



SHIPPING DOCUMENTS

CLIENT INFORMATION

COMPANY: CDM SMITH
ADDRESS: 110 FIELDCREST AVE #8 6TH FLOOR
CITY EDISON STATE: NJ ZIP: 08837
ATTENTION: MARCIE ENCINAS
PHONE: 732-5904679 FAX: 732-225-7851

CLIENT PROJECT INFORMATION

PROJECT NAME: SOUTH RIVER WA REPLACEMENT
PROJECT NO.: 302781 LOCATION: SOUTH RIVER
PROJECT MANAGER: MARCIE ENCINAS
e-mail: ENCINASMA@CDMSMITH.COM
PHONE: 732-5904679 FAX: 732-225-7851

CLIENT BILLING INFORMATION

BILL TO: CDM SMITH PO#:
ADDRESS: 110 FIELDCREST AVE #8 6TH FLOOR
CITY EDISON STATE: NJ ZIP: 08837
ATTENTION: MARCIE ENCINAS PHONE: 732-5904679

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 _____

TCL WCL
TCL SVOC
TAL METALS
PCBS
PESTICIDE
HERBICIDE
DRO/GRS

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		1	2	3	4	5	6	7	8	9	
1.	TP-1	SOIL		X	5/6/25	0837	6	X	X	X	X	X	X	X			E
2.	TP-2B	SOIL		X	5/6/25	1116	6	X	X	X	X	X	X	X			E
3.	TP-3	SOIL		X	5/6/25	1310	6	X	X	X	X	X	X	X			E
4.	TP-4	SOIL		X	5/7/25	0815	6	X	X	X	X	X	X	X			E
5.	TP-5	SOIL		X	5/7/25	1047	6	X	X	X	X	X	X	X			E
6.	TP-6	SOIL		X	5/7/25	1150	6	X	X	X	X	X	X	X			E
7.	TP-8	SOIL		X	5/7/25	1245	6	X	X	X	X	X	X	X			E
8.	TP-9	SOIL		X	5/7/25	1330	6	X	X	X	X	X	X	X			E
9.																	
10.																	

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER: 1. [Signature]	DATE/TIME: 5/7/25 1455	RECEIVED BY: 1. [Signature]	1455	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.1 °C
RELINQUISHED BY SAMPLER: 2. [Signature]	DATE/TIME:	RECEIVED BY: 2. [Signature]	5-7-25	Comments: Temp 3.1 °C Adjustment Factor + DIR Gun #1
RELINQUISHED BY SAMPLER: 3. [Signature]	DATE/TIME: 5-7-25	RECEIVED BY: 3. [Signature]		Page ____ of CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO

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

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q1982	CAMP02	Order Date : 5/7/2025 3:20:42 PM	Project Mgr :
Client Name : CDM Smith		Project Name : South River WM Replacem	Report Type : Level 1 <i>NO Reduce</i>
Client Contact : Marcie Ann Encinas		Receive DateTime : 5/7/2025 12:00:00 AM	EDD Type : EXCEL NOCLEANUP
Invoice Name : CDM Smith		Purchase Order : 16:02	Hard Copy Date :
Invoice Contact : Marcie Ann Encinas			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q1982-01	TP-1	Solid	05/07/2025 05/06/2025	08:37	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-02	TP-2B	Solid	05/07/2025 05/06/2025	11:16	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-03	TP-3	Solid	05/07/2025 05/06/2025	13:10	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-04	TP-4	Solid	05/07/2025	08:15	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-05	TP-5	Solid	05/07/2025	10:47	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-06	TP-6	Solid	05/07/2025	11:50	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-07	TP-7 TP-8	Solid	05/07/2025	12:45	VOC-TCLVOA-10		8260D		10 Bus. Days
Q1982-08	TP-8 TP-9	Solid	05/07/2025	13:30					

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q1982 **CAMP02**
Client Name : CDM Smith
Client Contact : Marcie Ann Encinas
Invoice Name : CDM Smith
Invoice Contact : Marcie Ann Encinas

Order Date : 5/7/2025 3:20:42 PM
Project Name : South River WM Replacem
Receive DateTime : 5/7/2025 12:00:00 AM
Purchase Order : 16102

Project Mgr :
Report Type : Level 1 *NO Reduce*
EDD Type : EXCEL NOCLEANUP
Hard Copy Date :
Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
					VOC-TCLVOA-10		8260D		10 Bus. Days

Relinquished By : *[Signature]*
Date / Time : 5/8/25 0850

Received By : *[Signature]*
Date / Time : 5/6/25 08:10 *[Signature]*
Storage Area : VOA Refridgerator Room