



# SHIPPING DOCUMENTS

|                                                                                                                                                                                   |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|----------------------------------|-------------------|-------|--------------------|----------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2504022</b>                     |                                    |                            |                           | Courier : <b>F. GALDUN</b>                                                   |                                   |                                                                                                                                                                                                                                      |              | 1 of 2 COCs                    |                                  |                   |       |                    |          |
| Client ID : <b>GFEL01</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><br><br>City : <b>Lake Hiawatha</b><br><br>State : <b>NJ</b><br><br>Zip Code : <b>07034</b><br><br>Country : |                |                          |                         | Project Manager : <b>Frank galdun</b>                 |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                                                   |                |                          |                         | Phone Number : <b>646-542-3465</b>                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                                                   |                |                          |                         | Fax Number : <b>973-334-1692</b>                      |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                                                   |                |                          |                         | Site Details: <b>82-64 AUSTIN ST. Kew Gardens, NY</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                             |                |                          |                         | Standard : <b>12 business days</b> OR                 |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                      |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Rush (Specify): <b>3</b> Days                                                                                                                                                     |                |                          |                         | EDD Type : <b>PDF</b>                                 |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Sample Identification                                                                                                                                                             | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                     | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                            | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                                                                                         | Can ID       |                                | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15 | Indoor/Ambient Air | Soil Gas |
| <b>SU1</b>                                                                                                                                                                        | <b>4/17/25</b> | <b>8:49</b>              | <b>10:49</b>            | <b>30</b>                                             | <b>6</b>                           | <b>70</b>                  | <b>72</b>                 | <b>-30</b>                                                                   | <b>-6.7</b>                       | <b>10579</b>                                                                                                                                                                                                                         | <b>10605</b> | <b>6 L</b>                     | <b>50</b>                        | <b>VL042316.D</b> |       |                    |          |
| Temperature (Fahrenheit)                                                                                                                                                          |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                                                                                                       |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Start                                                                                                                                                                             |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Pressure (Inches of Hg)                                                                                                                                                           |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><b>REPORT ONLY: PCE, TCE, cis-1,2-DCE, 1,1-DCE, 1,1,1-TCA, VINYLCHLORIDE</b><br>Please follow the instructions on the back of this COC. |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Start                                                                                                                                                                             |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Special Instructions/QC Requirements & Comments :                                                                                                                                 |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Suspected Contamination: High <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">Medium</span> Low      PID Readings: <b>14.2</b>                       |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Sampling site (State):                                                                                                                                                            |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Quick Connector required : <b>NO</b>                                                                                                                                              |                |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                                                                                      |              |                                |                                  |                   |       |                    |          |
| Canisters Shipped by: <b>See below</b>                                                                                                                                            |                |                          |                         | Date/Time: <b>04/15/25</b>                            |                                    |                            |                           | Canisters Received by: <b>[Signature]</b>                                    |                                   |                                                                                                                                                                                                                                      |              | Date/Time: <b>4/18/25 1200</b> |                                  |                   |       |                    |          |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                                                       |                |                          |                         | Date/Time: <b>4/19/25</b>                             |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                                                      |              | Date/Time:                     |                                  |                   |       |                    |          |
| Relinquished by:                                                                                                                                                                  |                |                          |                         | Date/Time:                                            |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                                                                                      |              | Date/Time:                     |                                  |                   |       |                    |          |

|                                                                                                                                                                                   |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-----------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------|-------------|-------------------|---------------------------|---------------------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2504022</b>                         |                                    |                            |                           | Courier : <b>F GALDUN</b>                                              |                                   |                                                                                                                                                                                                                                                  |              | <u>2</u> of <u>2</u> COCs        |             |                   |                           |                     |
| Client ID : <b>GFEL01</b> Project ID : <b>10-11-11-11 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>82-64 AUSTIN ST.<br/>KEW GARDENS, NY</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Analysis Turnaround Time <b>5 DAY</b>                                                                                                                                             |                |                          |                         | Standard : <b>10 business days</b> OR                     |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Rush (Specify): <b>5</b> Days                                                                                                                                                     |                |                          |                         | EDD Type : <b>PDE</b>                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Sample Identification                                                                                                                                                             | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                         | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                                                                                                     | Can ID       | Flow Controller Readout (ml/min) | Can Cert ID | <b>TO-15</b>      | <b>Indoor Ambient Air</b> | <b>Soil Gas</b>     |
| <b>IA1</b>                                                                                                                                                                        | <b>4/17/25</b> | <b>8:50</b>              | <b>10:50</b>            | <b>OVER 30</b>                                            | <b>4</b>                           | <b>70</b>                  | <b>72</b>                 | <b>-30</b>                                                             | <b>-55</b>                        | <b>10185</b>                                                                                                                                                                                                                                     | <b>10153</b> | <b>6 L</b>                       | <b>50</b>   | <b>VL042316.D</b> |                           |                     |
| Temperature (Fahrenheit)                                                                                                                                                          |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">Sol</span>                                                                                                                           |              |                                  |             |                   |                           |                     |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                                   |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Start                                                                                                                                                                             |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Stop                                                                                                                                                                              |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Pressure (Inches of Hg)                                                                                                                                                           |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   | <b>** Submittal of this COC indicates approval of the analysis based on existing conditions.</b><br><b>REPORT ONLY: PCE, TCE, cis-1,2-DCE, 1,1-DCE, 1,1,1-TCA, VINYL CHLORIDE</b><br><br>Please follow the instructions on the back of this COC. |              |                                  |             |                   |                           |                     |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                                   |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Start                                                                                                                                                                             |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Stop                                                                                                                                                                              |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Special Instructions/QC Requirements & Comments :                                                                                                                                 |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Suspected Contamination: High Medium <b>Low</b> PID Readings: <b>0.0</b>                                                                                                          |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Sampling site (State):                                                                                                                                                            |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Quick Connector required : <b>NJ</b>                                                                                                                                              |                |                          |                         |                                                           |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                                                                                                                  |              |                                  |             |                   |                           |                     |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                  |                |                          |                         | Date/Time: <b>4/15/25</b>                                 |                                    |                            |                           | Canisters Received by: <b>AN</b>                                       |                                   |                                                                                                                                                                                                                                                  |              | Date/Time: <b>4/18/25 1200</b>   |             |                   |                           | <b>B2504022 - 1</b> |
| Samples Relinquished by: <b>FJD</b>                                                                                                                                               |                |                          |                         | Date/Time: <b>4/19/25</b>                                 |                                    |                            |                           | 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: Chemtech

Location: 284 Sheffield Street, Mountainside, NJ 7092

GORGE

Title: Sample Custodian

Field Sample Seal No.: Q1843

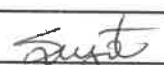
Date Broken: 4/18/2025

Military Time Seal Broken: 12:00:00

Case No.: 82-64 Austin St, Kew Gard

Analytical Parameter/Fraction: MOCMS Group2

| Sample No. | Aliquot/Extract No. | Sample No. | Aliquot/Extract No. |
|------------|---------------------|------------|---------------------|
| Q1843-01   | SV1                 |            |                     |
| Q1843-02   | IA1                 |            |                     |
|            |                     |            |                     |

| Date | Time | Relinquished By                                                                             | Received By                                                                                 | Purpose of Change of Custody |
|------|------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------|
| 4/21 | 0820 | Signature  | Signature  |                              |
|      |      | Printed Name <u>GORGE N.</u>                                                                | Printed Name <u>Sample Custodian</u>                                                        |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |
|      |      | Signature                                                                                   | Signature                                                                                   |                              |
|      |      | Printed Name                                                                                | Printed Name                                                                                |                              |

Distribution: White - Original (Sent With Report)

Yellow - Contractor Archive

Pink - Sample Custodian - Interim Copy