

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: CAN Smith

ADDRESS: 110 Fieldcrest Ave #8 6th Fl.

CITY: Edison STATE: NJ ZIP: 08837

ATTENTION: M. Encinas

PHONE: 732 590 4679 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: UTEN UST

PROJECT NO.: LOCATION: 4th Vernon NJ

PROJECT MANAGER: M. Encinas

e-mail: EncinasMa@cdmsmith.com

PHONE: 732 590 4079 FAX: :

CLIENT BILLING INFORMATION

BILL TO: CAN Smith PO#:

ADDRESS: 110 Fieldcrest Ave #8 6th Fl.

CITY: Edison STATE: NJ ZIP: 08837

ATTENTION: M. Encinas PHONE: 732 590 4679

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*

HARDCOPY (DATA PACKAGE): DAYS*

EDD: DAYS*

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)

☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP

☐ Level 3 (Results + QC) ☒ NYS ASP A ☐ NYS ASP B

+ Raw Data) ☐ Other

☐ EDD FORMAT

1. 2. 3. 4. 5. 6. 7. 8. 9.

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		E _F	E								
1.	SS-1	Soil		✓	4/28/15	1130	5	✓	✓								CASI 9062-2 Analysis for email See a Hardcopy
2.	SS-91	Soil		✓		1135	5	✓	✓								
3.	SS-2	Soil		✓		1140	5	✓	✓								
4.	SS-3	Soil		✓		1213	5	✓	✓								
5.	SS-4	Soil		✓		1220	5	✓	✓								
6.	SS-5	Soil		✓		1236	5	✓	✓								
7.	SS-6	Soil		✓		1253	5	✓	✓								
8.	SS-7	Soil		✓		1300	5	✓	✓								
9.	SS-8 (MS/MS)	Soil		✓		1310	15	✓	✓								
10.	SS-9	Soil		✓		1353											

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: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP
1. <u>KC</u>	<u>4/29/15 1345</u>	<u>[Signature]</u>	2.8 °C
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Comments:
2.			Temp 2.8 °C Adjustment factor + 1 D IR gun #1
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>	<u>4-29-25 1650</u>	<u>[Signature]</u>	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: CDM Smith
ADDRESS: 110 Fieldcrest Ave #8 6th Floor
CITY Edison STATE: NJ ZIP: 08837
ATTENTION: M. Encinas
PHONE: 732 590 4679 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: UTEN UST
PROJECT NO.: LOCATION: Mt Vernon NJ
PROJECT MANAGER: M. Encinas
e-mail: Encinas.ma@cdmsmith.com
PHONE: 732 590 4679 FAX:

CLIENT BILLING INFORMATION

BILL TO: CDM Smith PO#:
ADDRESS: 110 Fieldcrest Ave #8 6th Floor
CITY Edison STATE: NJ ZIP: 08837
ATTENTION: M. Encinas PHONE: 732 590 4679

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): _____ DAYS*
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☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☒ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other _____
☐ EDD FORMAT _____

MUSCLE CFS
Tale 3-2 VAC
NYS ASP CFS
Tale 3-2 VAC

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		A	E								
1.	FB 0428225	Ag		✓	4/18/05	1930	3	✓	✓								CDM Table 3-2 Analysis Per spec See attach
2.																	
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:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
1. <u>[Signature]</u>	<u>4/29/05 1345</u>	1. <u>[Signature]</u>	Comments: <u>Temp 2.8C CADJUSTment factor +1 IR Gun #1</u>
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <u>[Signature]</u>		2. <u>[Signature]</u>	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>	<u>4-29-05 1650</u>	3. <u>[Signature]</u>	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO