



# SHIPPING DOCUMENTS



# CHAIN OF CUSTODY RECORD

Omega COCID 3973 PAGE: 1 OF: 2

Q2496

## ADDRESS

Alliance Technical Group - Akron  
3310 Win St.  
Cuyahoga Falls, Ohio 44223  
TEL: (330) 253-8211  
FAX: (330) 253-4489  
Website: <http://www.settek.com>

| SUB CONTRACTOR: <b>Chemtech NJ</b> COMPANY: <b>Chemtech</b> |             |                   |             |        |                      | SPECIAL INSTRUCTIONS / COMMENTS:<br>Report to <a href="mailto:salwa.najjar@alliancetg.com">salwa.najjar@alliancetg.com</a> PO 25061630 No certification required<br><br><i>please use client sample ID</i>                                   |             |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------|-------------|-------------------|-------------|--------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|--|--|--|--|--|
| ADDRESS: <b>284 Sheffield St., Ste 1</b>                    |             |                   |             |        |                      | ANALYTICAL PARAMETERS                                                                                                                                                                                                                        |             |  |  |  |  |  |  |  |  |  |
| CITY, STATE, ZIP: <b>Mountainside, NJ 07092</b>             |             |                   |             |        |                      |                                                                                                                                                                                                                                              |             |  |  |  |  |  |  |  |  |  |
| PHONE: <b>(908) 789-8900</b> FAX: EMAIL:                    |             |                   |             |        |                      |                                                                                                                                                                                                                                              |             |  |  |  |  |  |  |  |  |  |
| ACCOUNT #:                                                  |             |                   |             |        |                      | <div style="float: right; text-align: center;">             COMMENTS<br/>             Methanol Preserved Weights<br/>             HOT Sample Notation<br/>             Additional Sample Description,<br/>             etc.           </div> |             |  |  |  |  |  |  |  |  |  |
| ITEM #                                                      | SAMPLE ID   | Client Sample ID  | Bottle Type | MATRIX | DATE COLLECTED       | NUMBER OF CONTAINERS                                                                                                                                                                                                                         |             |  |  |  |  |  |  |  |  |  |
| 1                                                           | 25061630-00 | NE exterior corne | 4 OZ GLASS  | Solid  | 6/14/2025 1:30:00 PM | 1                                                                                                                                                                                                                                            | RCVD Broken |  |  |  |  |  |  |  |  |  |
| 2                                                           | 25061630-00 | N exterior center | 4 OZ GLASS  | Solid  | 6/14/2025 2:00:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 3                                                           | 25061630-00 | Basement south    | 4 OZ GLASS  | Solid  | 6/14/2025 2:10:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 4                                                           | 25061630-00 | Entertainment ro  | 4 OZ GLASS  | Solid  | 6/14/2025 2:15:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 5                                                           | 25061630-00 | Black mat outside | 4 OZ GLASS  | Solid  | 6/14/2025 2:20:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 6                                                           | 25061630-00 | Basement bedroo   | 4 OZ GLASS  | Solid  | 6/14/2025 2:25:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 7                                                           | 25061630-00 | Basement bedroo   | 4 OZ GLASS  | Solid  | 6/14/2025 2:30:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 8                                                           | 25061630-00 | Basement bedroo   | 4 OZ GLASS  | Solid  | 6/14/2025 2:35:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 9                                                           | 25061630-00 | Maeve's room ma   | 4 OZ GLASS  | Solid  | 6/14/2025 2:40:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 10                                                          | 25061630-01 | Master bedroom    | 4 OZ GLASS  | Solid  | 6/14/2025 2:45:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 11                                                          | 25061630-01 | Master bedroom    | 4 OZ GLASS  | Solid  | 6/14/2025 3:00:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |
| 12                                                          | 25061630-01 | Master bedroom    | 4 OZ GLASS  | Solid  | 6/14/2025 3:05:00 PM | 1                                                                                                                                                                                                                                            |             |  |  |  |  |  |  |  |  |  |

|                                                                                                                                                                                                  |                 |               |                        |              |             |                                                                                                                                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|------------------------|--------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Relinquished By: <i>Salwa Najjar</i>                                                                                                                                                             | Date: 6/30/2025 | Time: 3:07 PM | Received By: <i>CL</i> | Date: 7/2/25 | Time: 10:25 | REPORT TRANSMITTAL DESIRED:<br><input type="checkbox"/> HARD COPY (extra cost) <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> ONLINE<br><br>FOR LAB USE ONLY<br>Temp of samples <u>3.5</u> °C    Attempt to Cool ? _____<br>Comments: _____ |  |
| Relinquished By:                                                                                                                                                                                 | Date:           | Time:         | Received By:           | Date:        | Time:       |                                                                                                                                                                                                                                                                                   |  |
| Relinquished By:                                                                                                                                                                                 | Date:           | Time:         | Received By:           | Date:        | Time:       |                                                                                                                                                                                                                                                                                   |  |
| TAT:    Standard <input type="checkbox"/> RUSH    Next BD <input type="checkbox"/> 2nd BD <input type="checkbox"/> 3rd BD <input type="checkbox"/><br>Note: RUSH requests will incur surcharges! |                 |               |                        |              |             |                                                                                                                                                                                                                                                                                   |  |



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| SUB CONTRACTOR: <b>Chemtech NJ</b> COMPANY: <b>Chemtech</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                      |                        |                     |                      | SPECIAL INSTRUCTIONS / COMMENTS:<br>Report to salwa.najjar@alliancetg.com PO 25061630 No certification required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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---|---|---|--|--|--|--|----|-------------|------------------|------------|-------|----------------------|---|---|--|--|--|--|----|-------------|-------------------|------------|-------|----------------------|---|---|--|--|--|--|----|-------------|--------------------|------------|-------|----------------------|---|---|--|--|--|--|----|-------------|----------------|------------|-------|----------------------|---|---|--|--|--|--|----|-------------|-------------------|------------|-------|----------------------|---|---|--|--|--|--|----|-------------|------------------|------------|-------|----------------------|---|---|--|--|--|--|
| ADDRESS: <b>284 Sheffield St., Ste 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                      |                        |                     |                      | <table border="1"> <thead> <tr> <th colspan="10">ANALYTICAL PARAMETERS</th> <th rowspan="2">COMMENTS<br/>Methanol Preserved Weights<br/>HOT Sample Notation<br/>Additional Sample Description,<br/>etc.</th> </tr> <tr> <th>ITEM #</th> <th>SAMPLE ID</th> <th>Client Sample ID</th> <th>Bottle Type</th> <th>MATRIX</th> <th>DATE COLLECTED</th> <th>NUMBER OF CONTAINERS</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr><td>13</td><td>25061630-01</td><td>Master bedroom</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 3:15:00 PM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td>25061630-01</td><td>SE bedroom brow</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 3:30:00 PM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td>25061630-01</td><td>SE bedroom gray</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 4:00:00 AM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td>25061630-01</td><td>Maeves room gre</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 4:05:00 AM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td>25061630-01</td><td>Master bedroom</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 4:15:00 AM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td>25061630-01</td><td>3rd floor roof ent</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 4:20:00 AM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td>25061630-01</td><td>Living room couc</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 4:25:00 AM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td>25061630-02</td><td>Living room 2 sea</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 4:30:00 AM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td>25061630-02</td><td>Office leather cha</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 2:35:00 PM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td>25061630-02</td><td>Pink shoe sole</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 2:40:00 PM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>23</td><td>25061630-02</td><td>Living room rug S</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 2:45:00 PM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> <tr><td>24</td><td>25061630-02</td><td>Dining room NE c</td><td>4 OZ GLASS</td><td>Solid</td><td>6/14/2025 2:50:00 PM</td><td>1</td><td>✓</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> |   |  |  |  |  |  |  |  |  | ANALYTICAL PARAMETERS                                                                                   |                        |                      |                        |                     |                   |                                                                                                                                                                           |  |  |  | COMMENTS<br>Methanol Preserved Weights<br>HOT Sample Notation<br>Additional Sample Description,<br>etc. | ITEM # | SAMPLE ID | Client Sample ID | Bottle Type | MATRIX | DATE COLLECTED   | NUMBER OF CONTAINERS | 1     | 2            | 3     | 4     | 13                                                                                             | 25061630-01 | Master bedroom | 4 OZ GLASS | Solid | 6/14/2025 3:15:00 PM | 1 | ✓ |  |  |                  |       | 14    | 25061630-01  | SE bedroom brow | 4 OZ GLASS | Solid | 6/14/2025 3:30:00 PM | 1 | ✓ |  |  |  |  | 15 | 25061630-01 | SE bedroom gray | 4 OZ GLASS | Solid | 6/14/2025 4:00:00 AM | 1 | ✓ |  |  |  |  | 16 | 25061630-01 | Maeves room gre | 4 OZ GLASS | Solid | 6/14/2025 4:05:00 AM | 1 | ✓ |  |  |  |  | 17 | 25061630-01 | Master bedroom | 4 OZ GLASS | Solid | 6/14/2025 4:15:00 AM | 1 | ✓ |  |  |  |  | 18 | 25061630-01 | 3rd floor roof ent | 4 OZ GLASS | Solid | 6/14/2025 4:20:00 AM | 1 | ✓ |  |  |  |  | 19 | 25061630-01 | Living room couc | 4 OZ GLASS | Solid | 6/14/2025 4:25:00 AM | 1 | ✓ |  |  |  |  | 20 | 25061630-02 | Living room 2 sea | 4 OZ GLASS | Solid | 6/14/2025 4:30:00 AM | 1 | ✓ |  |  |  |  | 21 | 25061630-02 | Office leather cha | 4 OZ GLASS | Solid | 6/14/2025 2:35:00 PM | 1 | ✓ |  |  |  |  | 22 | 25061630-02 | Pink shoe sole | 4 OZ GLASS | Solid | 6/14/2025 2:40:00 PM | 1 | ✓ |  |  |  |  | 23 | 25061630-02 | Living room rug S | 4 OZ GLASS | Solid | 6/14/2025 2:45:00 PM | 1 | ✓ |  |  |  |  | 24 | 25061630-02 | Dining room NE c | 4 OZ GLASS | Solid | 6/14/2025 2:50:00 PM | 1 | ✓ |  |  |  |  |
| ANALYTICAL PARAMETERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                      |                        |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |  |  |  |  |  |  |  |  | COMMENTS<br>Methanol Preserved Weights<br>HOT Sample Notation<br>Additional Sample Description,<br>etc. |                        |                      |                        |                     |                   |                                                                                                                                                                           |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      | 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| ITEM #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SAMPLE ID              | Client Sample ID     | Bottle Type            | MATRIX              | DATE COLLECTED       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |  |  |  |  |  |  |  |  |                                                                                                         | NUMBER OF CONTAINERS   | 1                    | 2                      | 3                   | 4                 |                                                                                                                                                                           |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      | 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| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | Master bedroom       | 4 OZ GLASS             | Solid               | 6/14/2025 3:15:00 PM |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                    |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      | 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| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | SE bedroom brow      | 4 OZ GLASS             | Solid               | 6/14/2025 3:30:00 PM | 1                                       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| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | SE bedroom gray      | 4 OZ GLASS             | Solid               | 6/14/2025 4:00:00 AM | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                    |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      | 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| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | Maeves room gre      | 4 OZ GLASS             | Solid               | 6/14/2025 4:05:00 AM | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | Master bedroom       | 4 OZ GLASS             | Solid               | 6/14/2025 4:15:00 AM | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | 3rd floor roof ent   | 4 OZ GLASS             | Solid               | 6/14/2025 4:20:00 AM | 1                                       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| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-01            | Living room couc     | 4 OZ GLASS             | Solid               | 6/14/2025 4:25:00 AM | 1                                       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| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-02            | Living room 2 sea    | 4 OZ GLASS             | Solid               | 6/14/2025 4:30:00 AM | 1                                       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| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-02            | Office leather cha   | 4 OZ GLASS             | Solid               | 6/14/2025 2:35:00 PM | 1                                       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| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-02            | Pink shoe sole       | 4 OZ GLASS             | Solid               | 6/14/2025 2:40:00 PM | 1                                       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| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-02            | Living room rug S    | 4 OZ GLASS             | Solid               | 6/14/2025 2:45:00 PM | 1                                       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| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25061630-02            | Dining room NE c     | 4 OZ GLASS             | Solid               | 6/14/2025 2:50:00 PM | 1                                       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| CITY, STATE, ZIP: <b>Mountainside, NJ 07092</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                      |                        |                     |                      |                                         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| PHONE: <b>(908) 789-8900</b> FAX: EMAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                      |                        |                     |                      |                                         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| ACCOUNT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                      |                        |                     |                      |                                         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| <table border="1"> <tr> <td>Relinquished By: <i>Salwa Najjar</i></td> <td>Date: <b>6/30/2025</b></td> <td>Time: <b>3:07 PM</b></td> <td>Received By: <i>ct</i></td> <td>Date: <b>7/2/25</b></td> <td>Time: <b>1025</b></td> <td colspan="10">REPORT TRANSMITTAL DESIRED:<br/><input type="checkbox"/> HARDCOPY (extra cost) <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> ONLINE</td> </tr> <tr> <td>Relinquished By:</td> <td>Date:</td> <td>Time:</td> <td>Received By:</td> <td>Date:</td> <td>Time:</td> <td colspan="10" rowspan="2">           FOR LAB USE ONLY<br/>           Temp of samples <b>3-5°C</b> °C Attempt to Cool ? _____<br/>           Comments: _____         </td> </tr> <tr> <td>Relinquished By:</td> <td>Date:</td> <td>Time:</td> <td>Received By:</td> <td>Date:</td> <td>Time:</td> </tr> </table> |                        |                      |                        |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |  |  |  |  |  |  |  |  | Relinquished By: <i>Salwa Najjar</i>                                                                    | Date: <b>6/30/2025</b> | Time: <b>3:07 PM</b> | Received By: <i>ct</i> | Date: <b>7/2/25</b> | Time: <b>1025</b> | REPORT TRANSMITTAL DESIRED:<br><input type="checkbox"/> HARDCOPY (extra cost) <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> ONLINE |  |  |  |                                                                                                         |        |           |                  |             |        | Relinquished By: | Date:                | Time: | Received By: | Date: | Time: | FOR LAB USE ONLY<br>Temp of samples <b>3-5°C</b> °C Attempt to Cool ? _____<br>Comments: _____ |             |                |            |       |                      |   |   |  |  | Relinquished By: | Date: | Time: | Received By: | Date:           | Time:      |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |
| Relinquished By: <i>Salwa Najjar</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date: <b>6/30/2025</b> | Time: <b>3:07 PM</b> | Received By: <i>ct</i> | Date: <b>7/2/25</b> | Time: <b>1025</b>    | REPORT TRANSMITTAL DESIRED:<br><input type="checkbox"/> HARDCOPY (extra cost) <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> ONLINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |
| Relinquished By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date:                  | Time:                | Received By:           | Date:               | Time:                | FOR LAB USE ONLY<br>Temp of samples <b>3-5°C</b> °C Attempt to Cool ? _____<br>Comments: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |  |  |  |  |  |                                                                                                         |                        |                      |                        |                     |                   |                                                                                                                                                                           |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |
| Relinquished By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date:                  | Time:                | Received By:           | Date:               | Time:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                    |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |
| TAT: Standard <input type="checkbox"/> RUSH <input type="checkbox"/> Next BD <input type="checkbox"/> 2nd BD <input type="checkbox"/> 3rd BD <input type="checkbox"/><br>Note: RUSH requests will incur surcharges!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                      |                        |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                    |  |  |  |                                                                                                         |        |           |                  |             |        |                  |                      |       |              |       |       |                                                                                                |             |                |            |       |                      |   |   |  |  |                  |       |       |              |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                 |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                    |            |       |                      |   |   |  |  |  |  |    |             |                |            |       |                      |   |   |  |  |  |  |    |             |                   |            |       |                      |   |   |  |  |  |  |    |             |                  |            |       |                      |   |   |  |  |  |  |

### 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       |