

|                                                                                                                                                                       |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|--------------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|----------------------------------|-------------|-------|---------------------|--|--|--|--|
| Client Contact Information                                                                                                                                            |                |                          |                         | Bottle Order ID : <b>B2501045</b>                                  |                                    |                            |                           | Courier : <b>F. Galdun</b>                                                   |                                   |                                                                                                                                                                                                              |        | 1 of 4 COCs                   |                                  |             |       |                     |  |  |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>21-36 STOPPED WORK, FLUSHING NY</b>                                                                                         |                |                          |                         | Sampler Name(s) : <b>FRANK GILDUN</b>                              |                                    |                            |                           | Analysis                                                                     |                                   |                                                                                                                                                                                                              |        | Matrix                        |                                  |             |       |                     |  |  |  |  |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br>State : <b>NJ</b><br>Zip Code : <b>07034</b><br>Country : |                |                          |                         | Project Manager : <b>FRANK GILDUN</b>                              |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
|                                                                                                                                                                       |                |                          |                         | Phone Number : <b>646-542-3465</b>                                 |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
|                                                                                                                                                                       |                |                          |                         | Fax Number : <b>973-334-1692</b>                                   |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
|                                                                                                                                                                       |                |                          |                         | Site Details: <b>1123 &amp; 1125 Flatbush Ave<br/>BROOKLYN, NY</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                 |                |                          |                         | Standard : <b>10 business days OR</b>                              |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                      |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Rush (Specify): <b>5 Days</b>                                                                                                                                         |                |                          |                         | EDD Type : <b>PDF</b>                                              |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Sample Identification                                                                                                                                                 | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                                  | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                            | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                                                                 | Can ID |                               | Flow Controller Readout (ml/min) | Can Cert ID |       |                     |  |  |  |  |
| SU1                                                                                                                                                                   | 2/1/25         | 10:21                    | 12:21                   | OVER 30                                                            | 5                                  | 69                         | 69                        | -30                                                                          | -5.1                              | 10616                                                                                                                                                                                                        | 10271  | 6 L                           | 50                               | VL041615.D  | TO-15 |                     |  |  |  |  |
| Temperature (Fahrenheit)                                                                                                                                              |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">Sut</span>                                                                                       |        |                               |                                  |             |       |                     |  |  |  |  |
|                                                                                                                                                                       |                | Ambient                  | Maximum                 | Minimum                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Start                                                                                                                                                                 |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Stop                                                                                                                                                                  |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Pressure (Inches of Hg)                                                                                                                                               |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   | Submittal of this COC indicates approval of the analysis based on existing conditions.<br><b>REPORT ONLY THOSE ANALYTES ON THE ATTACHED LIST.</b><br>Please follow the instructions on the back of this COC. |        |                               |                                  |             |       |                     |  |  |  |  |
|                                                                                                                                                                       |                | Ambient                  | Maximum                 | Minimum                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Start                                                                                                                                                                 |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Stop                                                                                                                                                                  |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                     |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.0</b>                     |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Sampling site (State):                                                                                                                                                |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Quick Connector required : <b>NO</b>                                                                                                                                  |                |                          |                         |                                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                              |        |                               |                                  |             |       |                     |  |  |  |  |
| Canisters Shipped by: <b>Sut</b>                                                                                                                                      |                |                          |                         | Date/Time: <b>01/28/25</b>                                         |                                    |                            |                           | Canisters Received by: <b>Sut</b>                                            |                                   |                                                                                                                                                                                                              |        | Date/Time: <b>2/5/25 1200</b> |                                  |             |       | <b>B2501045 - 3</b> |  |  |  |  |
| Samples Relinquished by: <b>Sut</b>                                                                                                                                   |                |                          |                         | Date/Time: <b>2/5/25</b>                                           |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                              |        | Date/Time:                    |                                  |             |       |                     |  |  |  |  |
| Relinquished by:                                                                                                                                                      |                |                          |                         | Date/Time:                                                         |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                              |        | Date/Time:                    |                                  |             |       |                     |  |  |  |  |

|                                                                                                                                                                          |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-----------------------------------|------------------------------------|--------------------------------------------------------------------|---------------------------|-------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|----------------------------------|---------------------------|--------------|---------------------|----------|--|--|
| Client Contact Information                                                                                                                                               |                |                          |                         |                                   |                                    | Bottle Order ID : <b>B2501045</b>                                  |                           |                                           |                                   | Courier : <b>F. Galdun</b>                                                                                                                                                                                         |              |                               |                                  | <u>2</u> of <u>4</u> COCs |              |                     |          |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>2126 Utopia Parkway, Flushing NY</b>                                                                                           |                |                          |                         |                                   |                                    | Sampler Name(s) <b>FRANK Galdun</b>                                |                           |                                           |                                   | Analysis                                                                                                                                                                                                           |              |                               |                                  | Matrix                    |              |                     |          |  |  |
| Customer <b>GFE LLC</b><br>Name :<br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br>State : <b>NJ</b><br>Zip Code : <b>07034</b><br>Country : |                |                          |                         |                                   |                                    | Project Manager : <b>FRANK Galdun</b>                              |                           |                                           |                                   | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b>                                                                                                                                             |              |                               |                                  |                           |              |                     |          |  |  |
|                                                                                                                                                                          |                |                          |                         |                                   |                                    | Phone Number : <b>646-542-3465</b>                                 |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
|                                                                                                                                                                          |                |                          |                         |                                   |                                    | Fax Number : <b>973-334-1692</b>                                   |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
|                                                                                                                                                                          |                |                          |                         |                                   |                                    | Site Details: <b>1123 &amp; 1125 Flatbush Ave<br/>Brooklyn, NY</b> |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                    |                |                          |                         |                                   |                                    | Standard : <b>10 business days</b> OR                              |                           |                                           |                                   | Data Package Type :                                                                                                                                                                                                |              |                               |                                  |                           |              |                     |          |  |  |
| Rush (Specify): <b>5</b> Days                                                                                                                                            |                |                          |                         |                                   |                                    | EDD Type :                                                         |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Sample Identification                                                                                                                                                    | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start) | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start)                                         | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)         | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                                                                       | Can ID       |                               | Flow Controller Readout (ml/min) | Can Cert ID               | <b>TO-15</b> | Indoor/Ambient Air  | Soil Gas |  |  |
| <b>SV2</b>                                                                                                                                                               | <b>2/4/05</b>  | <b>10:29</b>             | <b>12:29</b>            | <b>30</b>                         |                                    | <b>69</b>                                                          | <b>65</b>                 | <b>-30</b>                                | <b>-6.2</b>                       | <b>10502</b>                                                                                                                                                                                                       | <b>10285</b> | <b>6 L</b>                    | <b>50</b>                        | <b>VL041615.D</b>         | <b>1</b>     |                     | <b>1</b> |  |  |
| Temperature (Fahrenheit)                                                                                                                                                 |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                                                                                     |              |                               |                                  |                           |              |                     |          |  |  |
|                                                                                                                                                                          |                | Ambient                  | Maximum                 | Minimum                           |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Start                                                                                                                                                                    |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Stop                                                                                                                                                                     |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Pressure (Inches of Hg)                                                                                                                                                  |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><b>REPORT ONLY THOSE ANALYTES ON THE ATTACHED LIST</b><br><br>Please follow the instructions on the back of this COC. |              |                               |                                  |                           |              |                     |          |  |  |
|                                                                                                                                                                          |                | Ambient                  | Maximum                 | Minimum                           |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Start                                                                                                                                                                    |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Stop                                                                                                                                                                     |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                        |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.0</b>                        |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Sampling site (State):                                                                                                                                                   |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Quick Connector required : <b>NO</b>                                                                                                                                     |                |                          |                         |                                   |                                    |                                                                    |                           |                                           |                                   |                                                                                                                                                                                                                    |              |                               |                                  |                           |              |                     |          |  |  |
| Canisters Shipped by: <b>[Signature]</b>                                                                                                                                 |                |                          |                         | Date/Time: <b>2/4/05</b>          |                                    |                                                                    |                           | Canisters Received by: <b>[Signature]</b> |                                   |                                                                                                                                                                                                                    |              | Date/Time: <b>2/5/05 1200</b> |                                  |                           |              | <b>B2501045 - 5</b> |          |  |  |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                                              |                |                          |                         | Date/Time: <b>2/5/05</b>          |                                    |                                                                    |                           | Received by:                              |                                   |                                                                                                                                                                                                                    |              | Date/Time:                    |                                  |                           |              |                     |          |  |  |
| Relinquished by:                                                                                                                                                         |                |                          |                         | Date/Time:                        |                                    |                                                                    |                           | Received by:                              |                                   |                                                                                                                                                                                                                    |              | Date/Time:                    |                                  |                           |              |                     |          |  |  |

|                                                                                                                                                                                   |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|--------------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|----------------------------------|-------------|-------|---------------------|----------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2501045</b>                                  |                                    |                            |                           | Courier : <b>FGALDUN</b>                                                                       |                                   |                                                                                                                                                                                                                |        | 3 of 4 COCs         |                                  |             |       |                     |          |
| Client ID : <b>GFEL01</b> Project ID : <b>21-36 Utom Parkway, Flushing NY</b>                                                                                                     |                |                          |                         | Sampler Name(s) : <b>FRANK GILDUN</b>                              |                                    |                            |                           | Analysis                                                                                       |                                   |                                                                                                                                                                                                                |        | Matrix              |                                  |             |       |                     |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br><br>State : <b>NJ</b><br><br>Zip Code : <b>07034</b><br><br>Country : |                |                          |                         | Project Manager : <b>FRANK GILDUN</b>                              |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b>                   |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                |                          |                         | Phone Number : <b>646-542-3465</b>                                 |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                |                          |                         | Fax Number : <b>973-334-1692</b>                                   |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                |                          |                         | Site Details: <b>1123 &amp; 1125 Flatbush Ave<br/>BROOKLYN, NY</b> |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                             |                |                          |                         | Standard : <b>10 Business days</b> OR                              |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                                        |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Rush (Specify): <b>5</b> Days                                                                                                                                                     |                |                          |                         | EDD Type : <b>PDF</b>                                              |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Sample Identification                                                                                                                                                             | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                                  | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                                              | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                                                                   | Can ID |                     | Flow Controller Readout (ml/min) | Can Cert ID | TO-15 | Indoor Ambient Air  | Soil Gas |
| IA1                                                                                                                                                                               | 4/25           | 10:13                    | 12:13                   | 30                                                                 | 3.5                                | 65                         | 65                        | -30                                                                                            | -4.5                              | 10185                                                                                                                                                                                                          | 10275  | 6 L                 | 50                               | VL041615.D  | 1     | 1                   |          |
| Temperature (Fahrenheit)                                                                                                                                                          |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                                                                                 |        |                     |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                                            |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Start                                                                                                                                                                             |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Pressure (Inches of Hg)                                                                                                                                                           |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><b>REPORT ONLY THOSE ANALYTES ON THE ATTACHED LIST</b><br>Please follow the instructions on the back of this COC. |        |                     |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                                            |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Start                                                                                                                                                                             |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Special Instructions/QC Requirements & Comments :                                                                                                                                 |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: 0, 0                                       |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Sampling site (State):                                                                                                                                                            |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Quick Connector required :                                                                                                                                                        |                |                          |                         |                                                                    |                                    |                            |                           |                                                                                                |                                   |                                                                                                                                                                                                                |        |                     |                                  |             |       |                     |          |
| Canisters Shipped by: <span style="border: 1px solid black; padding: 2px;">[Signature]</span>                                                                                     |                |                          |                         | Date/Time: 4/28/25                                                 |                                    |                            |                           | Canisters Received by: <span style="border: 1px solid black; padding: 2px;">[Signature]</span> |                                   |                                                                                                                                                                                                                |        | Date/Time: 4/25/200 |                                  |             |       | <b>B2501045 - 4</b> |          |
| Samples Relinquished by: <span style="border: 1px solid black; padding: 2px;">[Signature]</span>                                                                                  |                |                          |                         | Date/Time: 4/25/25                                                 |                                    |                            |                           | Received by:                                                                                   |                                   |                                                                                                                                                                                                                |        | Date/Time:          |                                  |             |       |                     |          |
| Relinquished by:                                                                                                                                                                  |                |                          |                         | Date/Time:                                                         |                                    |                            |                           | Received by:                                                                                   |                                   |                                                                                                                                                                                                                |        | Date/Time:          |                                  |             |       |                     |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|--------------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------|--------|----------------------------------|-------------|------------|--------------------|----------|--|---------|---------|---------|-------|--|--|--|------|--|--|--|--|---------|---------|---------|-------|--|--|--|------|--|--|--|
| Client Contact Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                          |                         | Bottle Order ID : <b>B2501045</b>                                  |                                    |                            |                           | Courier : <b>FGALDUN</b>                                               |                                   |              |        | 9 of 4 COCs                      |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Client ID : <b>GFELO1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                          |                         | Project ID : <b>21-38 Utopia Parkway, Bushing NY</b>               |                                    |                            |                           | Sampler Name(s) : <b>FRANK GALDUN</b>                                  |                                   |              |        | Analysis                         |             | Matrix     |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br><br>State : <b>NJ</b><br><br>Zip Code : <b>07034</b><br><br>Country :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                          |                         | Project Manager : <b>FRANK GALDUN</b>                              |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                          |                         | Phone Number : <b>646-542-3465</b>                                 |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                          |                         | Fax Number : <b>973-334-1692</b>                                   |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                          |                         | Site Details: <b>1123 &amp; 1125 Flatbush Ave<br/>BROOKLYN, NY</b> |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                          |                         | Standard : <b>10 business days</b> OR                              |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Rush (Specify): <b>5</b> Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                          |                         | EDD Type : <b>PDF</b>                                              |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Sample Identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                                  | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID | Flow Controller Readout (ml/min) | Can Cert ID | TO-15      | Indoor Ambient Air | Soil Gas |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| IA2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4/25           | 10:29                    | 12:29                   | 30                                                                 | 5.5                                | 65                         | 65                        | -30                                                                    | -5.9                              | 10226        | 10269  | 6 L                              | 50          | VL041615.D | 1                  |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>Temperature (Fahrenheit)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div> <p>Pressure (Inches of Hg)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  | Ambient | Maximum | Minimum | Start |  |  |  | Stop |  |  |  |  | Ambient | Maximum | Minimum | Start |  |  |  | Stop |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ambient        | Maximum                  | Minimum                 |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ambient        | Maximum                  | Minimum                 |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| <p>GC/MS Analyst Signature (TO-15) <span style="float: right; border: 1px solid black; padding: 5px;"><b>Sid</b></span></p> <p>** Submittal of this COC indicates approval of the analysis based on existing conditions.</p> <p><b>REPORT ONLY THOSE ANALYTES ON THE ATTACHED LIST</b></p> <p>Please follow the instructions on the back of this COC.</p>                                                                                                                                                                                                                                                                                                                                          |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| <p>Special Instructions/QC Requirements &amp; Comments :</p> <p>Suspected Contamination:      High      Medium      <b>Low</b>      PID Readings: <b>0.0</b></p> <p>Sampling site (State):</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| <p>Quick Connector required : <b>No</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                          |                         |                                                                    |                                    |                            |                           |                                                                        |                                   |              |        |                                  |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                          |                         | Date/Time: <b>4/27/25</b>                                          |                                    |                            |                           | Canisters Received by: <b>[Signature]</b>                              |                                   |              |        | Date/Time: <b>2/5/25, 200</b>    |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                          |                         | Date/Time: <b>4/15/25</b>                                          |                                    |                            |                           | Received by:                                                           |                                   |              |        | Date/Time:                       |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                          |                         | Date/Time:                                                         |                                    |                            |                           | Received by:                                                           |                                   |              |        | Date/Time:                       |             |            |                    |          |  |         |         |         |       |  |  |  |      |  |  |  |  |         |         |         |       |  |  |  |      |  |  |  |

**REQUESTED ANALYTE LIST:**

**PCE**

**TCE**

**cis-1,2-DCE**

**1,1,1-TCA**

**1,2-DCE**

**1,1-DCE**

**Vinyl chloride**

**Benzene**

**Toluene**

**Ethylbenzene**

**Naphthalene**

**Cyclohexane**

**2,2,4-Trimethylpentane**

**1,2,4-Trimethylbenzene**

**1,3,5-Trimethylbenzene**

**o-xylene**

**m,p-xylene**

**Heptane**

**Hexane**

---

**REQUESTED ANALYTE LIST:**

**PCE**  
**TCE**  
**cis-1,2-DCE**  
**1,1,1-TCA**  
**1,2-DCE**  
**1,1-DCE**  
**Vinyl chloride**  
**Benzene**  
**Toluene**  
**Ethylbenzene**  
**Naphthalene**  
**Cyclohexane**  
**2,2,4-Trimethylpentane**  
**1,2,4-Trimethylbenzene**  
**1,3,5-Trimethylbenzene**  
**o-xylene**  
**m,p-xylene**  
**Heptane**  
**Hexane**

**REQUESTED ANALYTE LIST:**

**PCE**

**TCE**

**cis-1,2-DCE**

**1,1,1-TCA**

**1,2-DCE**

**1,1-DCE**

**Vinyl chloride**

**Benzene**

**Toluene**

**Ethylbenzene**

**Naphthalene**

**Cyclohexane**

**2,2,4-Trimethylpentane**

**1,2,4-Trimethylbenzene**

**1,3,5-Trimethylbenzene**

**o-xylene**

**m,p-xylene**

**Heptane**

**Hexane**

---

**REQUESTED ANALYTE LIST:**

**PCE**

**TCE**

**cis-1,2-DCE**

**1,1,1-TCA**

**1,2-DCE**

**1,1-DCE**

**Vinyl chloride**

**Benzene**

**Toluene**

**Ethylbenzene**

**Naphthalene**

**Cyclohexane**

**2,2,4-Trimethylpentane**

**1,2,4-Trimethylbenzene**

**1,3,5-Trimethylbenzene**

**o-xylene**

**m,p-xylene**

**Heptane**

**Hexane**