



SHIPPING DOCUMENTS



284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax: (908) 788-9222
www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q1011

COC Number:

CLIENT INFORMATION

COMPANY: Willets Point Asphalt Corp
ADDRESS: 32-02 College Pt Blvd
CITY: Flushing STATE: NY ZIP: 11354
ATTENTION: D Devoe
PHONE: 718 446 7000 FAX:

PROJECT INFORMATION

PROJECT NAME: SPDES
PROJECT #: LOCATION:
PROJECT MANAGER:
E-MAIL:
PHONE: FAX:

BILLING INFORMATION

BILL TO: Same PO#
ADDRESS:
CITY: STATE: ZIP:
ATTENTION: PHONE:

DATA TURNAROUND INFORMATION

FAX: _____ DAYS*
HARD COPY: _____ DAYS*
EDD _____ DAYS*
* TO BE APPROVED BY ALLIANCE
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS

DATA DELIVERABLE INFORMATION

☐ RESULTS ONLY ☐ USEPA CLP
☐ RESULTS + QC ☐ New York State ASP "B"
☐ New Jersey REDUCED ☐ New York State ASP "A"
☐ New Jersey CLP ☐ Other _____
☐ EDD Format _____

ANALYSIS

TSS									
1	2	3	4	5	6	7	8	9	

PRESERVATIVES

COMMENTS

<-- Specify Preservatives
A-HCl B-HNO3
C-H2SO4 D-NaOH
E-ICE F-Other

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles									
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9
1.	001A (Jul - Dec)	W		X	1/3/25	Noon	1	x								
2.	002A (Jul - Dec)	W		X	1/3/25	Noon	1	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	1/3/25 12 pm	RECEIVED BY	1. <i>[Signature]</i> 1-6-2025	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input checked="" type="checkbox"/> Cooler Temp <u>1.1°C</u> MeOH extraction requires an additional 4oz. Jar for percent solid Ice in Cooler? <u>yes</u> Comments:
1. D Devoe	DATE/TIME	RECEIVED BY	2. <i>[Signature]</i> 1/3/25	
RELINQUISHED BY	DATE/TIME	RECEIVED BY	3.	
2.				
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY		
3.				

Page _____ of _____

SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight
ALLIANCE: ☐ Picked Up ☐ Overnight

Shipment Complete
☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE 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