



# SHIPPING DOCUMENTS

|                                                                                                                                                                                   |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |       |                    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|----------------------------------|-------------------|-------|--------------------|----------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2502036</b>                           |                                    |                            |                           | Courier : <b>FGALDUN</b>                                                     |                                   |                                                                                                                                                                                                                |              | 1 of 2 COCs                     |                                  |                   |       |                    |          |
| Client ID : <b>GFEL01</b> Project ID : <del>10-000000</del>                                                                                                                       |                |                          |                         | 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</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>226-10 JAMAICA AVE<br/>FLORAL PARK, NY</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |       |                    |          |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                             |                |                          |                         | Standard : <del>10 business days</del> <b>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       | TO-15 | Indoor/Ambient Air | Soil Gas |
| <b>SU1</b>                                                                                                                                                                        | <b>2/25/25</b> | <b>8:19</b>              | <b>10:15</b>            | <b>30</b>                                                   | <b>9</b>                           | <b>55</b>                  | <b>55</b>                 | <b>-30</b>                                                                   | <b>-5.1</b>                       | <b>10579</b>                                                                                                                                                                                                   | <b>10445</b> | <b>6 L</b>                      | <b>50</b>                        | <b>VL041853.D</b> |       |                    |          |
| Temperature (Fahrenheit)                                                                                                                                                          |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">Suet</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 <u>LOW</u> PID Readings: <u>0.0</u>                                                                                                          |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |       |                    |          |
| Sampling site (State):                                                                                                                                                            |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |       |                    |          |
| Quick Connector required : <u>NO</u>                                                                                                                                              |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |       |                    |          |
| Canisters Shipped by: <u>FGALDUN</u>                                                                                                                                              |                |                          |                         | Date/Time: <u>02/25/25</u>                                  |                                    |                            |                           | Canisters Received by: <u>CR</u>                                             |                                   |                                                                                                                                                                                                                |              | Date/Time: <u>2-26-25 12:15</u> |                                  |                   |       |                    |          |
| Samples Relinquished by: <u>FGALDUN</u>                                                                                                                                           |                |                          |                         | Date/Time: <u>2/26/25</u>                                   |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                                |              | Date/Time:                      |                                  |                   |       |                    |          |
| Relinquished by:                                                                                                                                                                  |                |                          |                         | Date/Time:                                                  |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                                |              | Date/Time:                      |                                  |                   |       |                    |          |

|                                                                                                                                                                                   |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |              |                           |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|----------------------------------|-------------------|--------------|---------------------------|-----------------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2502036</b>                           |                                    |                            |                           | Courier : <b>F. Galdun</b>                                                   |                                   |                                                                                                                                                                                                                |              | <b>2</b> of <b>2</b> COCs       |                                  |                   |              |                           |                 |
| Client ID : <b>GFEL01</b> Project ID : <b>10 Bridges St</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</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>226-10 JAMAICA AVE<br/>FLORAL PARK, 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 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       | <b>TO-15</b> | <b>Indoor Ambient Air</b> | <b>Soil Gas</b> |
| <b>IAI</b>                                                                                                                                                                        | <b>2/24/25</b> | <b>8:15</b>              | <b>10:15</b>            | <b>30</b>                                                   | <b>5</b>                           | <b>55</b>                  | <b>55</b>                 | <b>-30</b>                                                                   | <b>4.7</b>                        | <b>10226</b>                                                                                                                                                                                                   | <b>10606</b> | <b>6 L</b>                      | <b>50</b>                        | <b>VL041876.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;">Sub</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 <b>Low</b> PID Readings: <b>0.0</b>                                                                                                          |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |              |                           |                 |
| Sampling site (State): <b>NJ</b>                                                                                                                                                  |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |              |                           |                 |
| Quick Connector required : <b>No</b>                                                                                                                                              |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                |              |                                 |                                  |                   |              |                           |                 |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                  |                |                          |                         | Date/Time: <b>02/25/25</b>                                  |                                    |                            |                           | Canisters Received by: <b>CR</b>                                             |                                   |                                                                                                                                                                                                                |              | Date/Time: <b>2-26-25 12:15</b> |                                  |                   |              | <b>B2502036 - 2</b>       |                 |
| Samples Relinquished by: <b>FRANK</b>                                                                                                                                             |                |                          |                         | Date/Time: <b>2/26/25</b>                                   |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                                |              | Date/Time:                      |                                  |                   |              |                           |                 |
| Relinquished by:                                                                                                                                                                  |                |                          |                         | Date/Time:                                                  |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                                |              | Date/Time:                      |                                  |                   |              |                           |                 |

## REQUESTED ANALYTE LIST

TCE

cis-1,2-DCE

1,1-DCE

PCE

1,1,1-TCA

VINYLCHLORIDE

BENZENE

ETHYL BENZENE

NAPHTHALENE

CYCLOHEXANE

2,2,4-TRIMETHYLPENTANE

1,2,4-TRIMETHYLBENZENE

1,3,5-TRIMETHYLBENZENE

O-XYLENE

M,P-XYLENE

HEPTANE

HEXANE

TOLUENE

# REQUESTED ANALYTE LIST

TEC

cis-1,2-DCE

1,1-DCE

PCE

1,1,1-TCF

VINYL CHLORIDE

BENZENE

ETHYL BENZENE

NAPHTHALENE

CYCLOHEXANE

2,2,4-TRIMETHYLPENTANE

1,2,4-TRIMETHYLBENZENE

1,3,5-TRIMETHYLBENZENE

O-XYLENE

M,P-XYLENE

HEPTANE

HEXANE

TOLUENE

### Laboratory Certification

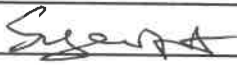
| Certified By         | License No.      |
|----------------------|------------------|
|                      |                  |
| CAS EPA CLP Contract | 68HERH20D0011    |
|                      |                  |
| Connecticut          | PH-0830          |
|                      |                  |
| DOD ELAP (ANAB)      | L2219            |
|                      |                  |
| Maine                | 2024021          |
|                      |                  |
| Maryland             | 296              |
|                      |                  |
| New Hampshire        | 255424 Rev 1     |
|                      |                  |
| New Jersey           | 20012            |
|                      |                  |
| New York             | 11376            |
|                      |                  |
| Pennsylvania         | 68-00548         |
|                      |                  |
| Soil Permit          | 525-24-234-08441 |
|                      |                  |
| Texas                | T104704488       |

## Internal Chain of Custody

**Instructions:** Use 1 form for each 20 samples of aliquot

| Laboratory Person Breaking Field Seal on Sample Shuttle & Accepting Responsibility for Sample |  |                                                              |  |
|-----------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|
| Laboratory: <u>Chemtech</u>                                                                   |  | Location: <u>284 Sheffield Street, Mountainside, NJ 7092</u> |  |
| <u>GORGE</u>                                                                                  |  | Title: <u>Sample Custodian</u>                               |  |
| Field Sample Seal No.: <u>Q1450</u>                                                           |  | Date Broken: <u>2/26/2025</u>                                |  |
| Case No.: <u>226-10 Jamaica Ave Floral</u>                                                    |  | Military Time Seal Broken: <u>12:15:00</u>                   |  |
| Analytical Parameter/Fraction: <u>OCMS Group2</u>                                             |  |                                                              |  |

| Sample No. | Aliquot/Extract No. | Sample No. | Aliquot/Extract No. |
|------------|---------------------|------------|---------------------|
| Q1450-01   | SV1                 |            |                     |
| Q1450-02   | IA1                 |            |                     |
|            |                     |            |                     |

| Date | Time | Relinquished By                                                                             | Received By                                                                                  | Purpose of Change of Custody |
|------|------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------|
| 2/27 | 0820 | Signature  | Signature  |                              |
|      |      | Printed Name <u>Gorge N.</u>                                                                | Printed Name <u>Chemtech</u>                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |
|      |      | Signature                                                                                   | Signature                                                                                    |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                 |                              |

Distribution: White - Original (Sent With Report)      Yellow - Contractor Archive      Pink - Sample Custodian - Interim Copy