



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Parsons
ADDRESS: 301 Plainfield Rd
CITY Syracuse STATE: NY ZIP:
ATTENTION: Stephen Liberatore
PHONE: 315-418-8767 FAX: N/A

CLIENT PROJECT INFORMATION

PROJECT NAME: Con Ed Atlantic Ave
PROJECT NO.: 453957-01000 LOCATION: Brooklyn, NY
PROJECT MANAGER: Stephen Liberatore
e-mail: Stephen.Liberatore@parsons.com
PHONE: 315-418-8767 FAX:

CLIENT BILLING INFORMATION

BILL TO: Parsons PO#:
ADDRESS: 301 Plainfield Rd
CITY Syracuse STATE: NY ZIP: 1321
ATTENTION: Stephen Liberatore PHONE: 315-418-8767

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) Standard 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	2	3	4	5	6	7	8	9
VOCs + TICs	TDS	Sulfate						

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME		A	E	E							← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1.	MW-7-20250602	W		X	6/2/25	1335	4	X	X	X								
2.	MW-8-20250602	W		X	6/2/25	1450	4	X	X	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: 1. <u>4m</u>	DATE/TIME: <u>6/2/25 17A</u>	RECEIVED BY: <u>[Signature]</u> <u>6-2-25 1714</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.0</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY:	Comments: <u>Please CC kirsten.valentini@parsons</u>
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>6-2-25 1850</u>	RECEIVED BY: 3.	

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



284 Sheffield Street, Mountainside, New Jersey 07092, Phone : 908 789 8900,
Fax : 908 789 8922

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q2189	PARS02	Order Date : 6/2/2025 4:45:00 PM	Project Mgr :
Client Name : PARSONS Engineering of I		Project Name : Con Ed Non-MGP - East Ri	Report Type : Results Only
Client Contact : Stephen Liberatore		Receive DateTime : 6/2/2025 6:50:00 PM	EDD Type : Excel NY
Invoice Name : PARSONS Engineering of I		Purchase Order :	Hard Copy Date :
Invoice Contact : Stephen Liberatore			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q2189-01	MW-7-20250602	Water	06/02/2025	13:35					
					VOCMS Group1		8260-Low	10 Bus. Days	
Q2189-02	MW-8-20250602	Water	06/02/2025	13:35					
				14:50	VOCMS Group1		8260-Low	10 Bus. Days	

Relinquished By :

Date / Time :


6/3/25 1120

Received By :

Date / Time :


6/3/25 1120

Storage Area : VOA Refridgerator Room