



# SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: CDM Smith  
ADDRESS: 110 Fieldcrest Ave. #8 6th Floor  
CITY Edison STATE: NJ ZIP: 08817  
ATTENTION: M. Encinas  
PHONE: 732 590 4679 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: UTEN VST  
PROJECT NO.: LOCATION: Mt. Vernon NJ  
PROJECT MANAGER: M. Encinas  
e-mail: Encinas MA@cdm.smith.com  
PHONE: 732 590 4679 FAX:

CLIENT BILLING INFORMATION

BILL TO: CDM Smith PO#:   
ADDRESS: 110 Fieldcrest Ave #8 6th Floor  
CITY Edison STATE: NJ ZIP: 08817  
ATTENTION: M. Encinas PHONE: 732 590 4679

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) 5 business DAYS\*  
HARDCOPY (DATA PACKAGE): DAYS\*  
EDD: DAYS\*  
\*TO BE APPROVED BY CHEMTECH  
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

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

1. PAUSE & JOC  
2. PAUSE & JOC  
3. PAUSE & JOC

PRESERVATIVES

COMMENTS

| ALLIANCE<br>SAMPLE<br>ID | PROJECT<br>SAMPLE IDENTIFICATION | SAMPLE<br>MATRIX | SAMPLE<br>TYPE |      | SAMPLE<br>COLLECTION |      | # OF BOTTLES |   |   |   |   |   |   |   |   |   | ← Specify Preservatives<br>A-HCl D-NaOH<br>B-HNO3 E-ICE<br>C-H2SO4 F-OTHER |
|--------------------------|----------------------------------|------------------|----------------|------|----------------------|------|--------------|---|---|---|---|---|---|---|---|---|----------------------------------------------------------------------------|
|                          |                                  |                  | COMP           | GRAB | DATE                 | TIME |              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |                                                                            |
| 1.                       | FB-05152025                      | Ag               |                | ✓    | 5/15/25              | 1230 | 3            | ✓ | ✓ |   |   |   |   |   |   |   | CP-51 Task 3<br>Per email and<br>see attached                              |
| 2.                       | SS-10                            | Sol              |                | ✓    | 5/15/25              | 1310 | 5            | ✓ | ✓ |   |   |   |   |   |   |   |                                                                            |
| 3.                       | SS-910                           | Sol              |                | ✓    | 5/15/25              | 1315 | 5            | ✓ | ✓ |   |   |   |   |   |   |   |                                                                            |
| 4.                       | SS-11 (MS/MSB)                   | Sol              |                | ✓    | 5/15/25              | 1400 | 15           | ✓ | ✓ |   |   |   |   |   |   |   |                                                                            |
| 5.                       | SS-MW-11.5                       | Sol              |                | ✓    | 5/16/25              | 0835 | 5            | ✓ | ✓ |   |   |   |   |   |   |   |                                                                            |
| 6.                       | FB-05162025                      | Ag               |                | ✓    | 5/16/25              | 1535 | 3            | ✓ | ✓ |   |   |   |   |   |   |   |                                                                            |
| 7.                       |                                  |                  |                |      |                      |      |              |   |   |   |   |   |   |   |   |   |                                                                            |
| 8.                       |                                  |                  |                |      |                      |      |              |   |   |   |   |   |   |   |   |   |                                                                            |
| 9.                       |                                  |                  |                |      |                      |      |              |   |   |   |   |   |   |   |   |   |                                                                            |
| 10.                      |                                  |                  |                |      |                      |      |              |   |   |   |   |   |   |   |   |   |                                                                            |

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

|                                                   |                                   |                                       |                                                                                                                                                                                           |
|---------------------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELINQUISHED BY SAMPLER:<br>1. <u>GC</u>          | DATE/TIME:<br><u>5/15/25 1555</u> | RECEIVED BY:<br>1. <u>[Signature]</u> | Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>2.4 °C</u>                 |
| RELINQUISHED BY SAMPLER:<br>2. <u>[Signature]</u> | DATE/TIME:<br><u></u>             | RECEIVED BY:<br>2. <u></u>            | Comments: <u>IR Con #1</u>                                                                                                                                                                |
| RELINQUISHED BY SAMPLER:<br>3. <u>[Signature]</u> | DATE/TIME:<br><u></u>             | RECEIVED BY:<br>3. <u></u>            | Page <u></u> of <u></u> CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other <u></u> Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> 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

|                                             |        |                                                |                                |
|---------------------------------------------|--------|------------------------------------------------|--------------------------------|
| <b>Order ID :</b> Q2075                     | CAMP02 | <b>Order Date :</b> 5/16/2025 4:10:00 PM       | <b>Project Mgr :</b>           |
| <b>Client Name :</b> CDM Smith              |        | <b>Project Name :</b> Con Ed UTEN Mount Vern   | <b>Report Type :</b> NYS ASP B |
| <b>Client Contact :</b> Marcie Ann Encinas  |        | <b>Receive DateTime :</b> 5/16/2025 3:55:00 PM | <b>EDD Type :</b> EQUIS        |
| <b>Invoice Name :</b> CDM Smith             |        | <b>Purchase Order :</b>                        | <b>Hard Copy Date :</b>        |
| <b>Invoice Contact :</b> Marcie Ann Encinas |        |                                                | <b>Date Signoff :</b>          |

| LAB ID   | CLIENT ID   | MATRIX | SAMPLE DATE | SAMPLE TIME               | TEST         | TEST GROUP | METHOD   | FAX DATE                | DUE DATES |
|----------|-------------|--------|-------------|---------------------------|--------------|------------|----------|-------------------------|-----------|
| Q2075-01 | SS-10       | Solid  | 05/15/2025  | <del>12:30</del><br>13:10 | VOCMS Group3 |            | 8260D    | <del>10 Bus. Days</del> | 5 days    |
| Q2075-02 | SS-910      | Solid  | 05/15/2025  | <del>13:10</del><br>13:15 | VOCMS Group3 |            | 8260D    | <del>10 Bus. Days</del> |           |
| Q2075-03 | SS-11       | Solid  | 05/15/2025  | <del>13:15</del><br>14:00 | VOCMS Group3 |            | 8260D    | <del>40 Bus. Days</del> |           |
| Q2075-04 | Q2075-03MS  | Solid  | 05/15/2025  | <del>13:15</del><br>14:00 | VOCMS Group3 |            | 8260D    | <del>10 Bus. Days</del> |           |
| Q2075-05 | Q2075-03MSD | Solid  | 05/15/2025  | <del>13:15</del><br>14:00 | VOCMS Group3 |            | 8260D    | <del>40 Bus. Days</del> |           |
| Q2075-06 | SS-MW1-11.5 | Solid  | 05/16/2025  | 08:35                     | VOCMS Group3 |            | 8260D    | <del>40 Bus. Days</del> |           |
| Q2075-07 | FB-05152025 | Water  | 05/15/2025  | 12:30                     | VOCMS Group3 |            | 8260-Low | <del>10 Bus. Days</del> |           |
| Q2075-08 | FB-05162025 | Water  | 05/16/2025  | 15:35                     |              |            |          |                         |           |

## LOGIN REPORT/SAMPLE TRANSFER

|                                             |        |                                                |                               |
|---------------------------------------------|--------|------------------------------------------------|-------------------------------|
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| <b>Client Name :</b> CDM Smith              |        | <b>Project Name :</b> Con Ed UTEN Mount Vern   | <b>Report Type :</b> NYS ASPB |
| <b>Client Contact :</b> Marcie Ann Encinas  |        | <b>Receive DateTime :</b> 5/16/2025 3:55:00 PM | <b>EDD Type :</b> EQUIS       |
| <b>Invoice Name :</b> CDM Smith             |        | <b>Purchase Order :</b>                        | <b>Hard Copy Date :</b>       |
| <b>Invoice Contact :</b> Marcie Ann Encinas |        |                                                | <b>Date Signoff :</b>         |

| LAB ID | CLIENT ID | MATRIX | SAMPLE DATE | SAMPLE TIME | TEST         | TEST GROUP | METHOD   | FAX DATE     | DUE DATES |
|--------|-----------|--------|-------------|-------------|--------------|------------|----------|--------------|-----------|
|        |           |        |             |             | VOCMS Group3 |            | 8260-Low | 40 Bus. Days | 5 Days    |

Relinquished By : cl

Date / Time : 5/19/25 11:30

Received By : Iram

Date / Time : 05/19/25 11:30

Storage Area : VOA Refridgerator Room

*Handwritten notes:*  
 25/19/25 11:30  
 25/19/25 11:30  
 25/19/25 11:30