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284 Sheffield Street, Mountainside, NJ 07092

Company Name: Nobis Group

Address: 55 Technology Dr Suite 101, Lowell, MA 01851

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Phone: 978-703-6014

Project Name: Raymark

Project Location: Stratford, CT

Project Number: 95700

Project Manager: Adam Roy

Con-Test Quote Name/Number:

**Invoice Recipient:**

Sampled By: A. Brittingham

Requested Turnaround Time		Dissolved Metals Samples	
5-Day <input type="checkbox"/>	10-Day <input checked="" type="checkbox"/>	<input type="radio"/>	Field Filtered
PFAS 10-Day (std) <input type="checkbox"/>	Due Date:	<input type="radio"/>	Lab to Filter
Rush-Approval Required		Orthophosphate Samples	
1-Day <input type="checkbox"/>	3-Day <input type="checkbox"/>	<input type="radio"/>	Field Filtered
2-Day <input type="checkbox"/>	4-Day <input type="checkbox"/>	<input type="radio"/>	Lab to Filter
Data Delivery			
Format:	PDF <input checked="" type="checkbox"/>	EXCEL <input checked="" type="checkbox"/>	<b>PCB ONLY</b>
Other:			
CLP Like Data Pkg Required:	<input type="checkbox"/> No	SOXHLET	<input checked="" type="checkbox"/>
Email To:	aroy@nobis-group.com		NON SOXHLET
Fax To #:			

[illegible]

Relinquished by: (signature)	Date/Time: 7/17/25 1500	Client Comments:				<b>2 Preservation Codes:</b> I = Iced  H = HCL  M = Methanol  N = Nitric Acid  S = Sulfuric Acid  B = Sodium Bisulfate  X = Sodium Hydroxide  T = Sodium Thiosulfate  O = Other (please define)	
Received by: (signature)	Date/Time: 7/18/25 0955						
Relinquished by: (signature)	Date/Time:	<b>Detection Limit Requirements</b> MA <input type="checkbox"/>		<b>Special Requirements</b> MA MCP Required <input type="checkbox"/>		Please use the following codes to indicate possible sample concentration within the Conc Code column above: H - High; M - Medium; L - Low; C - Clean; U - Unknown	
Received by: (signature)	Date/Time:			MCP Certification Form Required			
Relinquished by: (signature)	Date/Time:	CT <input type="checkbox"/>		CT RCP Required <input checked="" type="checkbox"/>			
Received by: (signature)	Date/Time:			RCP Certification Form Required			
Relinquished by: (signature)	Date/Time:	Other: <input type="checkbox"/>		MA State DW Required			
Received by: (signature)	Date/Time:			NELAC and AIHA-LAP, LLC Accredited			
Relinquished by: (signature)	Date/Time:	<b>Project Entity</b> Government <input type="checkbox"/> Municipality <input type="checkbox"/> MWRA <input type="checkbox"/> WRTA <input type="checkbox"/> Other <input type="checkbox"/> Chromatogram Federal <input type="checkbox"/> 21 J <input type="checkbox"/> School <input type="checkbox"/> AIHA-LAP, LLC City <input type="checkbox"/> Brownfield <input type="checkbox"/> MBTA <input type="checkbox"/>					
Received by: (signature)	Date/Time:						

Lab Comments: 5.1°C - 4.7°C

**Disclaimer:** Con-Test Labs is not responsible for any omitted information on the Chain of Custody. The Chain of Custody is a legal document that must be complete and accurate and is used to determine what analyses the laboratory will perform. Any missing information is not the laboratory's responsibility. Con-Test values your partnership on each project and will try to assist with missing information, but will not be held accountable.