



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **CHA Solutions**
ADDRESS: **300 S. State St Suite 600**
CITY: **Syracuse** STATE: **NY** ZIP: **13202**
ATTENTION: **Scott Smith**
PHONE: **315-257-7250** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **HRPC**
PROJECT NO.: **078672** LOCATION: **Poughkeepsie, NY**
PROJECT MANAGER: **Scott Smith**
e-mail: **SSmith@chasolutions.com**
PHONE: **315-427-1033** FAX:

CLIENT BILLING INFORMATION

BILL TO: **CHA solutions** PO#: **07867202**
ADDRESS: **300 S. State St** **Seq#1**
CITY: **Syracuse** STATE: **NY** ZIP: **13202**
ATTENTION: **Scott Smith** PHONE: **315-427-1033**

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) **Standard** DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*

*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other
☐ EDD FORMAT

1: **VOL 5 8260**
2: **SVOCs 6270/PCB 81672 A**

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		None	None								
1.	Soil-01	Soil		X	11-7-24	930	2	X	X								
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER: 1. Andrew Hodgson	DATE/TIME: 11-7-24 1100	RECEIVED BY: 1. [Signature]	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.3 °C Comments: Analyze PCBs from Soil in SVOC Jar (confirmed with Yezmen)
RELINQUISHED BY SAMPLER: 2. FedEx	DATE/TIME: 11/8/24 0950	RECEIVED BY: 2. [Signature]	
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO



284 Sheffield Street, Mountainside NJ 07092 (908)-789-8900 Fax : 908 789 8922

Laboratory Certification

Certified By	License No.
CAS EPA CLP Contract	68HERH20D0011
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255424 Rev 1
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	T104704488

LOGIN REPORT/SAMPLE TRANSFER

Order ID : P4779 CLOU03

Order Date : 11/8/2024 10:38:00 AM

Project Mgr :

Client Name : CHA Companies, Inc.

Project Name : HRPC

Report Type : Level 1

Client Contact : Scott Smith

Receive DateTime : 11/8/2024 9:50:00 AM

EDD Type : EXCEL NOCLEANUP

Invoice Name : CHA Companies, Inc.

Purchase Order :

Hard Copy Date :

Invoice Contact : Scott Smith

Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
P4779-01	SOIL-01	Solid	11/07/2024	09:30	VOC-TCLVOA-10		8260D		10 Bus. Days

Relinquished By :

Date / Time :

Received By :

Date / Time :

Storage Area : VOA Refridgerator Room