



PROJECT COMMUNICATION FORM

Client Name:

Project Name:

Project Number:

Project Manager:

Contact info:

Field Manager:

Sample Matrix: Ground Water Surface water Soil Sediment Drinking water

Air (Indoor Sub-slab Ambient)

Other.

DKQP Analyses/Methods:

VOC 8260B VOC 8260C Aromatics 8260B Aromatics 8260C

Halocarbons 8260 Pesticides 8081A Pesticides 8081B

PCBs 8082 PCBs 8082A PAH 8270C PAH 8270D

SVOC 8270C SVOC 8270D 524.2 TO-15 LLTO-15

TO-17 NJDEP EPH

6010B Metals 6010C Metals 6020 Metals 6020A Metals

Total CN 9010C Total CN 9013 Total CN 9014 Total CN 9012B

Hex Chrome 7196A Hex Chrome 7199

Mercury 7471B Mercury 7470A

Other tests: _____

TAT Required:

Standard:

Other:

If you checked other, please indicate number of days:

Constituents of Concern: Please note any known or suspected contaminants in high concentrations or any non-standard analytes not contained in routine target lists (see notes).

Regulatory Criteria: Check all that apply.

- Soil Remediation Standards (Residential Direct Contact);
- Soil Remediation Standards (Nonresidential Direct Contact);
- Default Impact to Ground Water Soil Screening Levels;
- Default Leachate Criteria for Class II Ground Water (SPLP);
- Specific Ground Water Quality Criteria;
- Surface Water Quality Criteria;
- Maximum Contaminant Level (MCL) for State Regulated VOCs;
- Vapor Intrusion Ground Water Screening Level;
- Vapor Intrusion Residential Indoor Air Screening Level;
- Vapor Intrusion Nonresidential Indoor Air Screening Level;
- NJDEP Action Levels for Indoor Air;
- Vapor Intrusion NJ Department of Health Notification Levels;
- Extractable petroleum Hydrocarbons;
- Hexavalent Chromium Cleanup Criterion;
- Ecological Screening Criteria;
- Other: _____

Quality Control Requirements: Indicate if your project will have Project specific field quality control samples. Check all that apply. Also specify if special QA/QC site requirements exist: i.e., QAPP.

- Matrix Spike Matrix Spike Dup Trip Blank(s) Sample Duplicate
- Other Field QC
- Project QAPP (send appropriate section(s) to lab)

Data Deliverables Requirements: *Indicate the data deliverable type submitted:*

- Full deliverables Reduced deliverables Paper copy included
- Excel Spreadsheet HAZSITE Electronic Deliverables TO-15 Unit Conversion Table
- Other: _____

Expected Sampling Date(s): *Indicate expected number of sampling events or duration*

Total Number of Samples and Expected Sample Load Per Day: *(indicate number of each matrix if applicable)*

Sample Pick Up: Office(s) Site (address) Other

Special Instructions:

- Report TICs
- Project-specific analyte list
- Project-specific criteria
- Historically elevated concentrations of target analytes
- Multi-day sampling event

Notes:

*There are standard target analytes for organic analysis. Refer to the methods for a list of specific compounds. If a contaminant of concern is not contained on the target list of a method, it is important that the laboratory know this prior to sampling. Prior notification will allow the laboratory to obtain standards and perform necessary instrument calibration to insure proper identification and quantification. **If requesting non-routine compounds that have no regulatory criteria, indicate required reporting limit for each compound.***