



# SHIPPING DOCUMENTS



284 Sheffield Street, Mountainside, NJ 07092

(908) 789-8900 Fax: (908) 78-8922

www.chemtech.net

## CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q1837

COC Number:

## CLIENT INFORMATION

COMPANY: Alliance Technical Group  
ADDRESS: 284 Sheffield Street  
CITY Mountainside STATE: NJ ZIP: 07092  
ATTENTION: QA Officer  
PHONE: 908-789-8900 FAX: 908-788-9222

## PROJECT INFORMATION

PROJECT NAME: Weekly Storage Blanks  
PROJECT #: LOCATION:  
PROJECT MANAGER:  
E-MAIL:  
PHONE: FAX:

## BILLING INFORMATION

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

## DATA TURNAROUND INFORMATION

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

## DATA DELIVERABLE INFORMATION

☐ RESULTS ONLY (L1) ☐ US EPA CLP (L4)  
☐ RESULTS + QC (L2) ☐ NYS ASP "A" (L2)  
☐ NJ REDUCED (L3) ☐ NYS ASP "B" (L4)  
☐ NJ FULL (L4) ☐ Other \_\_\_\_\_  
☐ EDD Format \_\_\_\_\_

## ANALYSIS

| VOC-Drinking H2O | SVOC-Full+25-8270 | PESTICIDE-TCL | PCB |   |   |   |   |   |  |
|------------------|-------------------|---------------|-----|---|---|---|---|---|--|
| 1                | 2                 | 3             | 4   | 5 | 6 | 7 | 8 | 9 |  |

## PRESERVATIVES

## COMMENTS

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

| ALLIANCE<br>SAMPLE<br>ID | PROJECT<br>SAMPLE IDENTIFICATION | SAMPLE<br>MATRIX | SAMPLE<br>TYPE |      | SAMPLE<br>COLLECTION |      | # of Bottles | A/E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |  |
|--------------------------|----------------------------------|------------------|----------------|------|----------------------|------|--------------|-----|---|---|---|---|---|---|---|---|---|--|
|                          |                                  |                  | COMP           | GRAB | DATE                 | TIME |              |     |   |   |   |   |   |   |   |   |   |  |
| 1.                       | Storage-Blank-SOIL-REF-6         | AQ               |                | X    |                      |      | 2            | X   |   |   |   |   |   |   |   |   |   |  |
| 2.                       | Storage-Blank-WATER-REF-5        | AQ               |                | X    |                      |      | 2            | X   |   |   |   |   |   |   |   |   |   |  |
| 3.                       | Storage-Blank-WATER-REF-4        | AQ               |                | X    |                      |      | 2            | X   |   |   |   |   |   |   |   |   |   |  |
| 4.                       | Storage-Blank-SAMPLE-MANAGEMENT  | AQ               |                | X    |                      |      | 2            | X   |   |   |   |   |   |   |   |   |   |  |
| 5.                       | SVOC-GPC-BLANK                   | SO               |                | X    |                      |      | 1            |     | X |   |   |   |   |   |   |   |   |  |
| 6.                       | PEST-GPC-BLANK                   | SO               |                | X    |                      |      | 1            |     |   | X |   |   |   |   |   |   |   |  |
| 7.                       | PEST-GPC-BLANK-SPIKE             | SO               |                | X    |                      |      | 1            |     |   | X |   |   |   |   |   |   |   |  |
| 8.                       | PCB-GPC-BLANK                    | SO               |                | X    |                      |      | 1            |     |   |   | X |   |   |   |   |   |   |  |
| 9.                       | PCB-GPC-BLANK-SPIKE              | SO               |                | X    |                      |      | 1            |     |   |   | X |   |   |   |   |   |   |  |
| 10.                      | SVOC-GPC2-BLANK                  | SO               |                | X    |                      |      | 1            |     | X |   |   |   |   |   |   |   |   |  |

## SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

|                         |           |                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                               |
|-------------------------|-----------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| RELINQUISHED BY SAMPLER | DATE/TIME | RECEIVED BY         | Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp _____<br>MeOH extraction requires an additional 4oz. Jar for percent solid<br>Ice in Cooler?: _____<br>Comments: |                                                                                                                                                                                    |                                                                               |
| 1. JC                   | 4/18/25   | 1.                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                               |
| RELINQUISHED BY         | DATE/TIME | RECEIVED BY         |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                               |
| 2.                      |           | 2.                  | Comments:                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                               |
| RELINQUISHED BY         | DATE/TIME | RECEIVED FOR LAB BY |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                               |
| 3.                      |           | 3.                  | Page 1 of 2                                                                                                                                                                                                                                                                  | SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight<br>ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight | Shipment Complete<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT

YELLOW - ALLIANCE COPY

PINK - SAMPLER COPY



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C-H2SO4 D-NaOH  
E-ICE F-Other

| ALLIANCE<br>SAMPLE<br>ID | PROJECT<br>SAMPLE IDENTIFICATION | SAMPLE<br>MATRIX | SAMPLE<br>TYPE |      | SAMPLE<br>COLLECTION |      | # of Bottles | PRESERVATIVES |  |  |   |  |  |  |  |  | COMMENTS |
|--------------------------|----------------------------------|------------------|----------------|------|----------------------|------|--------------|---------------|--|--|---|--|--|--|--|--|----------|
|                          |                                  |                  | COMP           | GRAB | DATE                 | TIME |              | A/E           |  |  |   |  |  |  |  |  |          |
| 1.                       | PEST-GPC2-BLANK                  | SO               |                | X    |                      |      | 1            |               |  |  | X |  |  |  |  |  |          |
| 2.                       | PEST-GPC2-BLANK-SPIKE            | SO               |                | X    |                      |      | 1            |               |  |  | X |  |  |  |  |  |          |
| 3.                       | PCB-GPC2-BLANK                   | SO               |                | X    |                      |      | 1            |               |  |  | X |  |  |  |  |  |          |
| 4.                       | PCB-GPC2-BLANK-SPIKE             | SO               |                | X    |                      |      | 1            |               |  |  | X |  |  |  |  |  |          |
| 5.                       |                                  |                  |                |      |                      |      |              |               |  |  |   |  |  |  |  |  |          |
| 6.                       |                                  |                  |                |      |                      |      |              |               |  |  |   |  |  |  |  |  |          |
| 7.                       |                                  |                  |                |      |                      |      |              |               |  |  |   |  |  |  |  |  |          |
| 8.                       |                                  |                  |                |      |                      |      |              |               |  |  |   |  |  |  |  |  |          |
| 9.                       |                                  |                  |                |      |                      |      |              |               |  |  |   |  |  |  |  |  |          |
| 10.                      |                                  |                  |                |      |                      |      |              |               |  |  |   |  |  |  |  |  |          |

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| 1. <i>AK</i>            | 4/15/25   | 1.                  |                                                                                                                                                                                                                                                     |
| RELINQUISHED BY         | DATE/TIME | RECEIVED BY         |                                                                                                                                                                                                                                                     |
| 2.                      |           | 2.                  |                                                                                                                                                                                                                                                     |
| RELINQUISHED BY         | DATE/TIME | RECEIVED FOR LAB BY |                                                                                                                                                                                                                                                     |
| 3.                      |           | 3.                  |                                                                                                                                                                                                                                                     |

Page 2 of 2

|                                                                                                 |                                                                               |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight | Shipment Complete<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight                 |                                                                               |

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT

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### 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       |