



284 Sheffield Street, Mountainside, NJ 07092

(908) 789-8900 Fax: (908) 788-9222

www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q1803

COC Number:

CLIENT INFORMATION		PROJECT INFORMATION				BILLING INFORMATION															
COMPANY: Scalamandre Tully JV		PROJECT NAME: DOT Harper Street Yard				BILL TO: Same					PO#										
ADDRESS: 57 Seaview Blvd		PROJECT #: 23657		LOCATION:		ADDRESS:															
CITY: Pt Washington STATE: NY ZIP: 11050		PROJECT MANAGER:				CITY:					STATE: ZIP:										
ATTENTION: Dean Devoe		E-MAIL:				ATTENTION:					PHONE:										
PHONE: 718 446 7000 FAX:		PHONE: FAX:				ANALYSIS															
DATA TURNAROUND INFORMATION		DATA DELIVERABLE INFORMATION				PRESERVATIVES															
FAX: _____ DAYS* HARD COPY: _____ DAYS* EDD _____ DAYS* * TO BE APPROVED BY ALLIANCE STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS		* RESULTS ONLY ☐ USEPA CLP ☐ RESULTS + QC ☐ New York State ASP "B" ☐ New Jersey REDUCED ☐ New York State ASP "A" ☐ New Jersey CLP ☐ Other _____ ☐ EDD Format _____				Full TCLP RIC 1 2 3 4 5 6 7 8 9															
CHEMTECH SAMPLE ID		PROJECT SAMPLE IDENTIFICATION		SAMPLE MATRIX		SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles		COMMENTS									
						COMP GRAB		DATE TIME				<-- Specify Preservatives A-HCl B-HNO3 C-H2SO4 D-NaOH E-ICE F-Other									
1.		West Bay		Soil				4/10/25 1230		X X											
2.		Fuel Monitoring		Soil				4/10/25 1230		X X											
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY																					
RELINQUISHED BY SAMPLER		DATE/TIME April 10, 2025		RECEIVED BY		4-14-25 1115		Conditions of bottles or coolers at receipt: ☐ Compliant ☐ Non Compliant ☐ Cooler Temp 3.0													
1. D Devoe				1.				MeOH extraction requires an additional 4oz. Jar for percent solid													
RELINQUISHED BY		DATE/TIME		RECEIVED BY				Comments:													
2.				2.																	
RELINQUISHED BY		DATE/TIME		RECEIVED FOR LAB BY				Page _____ of _____		SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight		ALLIANCE: ☐ Picked Up ☐ Overnight		Shipment Complete		☐ YES ☐ NO					
3.				3.																	
WHITE - ALLIANCE COPY FOR RETURN TO CLIENT														YELLOW - ALLIANCE COPY				PINK - SAMPLER COPY			