

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:
 COMPANY: CDM SMITH
 ADDRESS: 110 FIELDCREST AVE #8 6TH FLOOR
 CITY EDISON STATE: NJ ZIP: 08837
 ATTENTION: MARCIE ENCINAS
 PHONE: 732-590-4679 FAX: 732-225-7851

PROJECT NAME: SOUTH RIVER WM REPLACEMENT
 PROJECT NO.: 302781 LOCATION: SOUTH RIVER, NJ
 PROJECT MANAGER: MARCIE ENCINAS
 e-mail: ENCINASMA@CDMSMITH.COM
 PHONE: 732-590-4679 FAX: 732-225-7851

BILL TO: CDM SMITH PO#:
 ADDRESS: 110 FIELDCREST AVE #8 6TH FLOOR
 CITY EDISON STATE: NJ ZIP: 08837
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ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) _____ DAYS*
 HARDCOPY (DATA PACKAGE): _____ DAYS*
 EDD: _____ DAYS*
 *TO BE APPROVED BY CHEMTECH
 STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

Level 1 (Results Only) Level 4 (QC + Full Raw Data)
 Level 2 (Results + QC) NJ Reduced US EPA CLP
 Level 3 (Results + QC) NYS ASPA NYS ASP B
 + Raw Data Other _____
 EDD FORMAT

1. TEL VOC
 2. TEL SVOC
 3. METALS
 4. PCB
 5. PESTICIDES
 6. HERBICIDES
 7. DRUGS
 8. FULL TCLP
 9. RCRA CHARAL

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS ← 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-11	SOIL	X			5/13/25	0830	6	X	X	X	X	X		X	X	
2.	TP-29	SOIL	X		5/13/25	1010	6	X	X	X	X	X	X	X						
3.	TP-29-99	SOIL	X		5/13/25	1010	6	X	X	X	X	X	X	X						
4.	TP-24	SOIL	X		5/13/25	1130	18	X	X	X	X	X	X	X						E; MS/MSI
5.	TP-37	SOIL	X		5/13/25	1250	6	X	X	X	X	X	X	X						E
6.	TP-32	SOIL	X		5/13/25	1330	6	X	X	X	X	X	X	X						E
7.	COMP-1	SOIL	X		5/13/25	1405	4									X	X			E
8.	FB-05132025	AQUAUS	X		5/13/25	1445	10	X	X	X	X	X	X	X						E, A, B
9.																				
10.																				

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

RELINQUISHED BY SAMPLER: 1. [Signature]	DATE/TIME: 5/13/25 / 1505	RECEIVED BY: 1. [Signature] (SAs) S-13-25	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP _____ °C
RELINQUISHED BY SAMPLER: 2. [Signature]	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3. [Signature]	DATE/TIME: 5-13-25	RECEIVED BY: 3.	CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other

Page ____ of Shipment Complete YES NO