



SHIPPING DOCUMENTS

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc. Contact/Authorized by: Robert Szot
 Mailing Address: 410 Hillside Ave. Phone: 908-688-8900 EXT 129
 City/State/Zip: Hillside, NJ. 07205 Email: rszot@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER
 SAMPLE LOCATION: ACUA SW LANDELL LEACHATE TANKS Pinelands Park Leachate Tanks

Grab/Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
		Date	Time	AM	PM		No.	Type*	Size	Pres.*
X	250528063-02 VOA	6/18/25	8:57	X		EPA 8260 TOL LIST + Acrolien & Acrylonitrile	3	vials	4cmL	A
	250618062-05 Trip blank					EPA 8260 TOL LIST + Acrolien & Acrylonitrile	2	↓	↓	A

Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify:
 Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

☒ SUBCONTRACTED WORK

TURNAROUND TIME: ☒ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO: Chem Tech

DATE/TIME:

METHOD OF SHIPMENT:

Deliver

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

① Please only run acrolien/acrylonitrile AT L16
 VOA UNPRESERVED DUE TO EFFERVESCENCE - 3 DAY TAT PER JORDAN HEDVAT

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):

Signature:

Date/Time:

Client/Client's Representative (PRINT):

Signature:

Date/Time:

1. Received/Relinquished by (PRINT): Stephen Mershan

Signature: Stephen Mershan

Date/Time: 6/18/25 15:13

2. Received/Relinquished by (PRINT): MATT JACKSON

Signature: Matt Jackson

Date/Time: 6/19/25 8:17

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 : Q2366	GARD04	Order Date : 6/19/2025 10:59:00 AM	Project Mgr : Yazmeen
Client Name : Garden State Laboratories, I		Project Name : Waste Water 2025	Report Type : Level 1
Client Contact : Sharon Ercoliani		Receive DateTime : 6/19/2025 8:17:00 AM	EDD Type : EXCEL NOCLEANUP
Invoice Name : Garden State Laboratories, I		Purchase Order :	Hard Copy Date :
Invoice Contact : Sharon Ercoliani			Date Signoff : 6/19/2025 11:39:07 AM

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q2366-01	250528063-02-VOA	Water	06/18/2025	08:57					
					VOCMS Group1		624.1	10 Bus. Days	
Q2366-02	250618063-05-Trip blank	Water	06/18/2025	08:57					
					VOCMS Group1		624.1	10 Bus. Days	

Relinquished By : ef
Date / Time : 6/19/25 13:25

Received By : Samy
Date / Time : 06/19/25 13:25 By #5
Storage Area : VOA Refridgerator Room