



# SHIPPING DOCUMENTS

|                                                                                                                                                                          |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|------------------|---|---|---|---|---|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| <b>CHEMTECH</b><br>CHAIN OF CUSTODY RECORD                                                                                                                               |                                  | 284 Sheffield Street, Mountainside, NJ 07092<br>(908) 789-8900 Fax: (908) 78-8922<br>www.chemtech.net |  | Chemtech Project Number: <span style="font-size: 1.2em;">Q1943</span>                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |                                  |                                                                                                       |  | COC Number:                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>CLIENT INFORMATION</b>                                                                                                                                                |                                  |                                                                                                       |  | <b>PROJECT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | <b>BILLING INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| COMPANY: Tetra Tech                                                                                                                                                      |                                  |                                                                                                       |  | PROJECT NAME: NWIRP Bethpage                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | BILL TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                    |   |   | PO#              |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| ADDRESS: 4433 Corporation Ln, Suite 300                                                                                                                                  |                                  |                                                                                                       |  | PROJECT #: 112G08005-WE13      LOCATION: RW5B                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| CITY: Virginia Beach      STATE: VA      ZIP: 23462                                                                                                                      |                                  |                                                                                                       |  | PROJECT MANAGER: Ernie Wu                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | CITY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                    |   |   | STATE:      ZIP: |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| ATTENTION: Ernie Wu                                                                                                                                                      |                                  |                                                                                                       |  | E-MAIL: ernie.wu@tetratech.com                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | ATTENTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                    |   |   | PHONE:           |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| PHONE: 757-466-4901      FAX: 757-461-4148                                                                                                                               |                                  |                                                                                                       |  | PHONE: 757-466-4901      FAX: 757-461-4148                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>DATA TURNAROUND INFORMATION</b>                                                                                                                                       |                                  |                                                                                                       |  | <b>DATA DELIVERABLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                            |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | <b>ANALYSIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| FAX: _____ 10 _____ DAYS*<br>HARD COPY: _____ 10 _____ DAYS*<br>EDD _____ 10 _____ DAYS*<br>* TO BE APPROVED BY CHEMTECH<br>STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS |                                  |                                                                                                       |  | <input type="checkbox"/> RESEULTS ONLY <input type="checkbox"/> USEPA CLP<br><input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B"<br><input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A"<br><input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____<br><input type="checkbox"/> EDD Format _____ |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      | <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; margin-right: 5px;">1,4-Dioxane SW846 6270 SIM</div> <table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr><td style="width: 20px;">1</td><td style="width: 20px;">2</td><td style="width: 20px;">3</td><td style="width: 20px;">4</td><td style="width: 20px;">5</td><td style="width: 20px;">6</td><td style="width: 20px;">7</td><td style="width: 20px;">8</td><td style="width: 20px;">9</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   | 1 | 2                                                                                     | 3                                                                                    | 4 | 5 | 6 | 7 | 8 | 9 |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   | 1 | 2                                                                                     | 3                                                                                    | 4 | 5 | 6 | 7 | 8 | 9 |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>PRESERVATIVES</b>                                                                                                                                                     |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | <b>COMMENTS</b>                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| CHEMTECH<br>SAMPLE<br>ID                                                                                                                                                 | PROJECT<br>SAMPLE IDENTIFICATION |                                                                                                       |  | SAMPLE<br>MATRIX                                                                                                                                                                                                                                                                                                                                                                               | SAMPLE<br>TYPE |                                                                                                                                                                                                                                                                                                                                                                                          | SAMPLE<br>COLLECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | # of Bottles |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   | <-- Specify Preservatives<br>A-HCl    B-HNO3<br>C-H2SO4    D-NaOH<br>E-ICE    F-Other |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |                                  |                                                                                                       |  | COMP                                                                                                                                                                                                                                                                                                                                                                                           | GRAB           | DATE                                                                                                                                                                                                                                                                                                                                                                                     | TIME                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | 2                                                                                                                                                                                  | 3 | 4 | 5                | 6 | 7 | 8 | 9 |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 1.                                                                                                                                                                       | RW5-SP100-20250501               |                                                                                                       |  | GW                                                                                                                                                                                                                                                                                                                                                                                             |                | x                                                                                                                                                                                                                                                                                                                                                                                        | 5/1/25               | 10:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1            | x                                                                                                                                                                                  |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 2.                                                                                                                                                                       | RW5-SP201-20250501               |                                                                                                       |  | GW                                                                                                                                                                                                                                                                                                                                                                                             |                | x                                                                                                                                                                                                                                                                                                                                                                                        | 5/1/25               | 10:47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1            | x                                                                                                                                                                                  |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 3.                                                                                                                                                                       | RW5-SP303-20250501               |                                                                                                       |  | GW                                                                                                                                                                                                                                                                                                                                                                                             |                | x                                                                                                                                                                                                                                                                                                                                                                                        | 5/1/25               | 10:53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1            | x                                                                                                                                                                                  |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 4.                                                                                                                                                                       |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 5.                                                                                                                                                                       |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 6.                                                                                                                                                                       |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 7.                                                                                                                                                                       |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 8.                                                                                                                                                                       |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 9.                                                                                                                                                                       |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 10.                                                                                                                                                                      |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE PROSESSION INCLUDING COURIER DELIVERY</b>                                                            |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 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 <u>2.7°C</u><br>MeOH extraction requires an additional 4oz. Jar for percent solid <input type="checkbox"/> Ice in Cooler?: <u>yes</u><br>Comments: <span style="font-size: 1.1em;">'JP-Gun #1    "Adjust factor + 1"'</span> |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 1. <u>AW</u>                                                                                                                                                             |                                  | 5/1/25 1500                                                                                           |  | 1. <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| RELINQUISHED BY                                                                                                                                                          |                                  | DATE/TIME                                                                                             |  | RECEIVED BY                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 2. <u>[Signature]</u>                                                                                                                                                    |                                  | 5/2/25 950                                                                                            |  | 2. <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| RELINQUISHED BY                                                                                                                                                          |                                  | DATE/TIME                                                                                             |  | RECEIVED FOR LAB BY                                                                                                                                                                                                                                                                                                                                                                            |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| 3. <u>[Signature]</u>                                                                                                                                                    |                                  |                                                                                                       |  | 3. <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| Page _____ of _____                                                                                                                                                      |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight<br>CHEMTECH: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight |   |   |                  |   |   |   |   |   |                                                                                       | <b>Shipment Complete</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
| WHITE - CHEMTECH COPY FOR RETURN TO CLIENT    YELLOW - CHEMTECH COPY    PINK - SAMPLER COPY                                                                              |                                  |                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                    |   |   |                  |   |   |   |   |   |                                                                                       |                                                                                      |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |

### 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       |