



284 Sheffield Street, Mountainside, NJ 07092
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CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q1903

COC Number:

CLIENT INFORMATION

COMPANY: Kleinfelder
ADDRESS: 180 Sheree Blvd Suite 3800
CITY: Exton STATE: PA ZIP: 19341
ATTENTION: Mark Warchol
PHONE: 484-883-3892 FAX:

PROJECT INFORMATION

PROJECT NAME: Mitchell School
PROJECT #: 27005164.001A LOCATION: Philadelphia
PROJECT MANAGER: Mark Warchol
E-MAIL: mwarchol@kleinfelder.com
PHONE: 484-883-3892 FAX:

BILLING INFORMATION

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

DATA TURNAROUND INFORMATION

FAX: 5 DAYS*
HARD COPY: 5 DAYS*
EDD: 5 DAYS*
* TO BE APPROVED BY ALLIANCE
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS

DATA DELIVERABLE INFORMATION

☐ RESULTS ONLY ☐ USEPA CLP
☐ RESULTS + QC ☐ New York State ASP "B"
☐ New Jersey REDUCED ☐ New York State ASP "A"
☐ New Jersey CLP ☒ Other Level 2 (Results + QC)
☐ EDD Format

ANALYSIS

BADEP Historic Clean Fall	Hold								
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

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles										
			COMP	GRAB	DATE	TIME		E	E								
1.	COMP-4	Soil	✓		4/25/25	9:25	4	✓									
2.	COMP-5		↓			10:05	↓	↓									
3.	COMP-6		↓			10:30	↓	↓									
4.	SB-13			✓		9:00	1		✓								
5.	SB-14			↓		9:05	↓	↓									
6.	SB-15			↓		9:15	↓	↓									
7.	SB-16			↓		9:20	↓	↓									
8.	SB-17			↓		9:35	↓	↓									
9.	SB-18			↓		9:45	↓	↓									
10.																	

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE PROSESSION 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 13.7 MeOH extraction requires an additional 4oz. Jar for percent solid Comments: Hold grab samples SB-13 through SB-18 "Adjust Factor + 1" It's done!
1. [Signature]	4/25/25 12:45	1. [Signature]	
RELINQUISHED BY	DATE/TIME	RECEIVED BY	
2. [Signature]	4-28-25 10:50	2. [Signature]	
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	
3. [Signature]		3. [Signature]	

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SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight
ALLIANCE: ☐ Picked Up ☐ Overnight

Shipment Complete
☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT

YELLOW - ALLIANCE COPY

PINK - SAMPLER COPY