



284 Sheffield Street, Mountainside, NJ 07092

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

www.chemtech.net

CHAIN OF CUSTODY RECORD

q2426

Alliance Project Number:

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:

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

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 _____CHEMTECH
SAMPLE
IDPROJECT
SAMPLE IDENTIFICATIONSAMPLE
MATRIXSAMPLE
TYPESAMPLE
COLLECTION

of Bottles

COMP

GRAB

DATE

TIME

1	2	3	4	5	6	7	8	9	
---	---	---	---	---	---	---	---	---	--

1.	001 Willets Pt Blvd (May)	W		X	6/24/25	11:15													
2.	002 35th Ave (May)	W		X	6/24/25	11:15													
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	RECEIVED BY	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp <u>5-8°C</u> MeOH extraction requires an additional 4oz. Jar for percent solid Comments:
1. D Devoe	June 24, 2025	1. <u>[Signature]</u>	
RELINQUISHED BY	DATE/TIME	RECEIVED BY	
2. <u>FedEx</u>	6-25-25 1345	2. <u>[Signature]</u>	
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	
3. _____		3. _____	

Page _____ of _____

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