

CLIENT INFORMATION

COMPANY: **CDM SMITH**
REPORT TO BE SENT TO:
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 WMA REPLACEMENT**
PROJECT NO.: **302781** LOCATION: **SOUTH RIVER, NJ**
PROJECT MANAGER: **FELIPE CONTRERAS**
e-mail: **ENCINASMA@CDMSMITH.COM**
PHONE: **7325904679** FAX:

CLIENT BILLING INFORMATION

BILL TO: **CDM SMITH** PO#:
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 VIX
TCL SVIX
PCB
METALS
PEST
DO/GKO
HERBICIDES

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	TP-41	5	X		7/8/25	1240	6	X	X	X	X	X	X	X			E
2.	TP-47	5	X		7/9/25	0755	6	X	X	X	X	X	X	X			E
3.	TP-23	5	X		7/9/25	0915	6	X	X	X	X	X	X	X			E
4.	TP-23-99	5	X		7/9/25	0920	6	X	X	X	X	X	X	X			E
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:	COMPLIANT	NON COMPLIANT	COOLER TEMP	3.7 °C
1. <i>[Signature]</i>	7/9/25/1102	<i>[Signature]</i>	Comments:				
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:					
2. <i>[Signature]</i>							
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:					
3. <i>[Signature]</i>	7-9-25						

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO