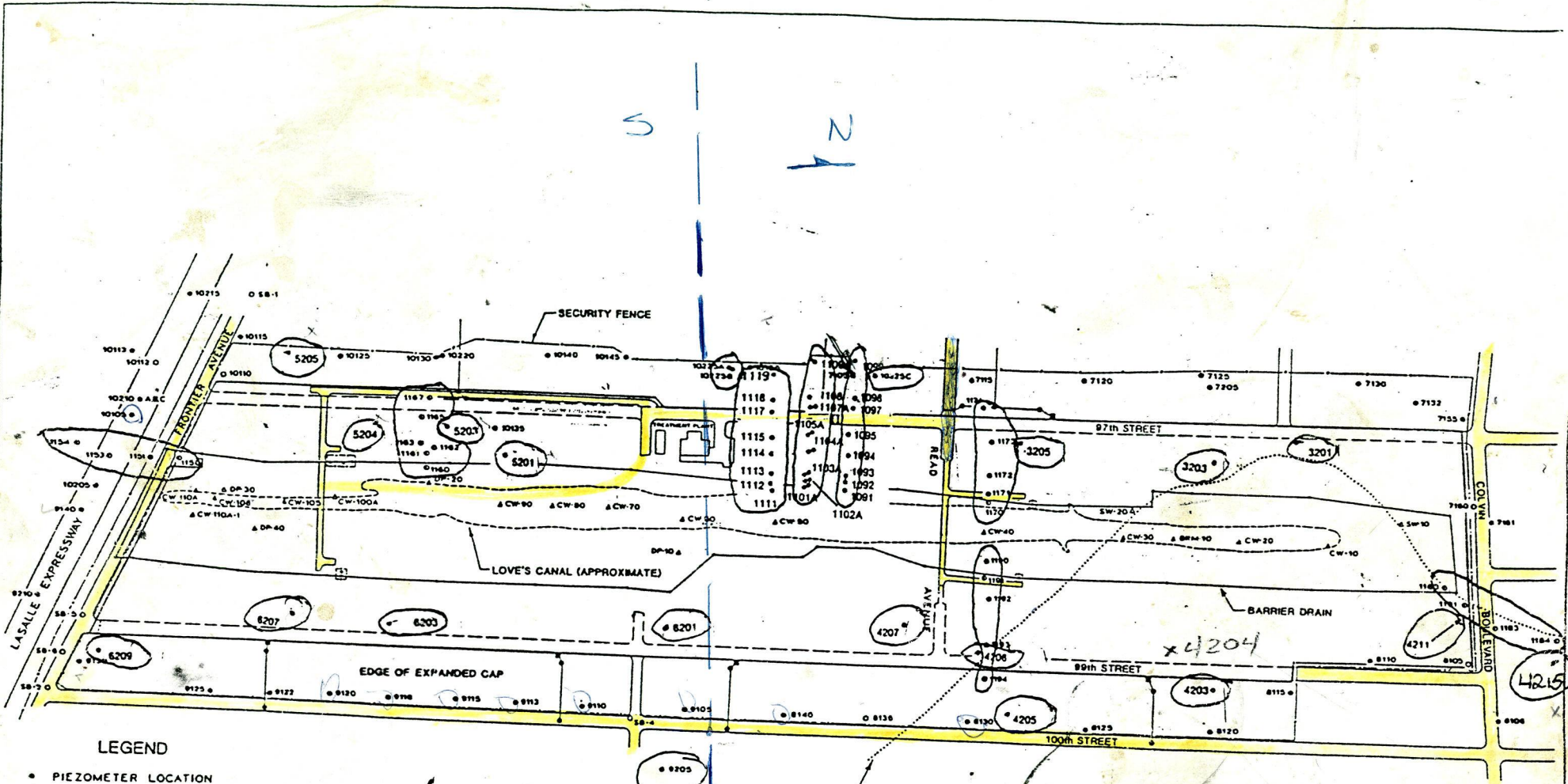
- When sampling completed? (WD AUG?)
- When would we expect data from DOTT (QA QC'd)?
- How long to load to 36? Should we request it on ~~floppy~~ disc?
- ^{for} ANALYSIS of data with no frills. (figures ~~have~~ some review, so you & Maurice with minimal input from Dave)
- Assume a Draft for ~~me~~ me by Jan 11 and to AC by Jan 18

Suggest a bar graph. Please complete by June 16 so we can iron out any bugs.

SIGNED

ORIGINAL

Check Sheet 208-204
 Staging AREA
 Empire Soil

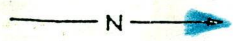


S N

LEGEND

- PIEZOMETER LOCATION
- ▲ CANAL WELL LOCATION
- ▲ CANAL BORING LOCATION
- PERIMETER WELL LOCATION
- PERIMETER BORING LOCATION

Note: There are two to five separate installations at each piezometer nest location.
 Approximate location of swale and Canal taken from 1938 aerial photo provided by NYSDEC.



02 21 87

FIGURE 6-2
 SITE FEATURES
 LOVE CANAL REMEDIAL PROJECT - TASK VC
 EC.JORDAN CO.

①

7/5 - 7/10 - BRIAN SURPRENANT

9140

10105

10115

10270

3233

3245

6209

8210

9205

9 wells
NE

④

(scheduled)

7/26/7/31

Bill Zeppetelli

9210

BRIAN SURPRENANT

10205

10210A

10210B

10270C

10215D

10/35

10113

8 wells

②

7/12 - 7/17 AMEN OMOROGBE

3151

KATHY EASTMAN

3252

7115

7120

7125

7205

7130

7132

7155

9 wells

⑤

(scheduled)

8/2 - 8/8

Ronnie Lee

7161

8106

8110

8115

8120

8125

8130

8140

4108

6 or 8 wells
7 wells

⑥

(scheduled)

8/9 - 8/14

DAVID FOSTER

10147

10150

10174A

10178B

10278

10272

10225A

10225B

10225C

9 wells

③

NYS DOH BY WEEK

7/19 - 7/24

0 wells

(7)

8/16 - 8/21

MAURICE & BRIAN OR LOVECANAL STAFF
MOORE SADOWSKI

9.105

9.110

9.113

9.115 9 wells

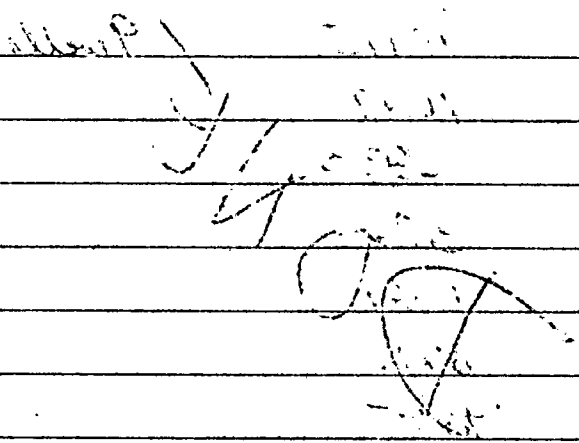
9.118

9.120

9.122

9.125

9.130



Cloud P

Cloud P

Cloud P

Cloud C

week one

1 set trip blank 6 vOAs
1 field blank 4l + 6 vOAs
1 method blank
1 Matrix duplicate 4l + 6 vOAs
1 matrix spike 3 liter

10 wells 4l x 6 vOAs x 10

Ed

total of 78 vOAs
51 liters

week two

1 set trip blank 6 vOAs
1 field blank 4l + 6 vOAs
1 method blank
1 matrix duplicate 4l + 6 vOAs
1 matrix spike 3 liters

12 wells 4l + 6 vOAs x 12

total of 90 vOAs
59 liters

Week Three

1 set TB	6v
1 set FB	4L 6V
1 method	
1 m Dup	4L 6V
1 m spike	3L

11 wells 4L + 6V

84v + 55L

Week Four

1 set TB	6v
1 set FB	4L 6V
1 method	
1 m dupe	4L 6V
1 m spike	3L

13 wells 4L + 6V

96v + 63L

Work Live.

1 set TB	6V
1 set FB	4L 6V
1 Method	
1 M depe	4L 6V
1 M spike	3L

7 wells 4L + 6V

60V + 39L

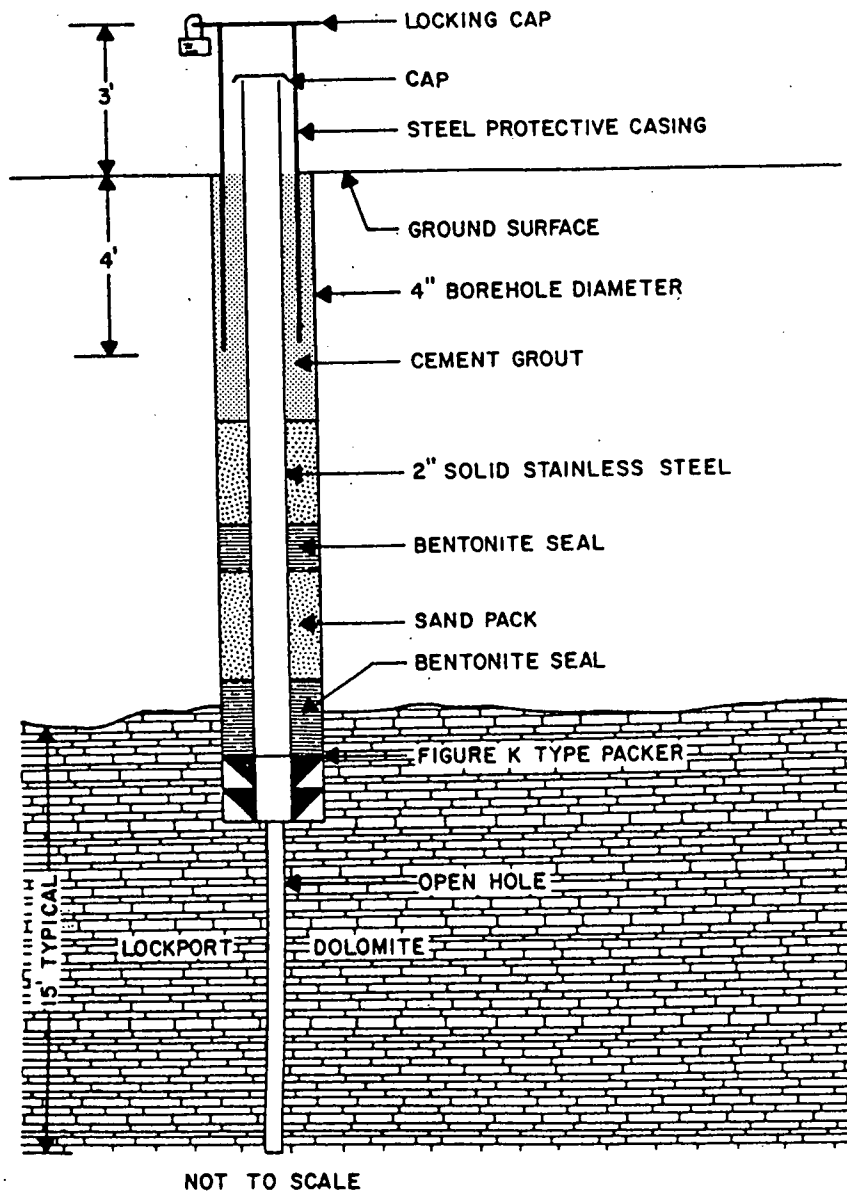
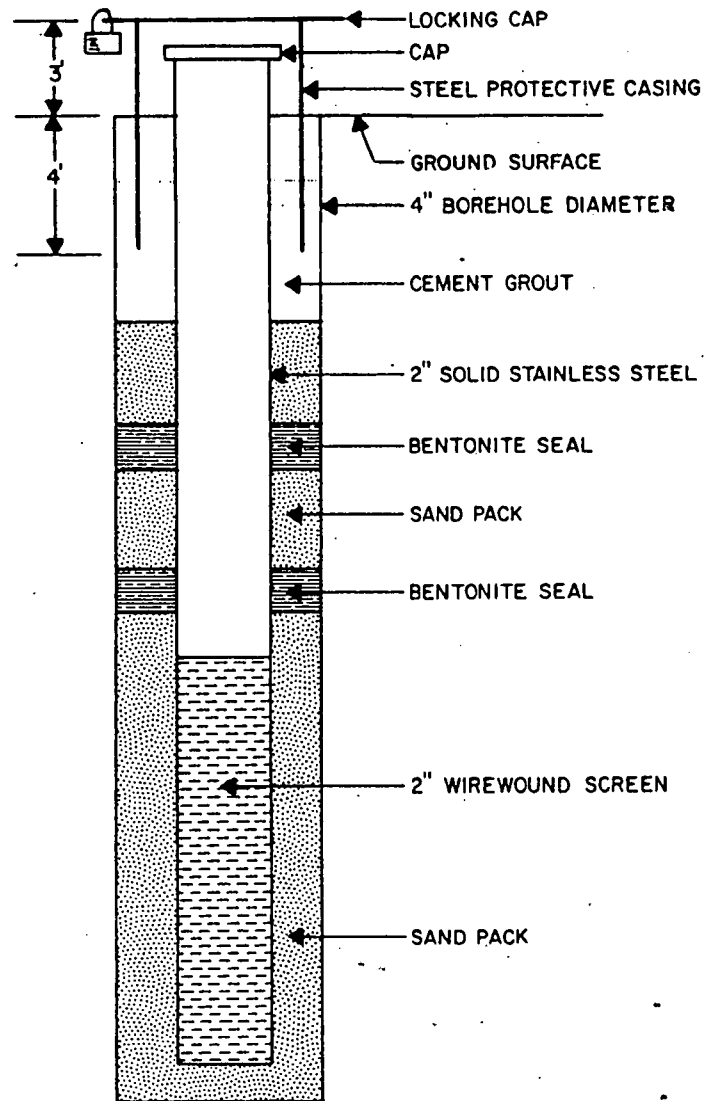


FIGURE E-4
 MODIFIED BEDROCK MONITORING WELL DETAIL
 LOVE CANAL REMEDIAL PROJECT (TASK V-B)



NOT TO SCALE

FIGURE E-3
TYPICAL OVERBURDEN MONITORING WELL DETAIL
LOVE CANAL REMEDIAL PROJECT (TASK V-B)