

## SHIPPING DOCUMENTS

			Garden State	Lab	ora	tor	ie	es, Inc.					
Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044 Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037									OR SAME	OR SAMPLE RECEIVING USE ONL			
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037  Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com									37 DATE/TIM	DATE/TIME/TEMP. REC'D AT LAB:			
	Office and Drop off Locations												
	North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827									Page of			
L	West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414									GSL CLIENT#			
ED													
UIR	Na	me:	Garden State Laboratories, Inc.	Co	ontact/Auth	norized	by:	Robert Szot	MICRO #	MICRO#			
EQ	Ma	iling	Address: 410 Hillside Ave.			Pho	ne:	908-688-8900 EXT 129	CHEM. #				
ER	City	//Sta	ate/Zip: Hilside, NJ. 07205			Em	nail:	rszot@gslabs.com	SAMPLE	REC'D BY:		Ŧ.	
AR	2500			LE INFO	RMATION	PERM		· 经基础额 网络美国克拉斯	GSL	FIELD SAMP	LER/PICK-	-UP	
ES			E TYPE: WASTE WATER						☐ PICK	-UP AT DRO	P OFF LOC	CAT	
UR	SA	MPL	E LOCATI ACUA SW LANDFILL LEACHA	TE TANKS	S				☐ DELI	☐ DELIVERED BY CLIENT			
AT	Grat	Com	SAMPLE ID	SAMPLE COLLECTION ANALYSIS REQUIRED (Print L						ONTAINER	INFORMA	ATIC	
GN	1	1	2000 2006	Date	Time	AM	PM	List attached Total Pages		No. Type*	Size	Pres	
S	7	X	29111 3 0 750VOA	911 3 0 75 VOA									
ES 8	Trip blank				-			ACI Z V 7GENL 4					
AME													
Z													
ED					N. T.						13.50		
PRINT	Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify:								× SU	* SUBCONTRACTED WOR			
Ë	TURNAROUND TIME: Stand Rush (If RUSH REQUESTED) Rush Due by:								SEND TO:	SEND TO: Chem Tech			
AN	REPORT FORMA Standard Report Other/Specify:								DATE/TIME:				
ORT	Standard Report + E2 PWS ID#:								METHOD	METHOD OF SHIPMEN Deliver			
P	1000	Sar					19610	Rush Fee: \$	Amount D	lue: \$			
2	Pa		nt Method: Credit Card Type:							r: See Quote			
Note:  VOA UNPRESERVED DUE TO EFFERVESCENSE - 3 DAY TAT PER JORDAN HE  SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION													
~								L LEGAL SIGNATURE, DA					
Sa	ampled by (PRINT): Signature:								Date/Time:				
Client/Client's Representative (PRINT): Signature: Date/Time:							2 - 1	133					
1. Received/Relinquished by (PRINT): Date/Time: Date/Ti								737 15	123				
2.	Rec	Received/Relinquished by (PRINT): Signature:								Date/Time://p// 8 2			

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice. Main Lab certified by NJ Dept. of Health, NJDEP-TNI, NY Dept. of Acad th #11550 and PADEP #68-03680

Claria

11-14-24 8:20 23



## 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

QA Control Code: A2070148



284 Sheffield Street, Mountainside, New Jersey 07092, Phone: 908 789 8900,

Fax: 908 789 8922

## LOGIN REPORT/SAMPLE TRANSFER

Order ID: P4844

GARD04

Order Date: 11/14/2024 10:28:00 AM

Project Mgr:

Client Name: Garden State Laboratories, 1

Project Name: Waste Water 2024

Report Type: Level 1

Client Contact: Sharon Ercoliani

Receive DateTime: 11/14/2024 8:20:00 AM

EDD Type: EXCEL NOCLEANUP

Invoice Name: Garden State Laboratories, 1

Purchase Order:

Hard Copy Date:

Invoice Contact: Sharon Ercoliani

Date Signoff:

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD		FAX DATE	DUE DATES
P4844-01	241113075-01-VOA	Water	11/13/2024	09:27						
					VOCMS Group1		624.1	10 Bus. Days		
					VOCMS Group2		8260-Low	10 Bus. Days		
P4844-02	241113050-06-TRIP-BLANK	Water	11/13/2024	00:00						
					VOCMS Group1		624.1	10 Bus. Days		
					VOCMS Group2		8260-Low	10 Bus. Days		

Relinguished By:

Date / Time : 11-14-24 (155

Received By:

Date / Time:

Storage Area: VOA Refridgerator Room