Form Number LLCF-051	Issue Date 01/01/11	Revision Date 01/15/26	Form Number LLCF-051
	NORM Chain of Custody		

Location:	Fourchon facility	**Project:**		**Job No.:**	
Collector:	Ed Hamlett	**Date:**		**Special Instructions:**	3 Hour Turnaround

Lab Information

Lab:	American Radiation Services	**Address:**	2607 North River Road	**Phone:**	225-381-2991	**Fax:**	
Contact:		**Due Date:**		**Lab Notes:**			
Invoice Sent To:	PO Box 820 – Galliano, LA, 70354			**Report Sent To:**	edh@gisy.com		

Boring or Well Number	**Sample Number**	**Depth**	**Sample Type**	**Container Type**	Gamma Spectrum	RA-226 / RA-228	P6 – 210	Air Sample Analysis	Radon Emanation	Smear / Wipe Test	Gross Alpha / Beta		**Field Notes**	**Total Number of Containers**	**Laboratory Notified**

Transfer Information

Relinquished By: (Sign)		**Date:**		**Time:**		**Received By: (Sign)**	
Relinquished By: (Sign)		**Date:**		**Time:**		**Received By: (Sign)**	
Relinquished By: (Sign)		**Date:**		**Time:**		**Received By: (Sign)**	

GIS Company Name:_____