



284 Sheffield Street, Mountainside, NJ 07092  
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### CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q2205

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

Fe	TSS								
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 (May)	W		X	6/3/25	1:15		X	X								
2.	002 35th Ave (May)	W		X	6/3/25	1:15		X	X								
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER 1. D Devoe	DATE/TIME June 3, 2025	RECEIVED BY 1.	<b>Conditions of bottles or coolers at receipt:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp <u>5.4</u> MeOH extraction requires an additional 4oz. Jar for percent solid <b>Comments:</b>  	
RELINQUISHED BY 2.	DATE/TIME <u>6/4/25</u>	RECEIVED BY 2.		
RELINQUISHED BY 3.	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	<b>Shipment Complete</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY