ATTACHMENT B

FIELD FORMS

integral consulting inc.
319 SW Washington St., Suite 1150
Portland, Oregon 97204
(503) 284-5545 FAX (503) 284-5755

BORING NUMBER
PROJECT
LOCATION
PROJECT NUMBER
LOGGED BY

Page___ of ___

SAMPLE INFORMATION							STRATA	DESCRIPTION
Sample ID	Tag #	Sample Type	% Recov.	PID	Sheen	Depth Feet		USCS group name, color, grain size range, minor constituents, plasticity, odor, sheen, moisture content, texture, weathering, cementation, geologic interpretation, etc.
						5--		
						10--		
						15--		
						20--		
						25--		

DRILLING CONTRACTOR
DILLING METHOD
SAMPLING EQUIPMENT
DRILLING STARTED ENDED
COORDINATES
SURFACE ELEVATION
DATUM

Location Sketch

Sample Label

Site: _____

Sample No.: _____

Matrix: _____ Date: _____

Filtered (Y/N): _____ Time: _____
(if applicable)

Analysis: _____ Pres: _____
(optional)

Sampler: _____

Tag Number: 1813

Custody Seal

CUSTODY SEAL

Date: _____ *Time:* _____

Sampler Signature: _____

CHAIN OF CUSTODY FORM

0060

Page __ of __

Project: _____

Samplers: _____

Integral Contact: _____

Office _____

Phone _____

Ship to: Lab Name _____

Address _____

Contact _____

Phone _____

integral consulting inc.

Sample No.	Tag No.	Date	Time	Matrix	ANALYSES REQUESTED						Extra Container	Archive	Comments

Analysis Turn Time: Normal Rush **Rush Results Needed By:**

Shipped by: **Shipping Tracking No.**

Condition of Samples Upon Receipt: **Custody Seal Intact?**

Matrix Code: GW - Groundwater; SL - Soil; SW - Surface water; SD -Sediment; Other:

Relinquished by: _____ (signature) **Date/Time:** _____ **Received by:** _____ (signature) **Date/Time:** _____

Relinquished by: _____ (signature) **Date/Time:** _____ **Received by:** _____ (signature) **Date/Time:** _____

Special Instructions:

Seattle
1500 112th Avenue NE, STE 101
Bellevue, WA 98004

Portland
2817 NE 22nd Avenue
Portland, OR 97223

Boulder
1320 Pearl Street, STE 210
Boulder, CO 80021

Sample Summary Log

Project:_____
Field Team Leader:_____

319 SW Washington St., Suite 1150
Portland, Oregon 97206

Page ____of_____

Sample Number	Sample Collection Date	Sample Delivery Date	Laboratory Sample Delivery Group	Laboratory Work Order	QA/QC Notes	Date Analyzed	Date Analytical Results Received

FIELD CHANGE REQUEST (FCR) FORM

Project Name: _____ Project No.: _____
Client: _____ Request No.: FCR-_____

To: _____ Date: _____

Field Change Request Title: _____

Description:

_____
_____
_____
_____

Recommended Change:

_____
_____
_____

_____ _____ _____
Field Operations Lead (or designee) Signature Date

Approval:

_____ _____ _____
Project Manager Signature Date

Distribution:
LSS Project Manager
Integral Project Manager
Field Operations Lead
QA Officer
Project File
Other:

"Rite in the Rain"®

ALL-WEATHER

ENVIRONMENTAL

No. 550F