



284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax: (908) 788-9222
www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q 2630

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:

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 _____

ANALYSIS

CU, Fe, Pb	TSS	BTEX							
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

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP GRAB	SAMPLE COLLECTION DATE TIME	# of Bottles	1	2	3	4	5	6	7	8	9
1.	001 Willets Pt Blvd (June)	W		X 7/16/25 11:30		X	X	X						
2.	002 35th Ave (June)	W		X 7/16/25 11:30		X	X	X						
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE PROSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER 1. D Devoe	DATE/TIME July 16, 2025	RECEIVED BY 1. _____	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp <u>20.5</u> MeOH extraction requires an additional 4oz. Jar for percent solid Ice in Cooler?: <u>NO</u> Comments: <u>IR-Guntel ICE melted</u>
RELINQUISHED BY 2. _____	DATE/TIME <u>7/17/25</u>	RECEIVED BY 2. _____	
RELINQUISHED BY 3. _____	DATE/TIME _____	RECEIVED FOR LAB BY 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