



SHIPPING DOCUMENTS

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: ~~THE~~ Centry Man.
ADDRESS: 90 BECKMAN Street
CITY: New York STATE: N.Y. ZIP: 10038
ATTENTION: Luis Diaz
PHONE: FAX:

PROJECT NAME:
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

BILL TO: PO#:
ADDRESS:
CITY: Same STATE: ZIP:
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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

METALS-TAL
Percent solid

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	SBT-GARDEN SOIL	SOL	X		7-21-25	1450	3										
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. <i>[Signature]</i>	DATE/TIME: 1450 7-21-2025	RECEIVED BY: 1. <i>[Signature]</i>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☒ COOLER TEMP 3.0 °C
RELINQUISHED BY SAMPLER: 2. <i>[Signature]</i>	DATE/TIME:	RECEIVED BY: 2. <i>[Signature]</i>	Comments:
RELINQUISHED BY SAMPLER: 3. <i>[Signature]</i>	DATE/TIME: 11054 7-21-2025	RECEIVED BY: 3. <i>[Signature]</i>	Page ____ of
			CLIENT: ☐ Hand Delivered ☐ Other
			Shipment Complete ☐ YES ☐ NO



Environmental Laboratory

www.chemtech.net | EMAIL: PM@chemtech.net

Project Name: _____

Chemtech Order ID: _____

Service Order #: _____
Work Order #: _____

Sampler Name: Laurie Carter
Client Project Coordinator & Phone: _____

Labor WBS #: _____

Page #: 1 of 1

Facility/Site: _____

Date: 7.21.2025

Site Address: 90 Bickman

Arrive Time: 1404

Streeting: 10038

Depart Time: 1450

Waste Stream (circle one): drum / roll-off / soil pile / in-situ / linear construction / frac-tank

Sample Matrices (circle all that apply): Water / Solid / NAPL / Concrete / Wipe

GARDEN

Collection Depths: _____

Dimensions/CV: _____

Temp (range): _____ °C

PID Readings (range): _____

PPM

Odor: Y / N

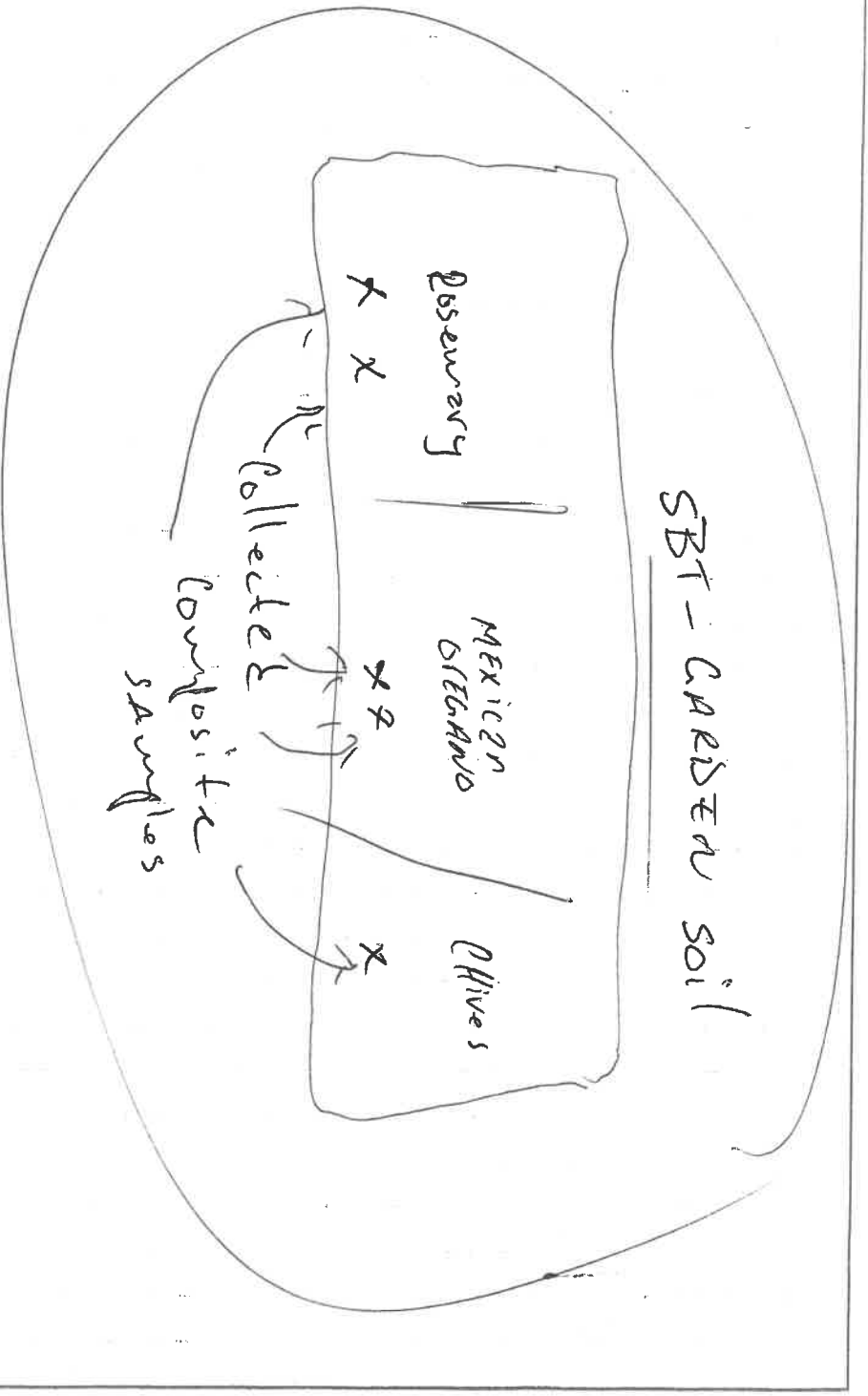
Color: W / N

Sample Description: Black Soil

Field Observations: Stungled, SBT-GARDEN soil

Grid/Area Composite Map:

QA Control # A3041134



Sampler Signature: [Signature]

7.21.2025

Supervisor Review/Date: _____

Client Signature: _____

Date/Time Arrived at Lab: _____

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