

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **CDM SMITH**
ADDRESS: **110 FIELDCREST AVE #8 6TH FLOOR**
CITY: **EDISON** STATE: **NJ** ZIP: **08837**
ATTENTION: **MARCIE ENCINAS**
PHONE: **7325904679** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **SOUTH RIVER WM REPLACEMENT**
PROJECT NO.: **302781** LOCATION: **SOUTH RIVER, NJ**
PROJECT MANAGER: **MARCIE ENCINAS**
e-mail: **ENCINASMA@CDMSMITH.COM**
PHONE: **7325904679** FAX:

CLIENT BILLING INFORMATION

BILL TO: **CDM SMITH** PO#: **7325904679**
ADDRESS: **110 FIELDCREST AVE #8 6TH FLOOR**
CITY: **EDISON** STATE: **NJ** ZIP: **08837**
ATTENTION: **MARCIE ENCINAS** PHONE: **7325904679**

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ 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 _____

TCL VOC
TCL NVOC
PCB'S
TAL METALS
PESTICIDES
HERBICIDES
DRO/GRO

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	TP-70	S		X	6/26/25	1115	6	X	X	X	X	X	X	X			E
2.	TP-65	S		X	6/26/25	1200	6	X	X	X	X	X	X	X			E
3.	TP-68	S		X	6/27/25	0745	6	X	X	X	X	X	X	X			E
4.	TP-67	S		X	6/27/25	0805	6	X	X	X	X	X	X	X			E
5.	TP-66	S		X	6/27/25	0835	6	X	X	X	X	X	X	X			E
6.	TP-60	S		X	6/27/25	0910	6	X	X	X	X	X	X	X			E
7.	TP-62	S		X	6/27/25	1005	6	X	X	X	X	X	X	X			E
8.	TP-63	S		X	6/27/25	1055	6	X	X	X	X	X	X	X			E
9.	TP-54	S		X	6/27/25	1205	6	X	X	X	X	X	X	X			E
10.	FB-06272025	BAR		X	6/27/25	1300	9	X	X	X	X	X	X	X			E, A, B

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: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
1. <i>[Signature]</i>	6/27/25/1600	<i>[Signature]</i> 1600	Comments: _____
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <i>[Signature]</i>			
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <i>[Signature]</i>	6-27-25		

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO