



# SHIPPING DOCUMENTS

| CLIENT INFORMATION                                    |                           |               | CLIENT PROJECT INFORMATION                                                                     |                        |                        | CLIENT BILLING INFORMATION |               |   |   |   |   |   |   |   |   |  |                                                                            |
|-------------------------------------------------------|---------------------------|---------------|------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------|---------------|---|---|---|---|---|---|---|---|--|----------------------------------------------------------------------------|
| COMPANY: Tully Environmental Inc                      |                           |               | PROJECT NAME: Transfer Station SPDES                                                           |                        |                        | BILL TO: Same              |               |   |   |   |   |   |   |   |   |  |                                                                            |
| ADDRESS: 57 Seaview Blvd                              |                           |               | PROJECT NO.: 242113                                                                            |                        |                        | ADDRESS:                   |               |   |   |   |   |   |   |   |   |  |                                                                            |
| CITY: Pt Washington STATE: NY ZIP: 11050              |                           |               | PROJECT MANAGER:                                                                               |                        |                        | CITY:                      |               |   |   |   |   |   |   |   |   |  |                                                                            |
| ATTENTION: D Deneb                                    |                           |               | e-mail:                                                                                        |                        |                        | STATE:                     |               |   |   |   |   |   |   |   |   |  |                                                                            |
| PHONE: 718 446 7000 FAX: 718 458 5199                 |                           |               | PHONE:                                                                                         |                        |                        | ATTENTION:                 |               |   |   |   |   |   |   |   |   |  |                                                                            |
| DATA TURNAROUND INFORMATION                           |                           |               | DATA DELIVERABLE INFORMATION                                                                   |                        |                        | ANALYSIS                   |               |   |   |   |   |   |   |   |   |  |                                                                            |
| FAX (RUSH) _____ DAYS*                                |                           |               | Level 1 (Results Only) <input type="checkbox"/> Level 4 (QC + Full Raw Data)                   |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| HARDCOPY (DATA PACKAGE): _____ DAYS*                  |                           |               | Level 2 (Results + QC) <input type="checkbox"/> NJ Reduced <input type="checkbox"/> US EPA CLP |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| EDD: _____ DAYS*                                      |                           |               | Level 3 (Results + QC) <input type="checkbox"/> NYS ASP A <input type="checkbox"/> NYS ASP B   |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| *TO BE APPROVED BY CHEMTECH                           |                           |               | + Raw Data <input type="checkbox"/> Other _____                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS DAYS |                           |               | EDD FORMAT <input type="checkbox"/>                                                            |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| CHEMTECH SAMPLE ID                                    | PROJECT IDENTIFICATION    | SAMPLE MATRIX | SAMPLE TYPE                                                                                    | SAMPLE COLLECTION DATE | SAMPLE COLLECTION TIME | # OF BOTTLES               | PRESERVATIVES |   |   |   |   |   |   |   |   |  | COMMENTS                                                                   |
| 1.                                                    | 001 Willets Pt Blvd (Nov) | W             | ✓                                                                                              | 12/30                  | 11:15                  | 2                          | 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |  | ← Specify Preservatives<br>A-HCl D-NaOH<br>B-HNO3 E-ICE<br>C-H2SO4 F-OTHER |
| 2.                                                    | 002 35th Ave (Nov)        | W             | ✓                                                                                              | 12/30                  | 11:15                  | 2                          |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 3.                                                    | 001 Willets Pt Blvd (Dec) | W             | ✓                                                                                              | 12/30                  | 11:15                  | 2                          |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 4.                                                    | 002 35th Ave (Dec)        | W             | ✓                                                                                              | 12/30                  | 11:15                  | 2                          |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 5.                                                    |                           |               |                                                                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 6.                                                    |                           |               |                                                                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 7.                                                    |                           |               |                                                                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 8.                                                    |                           |               |                                                                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 9.                                                    |                           |               |                                                                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |
| 10.                                                   |                           |               |                                                                                                |                        |                        |                            |               |   |   |   |   |   |   |   |   |  |                                                                            |

  

| SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY |            |                |                                                                                                                      |
|--------------------------------------------------------------------------------------------------------|------------|----------------|----------------------------------------------------------------------------------------------------------------------|
| RELINQUISHED BY SAMPLER:                                                                               | DATE/TIME: | RECEIVED BY:   | CONDITIONS OF BOTTLES OR COOLERS AT RECEIPT:                                                                         |
| 1. D Deneb                                                                                             | 12/30/24   | 1. [Signature] | <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP 2.3°C |
| RELINQUISHED BY SAMPLER:                                                                               | DATE/TIME: | RECEIVED BY:   | Comments:                                                                                                            |
| 1. [Signature]                                                                                         | 12/31/24   | 2. [Signature] | 718 446 7000                                                                                                         |
| RELINQUISHED BY SAMPLER:                                                                               | DATE/TIME: | RECEIVED BY:   |                                                                                                                      |
| 3. [Signature]                                                                                         |            | 3. [Signature] |                                                                                                                      |

  

|                                                                                      |                   |                                                                            |
|--------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------|
| CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other       | PAGE ____ OF ____ | SHIPMENT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHEMTECH: <input type="checkbox"/> Picked Up <input type="checkbox"/> Field Sampling |                   |                                                                            |

WHITE - CHEMTECH COPY FOR RETURN TO CLIENT YELLOW - CHEMTECH COPY PINK - SAMPLER COPY



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> P5399                        | <b>TULL01</b> | <b>Order Date :</b> 12/31/2024 8:43:00 AM       | <b>Project Mgr :</b>              |
| <b>Client Name :</b> Tully Environmental, Inc  |               | <b>Project Name :</b> Transfer Station-SPDES    | <b>Report Type :</b> Results Only |
| <b>Client Contact :</b> Dean Devoe             |               | <b>Receive DateTime :</b> 1/31/2025 10:42:00 AM | <b>EDD Type :</b> EXCEL NOCLEANUP |
| <b>Invoice Name :</b> Tully Environmental, Inc |               | <b>Purchase Order :</b>                         | <b>Hard Copy Date :</b>           |
| <b>Invoice Contact :</b> Dean Devoe            |               |                                                 | <b>Date Signoff :</b>             |

| LAB ID   | CLIENT ID                                          | MATRIX | SAMPLE DATE | SAMPLE TIME | TEST     | TEST GROUP | METHOD | FAX DATE   | DUE DATES |
|----------|----------------------------------------------------|--------|-------------|-------------|----------|------------|--------|------------|-----------|
| P5399-03 | 001 Willets Pt Blvd (Dec)<br>WILLETS PT BLVD (DEC) | Water  | 12/30/2024  | 11:15       | VOC-BTEX |            | 624.1  | 1 Bus. Day |           |
| P5399-04 | 002 35th Ave (Dec)<br>35TH AVE (DEC)               | Water  | 12/30/2024  | 11:15       | VOC-BTEX |            | 624.1  | 1 Bus. Day |           |

Relinquished By : 

Date / Time : 12-31-24 1145

Received By : 

Date / Time : 12/31/24 1145

Storage Area : VOA Refridgerator Room