

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: CSM Smith
ADDRESS: 110 Fieldcrest Ave #8 6th Flr
CITY Edison STATE: NJ ZIP: 08837
ATTENTION: M Encinas
PHONE: 732 590 4697 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: UTEN VST
PROJECT NO.: LOCATION: MT Vernon NJ
PROJECT MANAGER: M. Encinas
e-mail: Encinas M@cdm.com
PHONE: 732 590 4697 FAX:

CLIENT BILLING INFORMATION

BILL TO: CSM Smith PO#:
ADDRESS: 110 Fieldcrest Ave #8 6th Flr
CITY Edison STATE: NJ ZIP: 08837
ATTENTION: M. Encinas PHONE: 732 590 4697

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. TCLP VOC
2. TCLP SVOC
3. TCLP metals
4. liquids
5. compositing
6. leachability
7. leachability
8. leachability
9. leachability

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	<u>WC 04282025</u>	<u>Soil</u>	☒	<u>grab</u>	<u>4/28/25</u>	<u>1415</u>	<u>4</u>	☒	☒	☒	☒	☒	☒				
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: 1. <u>[Signature]</u>	DATE/TIME: <u>4/24/25 1345</u>	RECEIVED BY: <u>[Signature]</u> <u>1345</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.5</u> °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY:	Temp <u>2.5</u> °C Adjustment factor + D IR Gun #1
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>4-29-25</u>	RECEIVED BY:	Page ____ of
			CLIENT: ☐ Hand Delivered ☐ Other
			Shipment Complete ☐ YES ☐ NO