



# SHIPPING DOCUMENTS



# CHAIN OF CUSTODY RECORD

P5224

NO. 1 OF 2

| COMPANY INFORMATION                          |                           |                                                                                                                                                                                                                                                                                      |                       | PROJECT INFORMATION |                                   |                                    |                      | REQUESTED ANALYSIS/METHOD |                                                                                 |             |  |         |  |  |          |
|----------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------|------------------------------------|----------------------|---------------------------|---------------------------------------------------------------------------------|-------------|--|---------|--|--|----------|
| LOCATION                                     | ENTACT LLC                |                                                                                                                                                                                                                                                                                      |                       | PROJECT             | North Point                       |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| ATTN                                         | Wyatt Seel                |                                                                                                                                                                                                                                                                                      |                       | BILLING INFORMATION |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| ADDRESS                                      | 150 Bay Street, Suite 801 |                                                                                                                                                                                                                                                                                      |                       | BILL TO             | ENTACT LLC                        |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| Jersey City, NJ                              |                           |                                                                                                                                                                                                                                                                                      |                       | ADDRESS             | 999 Oakmont Plaza Drive Suite 300 |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       | Westmont, IL 60559  |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| PHONE                                        | 419-266-4671              |                                                                                                                                                                                                                                                                                      |                       | PHONE               | 630-986-2900                      |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| FAX                                          |                           |                                                                                                                                                                                                                                                                                      |                       | FAX                 |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       | PO#                 | E9306                             |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| SAMPLE ID                                    | SAMPLE DESCRIPTION        | SAMPLE DATE                                                                                                                                                                                                                                                                          | SAMPL E TIME          | SAMPLE MATRIX       | SAMPLE TYPE                       | CONTAINER TYPE                     | NUMBER OF CONTAINERS | VOC' s (8260)             | 8 RCRA Metals (6010) plus copper, nickel, zinc, Cobalt, Iron, Aluminum, and Tin | PCBs (8082) |  |         |  |  | COMMENTS |
| NP-WS-001                                    | Water sample              | 12-9-24                                                                                                                                                                                                                                                                              | 11:00                 | W                   | WC                                | Mixed                              | 10                   | X                         | X                                                                               | X           |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
|                                              |                           |                                                                                                                                                                                                                                                                                      |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| SAMPLER                                      | A. Farmerie               |                                                                                                                                                                                                                                                                                      |                       | SHIPMENT            | courier                           |                                    |                      | Temp 3.4°                 |                                                                                 |             |  | AIRBILL |  |  |          |
| REQUIRED TURNAROUND                          |                           | <input type="checkbox"/> SAME DAY <input type="checkbox"/> 24 HOURS <input type="checkbox"/> 48 HOURS <input type="checkbox"/> 72 HOURS <input checked="" type="checkbox"/> 5 DAYS <input type="checkbox"/> 10 DAYS <input type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER: |                       |                     |                                   |                                    |                      |                           |                                                                                 |             |  |         |  |  |          |
| 1. RELINQUISHED BY                           |                           | DATE                                                                                                                                                                                                                                                                                 | 2. RELINQUISHED BY    |                     | DATE                              | 3. RELINQUISHED BY                 |                      | DATE                      |                                                                                 |             |  |         |  |  |          |
| SIGNATURE:                                   |                           | 12-9-24                                                                                                                                                                                                                                                                              | SIGNATURE:            |                     |                                   | SIGNATURE:                         |                      | 12-9-24                   |                                                                                 |             |  |         |  |  |          |
| PRINTED NAME/COMPANY: Austin Farmerie Entact |                           | 2:47                                                                                                                                                                                                                                                                                 | PRINTED NAME/COMPANY: |                     |                                   | PRINTED NAME/COMPANY: Jahnir Davis |                      | 1610                      |                                                                                 |             |  |         |  |  |          |
| 1. RECEIVED BY                               |                           | DATE                                                                                                                                                                                                                                                                                 | 2. RECEIVED BY        |                     | DATE                              | 3. RECEIVED BY                     |                      | DATE                      |                                                                                 |             |  |         |  |  |          |
| SIGNATURE:                                   |                           | 12-9-24                                                                                                                                                                                                                                                                              | SIGNATURE:            |                     |                                   | SIGNATURE:                         |                      |                           |                                                                                 |             |  |         |  |  |          |
| PRINTED NAME/COMPANY: Jahnir Davis           |                           | 1500                                                                                                                                                                                                                                                                                 | PRINTED NAME/COMPANY: |                     |                                   | PRINTED NAME/COMPANY:              |                      |                           |                                                                                 |             |  |         |  |  |          |



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

|                                     |        |                                                                  |                              |
|-------------------------------------|--------|------------------------------------------------------------------|------------------------------|
| <b>Order ID :</b> P5224             | ENTA05 | <b>Order Date :</b> 12/9/2024 3:58:00 PM                         | <b>Project Mgr :</b>         |
| <b>Client Name :</b> ENTACT         |        | <b>Project Name :</b> North Point                                | <b>Report Type :</b> Level 1 |
| <b>Client Contact :</b> Wyatt Seel  |        | <b>Receive DateTime :</b> 12/9/2024 <del>12:00:00 AM</del> 16:10 | <b>EDD Type :</b> Excel NJ   |
| <b>Invoice Name :</b> ENTACT        |        | <b>Purchase Order :</b>                                          | <b>Hard Copy Date :</b>      |
| <b>Invoice Contact :</b> Wyatt Seel |        |                                                                  | <b>Date Signoff :</b>        |

| LAB ID   | CLIENT ID | MATRIX | SAMPLE DATE | SAMPLE TIME | TEST          | TEST GROUP | METHOD | FAX DATE | DUE DATES   |
|----------|-----------|--------|-------------|-------------|---------------|------------|--------|----------|-------------|
| P5224-01 | NP-WS-001 | Water  | 12/09/2024  | 11:00       | VOC-TCLVOA-10 |            | 8260D  |          | 5 Bus. Days |

Relinquished By :

Date / Time :

  
12-9-24 1645

Received By :

Date / Time :

  
12/09/24

Storage Area : VOA Refridgerator Room