



# SHIPPING DOCUMENTS

|                                                                                                                                                                                                                           |                |                          |                         |                                                         |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|---------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------|-------------|------------|--------------------|---------------------|
| Client Contact Information                                                                                                                                                                                                |                |                          |                         | Bottle Order ID : <b>B2503034</b>                       |                                    |                            |                           | Courier : <b>FGALDUN</b>                                               |                                   |                                                                                                                                                              |        | 3 of 6 COCs                      |             |            |                    |                     |
| Client ID : <b>GFELO1</b> Project ID : <b>10, <del>Sludge</del> 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>                                                                                                                                                     |                |                          |                         | 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>416 CLINTON, ST.<br/>HEMPSTEAD, NY</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| City : <b>Lake Hiawatha</b>                                                                                                                                                                                               |                |                          |                         | Analysis Turnaround Time                                |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| State : <b>NJ</b>                                                                                                                                                                                                         |                |                          |                         | Standard : <b>10 business days</b> OR                   |                                    |                            |                           | Data Package Type : <b>LEVEL 2</b>                                     |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| Zip Code : <b>07034</b>                                                                                                                                                                                                   |                |                          |                         | Rush (Specify): <b>Days</b>                             |                                    |                            |                           | EDD Type : <b>RDE</b>                                                  |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| Country :                                                                                                                                                                                                                 |                |                          |                         |                                                         |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| 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            |
| IAZR                                                                                                                                                                                                                      | 3/21/25        | 7:47                     | 3:47                    | 30                                                      | 4                                  | 65                         | 68                        | -30                                                                    | -4.7                              | 10231                                                                                                                                                        | 10024  | 6 L                              | 12.5        | VL042147.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><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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0.0</span> |                |                          |                         |                                                         |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| Sampling site (State):                                                                                                                                                                                                    |                |                          |                         |                                                         |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| Quick Connector required : <b>NO</b>                                                                                                                                                                                      |                |                          |                         |                                                         |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                  |             |            |                    |                     |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                                                          |                |                          |                         | Date/Time: <b>3/28/25</b>                               |                                    |                            |                           | Canisters Received by: <b>CD</b>                                       |                                   |                                                                                                                                                              |        | Date/Time: <b>4-1-25 1010</b>    |             |            |                    | <b>B2503034 - 1</b> |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                                                                                               |                |                          |                         | Date/Time:                                              |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |        | Date/Time:                       |             |            |                    |                     |
| Relinquished by:                                                                                                                                                                                                          |                |                          |                         | Date/Time:                                              |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |        | Date/Time:                       |             |            |                    |                     |

|                                                                       |  |  |  |                                       |  |  |  |                                                                        |  |  |  |                                |  |        |  |
|-----------------------------------------------------------------------|--|--|--|---------------------------------------|--|--|--|------------------------------------------------------------------------|--|--|--|--------------------------------|--|--------|--|
| Client Contact Information                                            |  |  |  | Bottle Order ID : <b>B2503034</b>     |  |  |  | Courier : <b>FGALDUN</b>                                               |  |  |  | 4 of 6 COCs                    |  |        |  |
| Client ID : <b>GFELO1</b>                                             |  |  |  | Project ID : <b>10 Eldridge 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> |  |  |  | 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>416 CLINTON ST.<br/>HENEPSTEAD, NY</b>               |  |  |  |                                       |  |  |  |                                                                        |  |  |  |                                |  |        |  |
| City : <b>Lake Hiawatha</b>                                           |  |  |  | Analysis Turnaround Time              |  |  |  |                                                                        |  |  |  | Indoor Ambient Air<br>Soil Gas |  |        |  |
| State : <b>NJ</b>                                                     |  |  |  | Standard : <b>10 business days</b> OR |  |  |  | Data Package Type : <b>LEVEL 2</b>                                     |  |  |  |                                |  |        |  |
| Zip Code : <b>07034</b>                                               |  |  |  | Rush (Specify): <b>Days</b>           |  |  |  | EDD Type : <b>RF</b>                                                   |  |  |  |                                |  |        |  |
| Country :                                                             |  |  |  |                                       |  |  |  |                                                                        |  |  |  |                                |  |        |  |

| 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 |
|-----------------------|----------------|--------------------------|-------------------------|-----------------------------------|------------------------------------|----------------------------|---------------------------|-----------------------------------|-----------------------------------|--------------|--------|-----|----------------------------------|-------------|-------|--------------------|----------|
| IAB                   | 3/31/25        | 7:44                     | 3:44                    | OVER 30                           | 6                                  | 68                         | 70                        | -30                               | -8-4                              | 10581        | 10158  | 6 L | 12.5                             | VL042147.D  | 1     | 1                  |          |

| Temperature (Fahrenheit) |         |         |         |  |
|--------------------------|---------|---------|---------|--|
|                          | Ambient | Maximum | Minimum |  |
| Start                    |         |         |         |  |
| Stop                     |         |         |         |  |

| Pressure (Inches of Hg) |         |         |         |  |
|-------------------------|---------|---------|---------|--|
|                         | Ambient | Maximum | Minimum |  |
| Start                   |         |         |         |  |
| Stop                    |         |         |         |  |

GC/MS Analyst Signature (TO-15) [Signature]

\*\* Submittal of this COC indicates approval of the analysis based on existing conditions.

Please follow the instructions on the back of this COC.

Special Instructions/QC Requirements & Comments :

Suspected Contamination:      High      Medium      Low      PID Readings: **0,0**

Sampling site (State):

Quick Connector required : **NO**

|                                       |                            |                                  |                                |
|---------------------------------------|----------------------------|----------------------------------|--------------------------------|
| Canisters Shipped by: <b>SEM</b>      | Date/Time: <b>03/28/25</b> | Canisters Received by: <b>FG</b> | Date/Time: <b>4-1-25 10:10</b> |
| Samples Relinquished by: <b>FRANK</b> | Date/Time:                 | Received by:                     | Date/Time:                     |
| Relinquished by:                      | Date/Time:                 | Received by:                     | Date/Time:                     |

**B2503034 - 2**

|                                                                                                                                                                                                                                                                                            |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|----------------------------------------------------|------------------------------------|----------------------------|---------------------------|---------------------------------------------------------|-----------------------------------|--------------|--------------|-------------------------------|----------------------------------|-------------------|--------------|---------------------------|-----------------|------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Client Contact Information                                                                                                                                                                                                                                                                 |                |                          |                         | Bottle Order ID : <b>B2503034</b>                  |                                    |                            |                           | Courier : <b>F Galdun</b>                               |                                   |              |              | <u>5</u> of <u>6</u> COCs     |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>19 Eldridge St.</b>                                                                                                                                                                                                                              |                |                          |                         | Sampler Name(s) : <b>FRANK Galdun</b>              |                                    |                            |                           | Analysis                                                |                                   |              |              | Matrix                        |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Customer Name : <b>GFE LLC</b><br>Address : <b>58 Nokomis Ave</b><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>              |                                    |                            |                           | AIR ANALYSIS<br>CHAIN-OF-CUSTODY<br><br>Batch Certified |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                |                          |                         | Phone Number : <b>646-542-3465</b>                 |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                |                          |                         | Fax Number : <b>973-334-1692</b>                   |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                |                          |                         | Site Details: <b>416 CLINTON ST. HEMPSTEAD, NY</b> |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Analysis Turnaround Time                                                                                                                                                                                                                                                                   |                |                          |                         | Standard : <b>10 business days</b> OR              |                                    |                            |                           | Data Package Type : <b>LEVEL 2</b>                      |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Rush (Specify): <b>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       | <u>TO-15</u> | <u>Indoor Ambient Air</u> | <u>Soil Gas</u> |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| <b>IA3DUP</b>                                                                                                                                                                                                                                                                              | <b>3/31/25</b> | <b>7:43</b>              | <b>3:43</b>             | <b>30</b>                                          | <b>5</b>                           | <b>68</b>                  | <b>70</b>                 | <b>-30</b>                                              | <b>-7.1</b>                       | <b>10690</b> | <b>10326</b> | <b>6 L</b>                    | <b>12.5</b>                      | <b>VL042147.D</b> | <b>1</b>     | <b>1</b>                  |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Temperature (Fahrenheit) <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> |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              | Ambient      | Maximum                       | Minimum                          | Start             |              |                           |                 | Stop |  |  |  | GC/MS Analyst Signature (TO-15) <span style="float: right;"></span>                                                                                      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Ambient        | Maximum                  | Minimum                 |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                      |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                       |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Pressure (Inches of Hg) <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>  |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              | Ambient      | Maximum                       | Minimum                          | Start             |              |                           |                 | Stop |  |  |  | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<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 <u>Low</u> PID Readings: <u>0.0</u>                                                                                                                                                                                                                   |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Sampling site (State):                                                                                                                                                                                                                                                                     |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Quick Connector required : <u>No</u>                                                                                                                                                                                                                                                       |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Canisters Shipped by: <u>SA</u>                                                                                                                                                                                                                                                            |                |                          |                         | Date/Time: <u>03/28/25</u>                         |                                    |                            |                           | Canisters Received by: <u>CF</u>                        |                                   |              |              | Date/Time: <u>4-1-25 1010</u> |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Samples Relinquished by: <u>FRANK</u>                                                                                                                                                                                                                                                      |                |                          |                         | Date/Time:                                         |                                    |                            |                           | Received by:                                            |                                   |              |              | Date/Time:                    |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                           |                |                          |                         | Date/Time:                                         |                                    |                            |                           | Received by:                                            |                                   |              |              | Date/Time:                    |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| <b>B2503034 - 5</b>                                                                                                                                                                                                                                                                        |                |                          |                         |                                                    |                                    |                            |                           |                                                         |                                   |              |              |                               |                                  |                   |              |                           |                 |      |  |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |

|                                                                                                                                                                                   |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|----------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|----------------------------------|-------------|-------|---------------------|----------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2503034</b>                  |                                    |                            |                           | Courier : <b>FGALDUN</b>                                               |                                   |                                                                                                                                                              |        | 6 of 6 COCs                   |                                  |             |       |                     |          |
| Client ID : <b>GFELO1</b>                                                                                                                                                         |                |                          |                         | Project ID : <b>10-CL-114 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<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>416 CLINTON ST.<br/>HEMPSTEAD</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                |                          |                         | Analysis Turnaround Time                           |                                    |                            |                           | Data Package Type : <b>LEVEL 2</b>                                     |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                |                          |                         | Standard : <b>10 business days</b> OR              |                                    |                            |                           | EDD Type : <b>PDF</b>                                                  |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Country :                                                                                                                                                                         |                |                          |                         | Rush (Specify): <b>Days</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 |
| OAI                                                                                                                                                                               | 3/31/25        | 7:41                     | 3:41                    | 0.5                                                | 5.5                                |                            |                           | -30                                                                    | -39                               | 10227                                                                                                                                                        | 10197  | 6 L                           | 12.5                             | VL042147.D  | 1     | 1                   |          |
| Temperature (Fahrenheit)                                                                                                                                                          |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="float: right;"></span>                                                                                          |        |                               |                                  |             |       |                     |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                            |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Start                                                                                                                                                                             |                | 48                       |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Pressure (Inches of Hg)                                                                                                                                                           |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><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: 0.0                                        |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Sampling site (State):                                                                                                                                                            |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Quick Connector required : <b>NO</b>                                                                                                                                              |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                               |                                  |             |       |                     |          |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                  |                |                          |                         | Date/Time: <b>3/28/25</b>                          |                                    |                            |                           | Canisters Received by: <b>CR</b>                                       |                                   |                                                                                                                                                              |        | Date/Time: <b>4-1-25 1010</b> |                                  |             |       | <b>B2503034 - 3</b> |          |
| Samples Relinquished by: <b>FRANK</b>                                                                                                                                             |                |                          |                         | Date/Time:                                         |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |        | Date/Time:                    |                                  |             |       |                     |          |
| Relinquished by:                                                                                                                                                                  |                |                          |                         | Date/Time:                                         |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |        | Date/Time:                    |                                  |             |       |                     |          |

### Laboratory Certification

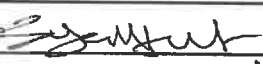
| Certified By         | License No.      |
|----------------------|------------------|
|                      |                  |
| CAS EPA CLP Contract | 68HERH20D0011    |
|                      |                  |
| Connecticut          | PH-0830          |
|                      |                  |
| 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> |  |
| <del>NORGE</del>                                                                              |  | Title: <u>Sample Custodian</u>                               |  |
| Field Sample Seal No.: <u>Q1691</u>                                                           |  | Date Broken: <u>4/1/2025</u>                                 |  |
| Case No.: <u>416 Clinton St Hempstead</u>                                                     |  | Military Time Seal Broken: <u>10:10:00</u>                   |  |
|                                                                                               |  | Analytical Parameter/Fraction: <u>TO-15</u>                  |  |

| Sample No. | Aliquot/Extract No. | Sample No. | Aliquot/Extract No. |
|------------|---------------------|------------|---------------------|
| Q1691-01   | IA2R                |            |                     |
| Q1691-02   | IA3                 |            |                     |
| Q1691-03   | IA3DUP              |            |                     |
| Q1691-04   | OA1                 |            |                     |
|            |                     |            |                     |

| Date | Time | Relinquished By                                                                             | Received By                                                                                  | Purpose of Change of Custody |
|------|------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------|
| 4/1  | 1335 | Signature  | Signature  |                              |
|      |      | Printed Name <u>George N.</u>                                                               | Printed Name <u>George N.</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                                                                                 |                              |

Distribution: White - Original (Sent With Report)

Yellow - Contractor Archive

Pink - Sample Custodian - Interim Copy