SHIPPING DOCUMENTS

2 2554

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

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Page _____ of _____

GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

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: Hilside, NJ. 07205 Email: rszot@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER

SAMPLE LOCATION: ACUA SW LANDFILL LEACHATE TANKS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
		* DM 7/9/25									
X	X*	250709071-01 VOA	7/9/25	9:25			EPA 8260 TCL LIST + Acrolien & Acrylonitrile	3	V	40mL	A
X		250709059-10 Trip blank					EPA 8260 TCL LIST + Acrolien & Acrylonitrile	2	V	40mL	A
X		250709104-01 VOA	7/9/25	10:42			↓ ↓	3	V	40mL	A
X		250709059-11 Trip blank					↓ ↓	2	V	40mL	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:

SEND TO: Chem Tech

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

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: ATL16

VOA UNPRESERVED DUE TO EFFERVESCENSE - 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): Megan Howarth	Signature: Mga Howarth	Date/Time: 7/9/25 17:00
2. Received/Relinquished by (PRINT): Matt JACKSON	Signature: Matt Jackson	Date/Time: 7/10/25 9:14AM

Jahmir Davis

7-10-25 0914

3.4 C

284 Sheffield Street, Mountainside NJ 07092 (908)-789-8900 Fax : 908 789 8922

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

QA Control Code: A2070148

284 Sheffield Street, Mountainside, New Jersey 07092, Phone : 908 789 8900,
Fax : 908 789 8922

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q2554 GARD04
Client Name : Garden State Laboratories, I
Client Contact : Sharon Ercoliani
Invoice Name : Garden State Laboratories, I
Invoice Contact : Sharon Ercoliani

Order Date : 7/10/2025 9:19:00 AM
Project Name : Waste Water 2025
Receive DateTime : 7/10/2025 9:14:00 AM
Purchase Order :

Project Mgr :
Report Type : Level I
EDD Type : EXCEL NOCLEANUP
Hard Copy Date :
Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q2554-01	250709071-01 VOA	Water	07/09/2025	09:25					
					VOCMS Group1		624.1		10 Bus. Days
					VOCMS Group2		8260-Low		10 Bus. Days
Q2554-02	250709059-10 Trip blank	Water	07/09/2025	09:25					
					VOCMS Group1		624.1		10 Bus. Days
					VOCMS Group2		8260-Low		10 Bus. Days
Q2554-03	250709104-01 VOA	Water	07/09/2025	10:42					
					VOCMS Group1		624.1		10 Bus. Days
					VOCMS Group2		8260-Low		10 Bus. Days
Q2554-04	250709059-11 Trip blank	Water	07/09/2025	10:42					
					VOCMS Group1		624.1		10 Bus. Days
					VOCMS Group2		8260-Low		10 Bus. Days

Alliance CHNICAL GR UP
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Project Mgr :
Report Type : Level 1
EDD Type : EXCEL NOCLEANUP
Hard Copy Date :
Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES

Relinguished By :
Date / Time : 7-10-25 1000

Received By : TC
Date / Time : 7/10/25 1000
Storage Area : VOA Refridgerator Room