



284 Sheffield Street, Mountainside, NJ 07092

(908) 789-8900 Fax: (908) 788-9222

www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q2090

COC Number:

CLIENT 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 INFORMATION

PROJECT NAME: Transfer Station SPDES

PROJECT #: 252113 LOCATION:

PROJECT MANAGER:

E-MAIL:

PHONE:

FAX:

BILLING INFORMATION

BILL TO: Same

PO#

ADDRESS:

CITY:

STATE: ZIP:

ATTENTION:

PHONE:

DATA TURNAROUND INFORMATION

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

DATA DELIVERABLE INFORMATION

* 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

ANALYSIS

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	5/16/25	10:00		X									
2.	002 35th Ave (Apr)	W		X	5/16/25	10:00		X									
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 16, 2025	RECEIVED BY	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp 17.3°C MeOH extraction requires an additional 4oz. Jar for percent solid Comments: Ice in Cooler?: <u>no</u> If-6-4
1. D Devoe		1. <u>[Signature]</u>	
RELINQUISHED BY	DATE/TIME 5/16/25	RECEIVED BY	
2.		2. <u>[Signature]</u>	
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	
3.		3.	

SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight
ALLIANCE: ☐ Picked Up ☐ Overnight

Shipment Complete
☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT

YELLOW - ALLIANCE COPY

PINK - SAMPLER COPY