



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **Parsons**
ADDRESS: **301 Plainfield Rd.**
CITY: **Syracuse** STATE: **NY** ZIP: **13212**
ATTENTION: **Stephen Liberatore**
PHONE: **315-418-8767** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Con Ed Atlantic Ave**
PROJECT NO.: **453957** LOCATION: **Brooklyn, NY**
PROJECT MANAGER: **Stephen Liberatore**
e-mail: **stephen.liberatore@parsons.com**
PHONE: **315-418-8767** FAX:

CLIENT BILLING INFORMATION

BILL TO: **Parsons** PO#:
ADDRESS: **301 Plainfield Rd.**
CITY: **Syracuse** STATE: **NY** ZIP: **13212**
ATTENTION: **Stephen L.** PHONE: **315-418-8767**

ANALYSIS

DATA TURNAROUND INFORMATION

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

VOC+TICS Sulfate TDS

1	2	3	4	5	6	7	8	9
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PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS		
			COMP	GRAB	DATE	TIME		A	E	E								← Specify Preservatives A-HCl B-HNO3 C-H2SO4	D-NaOH E-ICE F-OTHER
								1	2	3	4	5	6	7	8	9			
1.	MW7-20241209	GW		X	12-9-24	1216	4	X	X	X									
2.	MW Trip Blank	W		X	12-6-24		2	X											
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. Bill Chaky	DATE/TIME: 12-09-24/5:10	RECEIVED BY: [Signature]	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.2°C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY:	Comments: IR Benth
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY:	Page ____ of 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

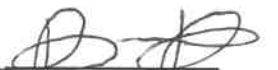
LOGIN REPORT/SAMPLE TRANSFER

Order ID : P5246	PARS02	Order Date : 12/10/2024 3:15:00 PM	Project Mgr :
Client Name : PARSONS Main of New Yc		Project Name : Con Edison Non-MGP - Atl	Report Type : Results Only
Client Contact : Stephen Liberatore		Receive DateTime : 12/10/2024 3:10:00 PM	EDD Type : Excel NY
Invoice Name : PARSONS Main of New Yc		Purchase Order :	Hard Copy Date :
Invoice Contact : Stephen Liberatore			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
P5246-01	MW7-20241209	Water	12/09/2024	12:16					
					VOCMS Group1		8260-Low	10 Bus. Days	
P5246-02	TRIP-BLANK TB-20241209	Water	12/09/2024	00:00					
					VOCMS Group1		8260-Low	10 Bus. Days	

Relinquished By :

Date / Time :


12-10-24 15:27

Received By :

Date / Time :


12/10/24 15:27 NEST 4

Storage Area : VOA Refridgerator Room