

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

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc. Contact/Authorized by: Elinor Battler
 Mailing Address: 410 Hillside Ave. Phone: 908-688-8900 x 303
 City/State/Zip: Hillside, NJ. 07205 Email: ebattler@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER
 SAMPLE LOCATION: ACUA SW LANDFILL LEACHATE TANKS

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)				CONTAINER INFORMATION			
		Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*		
<input checked="" type="checkbox"/>	250806078-01 VOA	8/6/25	2:15	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	3	3	V	40mL	A		
<input checked="" type="checkbox"/>	250806062-03 Trip blank					<input checked="" type="checkbox"/>	2	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 FORM: ☒ Standard Report ☐ Other/Specify:

DATE/TIME:

Standard Report + E2 PWS ID#:

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:

VOA UNPRESERVED DUE TO EFFERVESCENCE - 3 DAY TAT PER JORDAN HE

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): Kaylee Evans	Signature: Kaylee Evans	Date/Time: 8/6/25 16:08
2. Received/Relinquished by (PRINT): Matt Jackson	Signature: Matt Jackson	Date/Time: 8/7/25 8:50am

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
 Main Lab certified by NJ Dept. of Health, NJDEP-TNI, NY Dept. of Health #11580 and PADEP #8-03-80

22790
 OR 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

Cassanova Pena 8/7/25

8/7/25

2:30