



# SHIPPING DOCUMENTS



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www.chemtech.net

## CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q 2025

COC Number:

## CLIENT INFORMATION

## PROJECT INFORMATION

## BILLING INFORMATION

COMPANY: Tully Environmental Inc.

ADDRESS: 57 Seaview Blvd

CITY: Pt Washington STATE: NY ZIP: 11050

ATTENTION: Dean Devoe

PHONE: 718 446 7000

FAX:

PROJECT NAME: Transfer Station SPDES

PROJECT #: 252113

LOCATION:

PROJECT MANAGER:

E-MAIL:

PHONE:

FAX:

BILL TO: Same

PO#

ADDRESS:

CITY:

STATE: ZIP:

ATTENTION:

PHONE:

## ANALYSIS

## DATA TURNAROUND INFORMATION

## DATA DELIVERABLE INFORMATION

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

\* RESULTS ONLY ☐ USEPA CLP  
☐ RESULTS + QC ☐ New York State ASP "B"  
☐ New Jersey REDUCED ☐ New York State ASP "A"  
☐ New Jersey CLP ☐ Other \_\_\_\_\_  
☐ EDD Format \_\_\_\_\_

Cu, Fe, Pb

1 2 3 4 5 6 7 8 9

## PRESERVATIVES

## COMMENTS

<-- Specify Preservatives  
A-HCl B-HNO3  
C-H2SO4 D-NaOH  
E-ICE F-Other

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	001 Willets Pt Blvd (Apr)	W		X	5/12/25	12:30		X									pH 1.0
2.	002 35th Ave (Apr)	W		X	5/12/25	12:30		X									pH 1.0
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 May 12, 2025	RECEIVED BY	1. <i>CR</i>	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp <u>5.2</u> MeOH extraction requires an additional 4oz. Jar for percent solid Comments:  <i>If Gun # 1</i>
RELINQUISHED BY	DATE/TIME <u>5/13/25</u>	RECEIVED BY	2. <i>CR</i>	
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	3.	
Page _____ of _____			SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight	
			Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO	

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT

YELLOW - ALLIANCE 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