

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: AECOM
ADDRESS: 250 Apollo Dr
CITY: Chelmsford STATE: MA ZIP: 01824
ATTENTION: Peter S. Cox, P.G.
PHONE: 1-978-905-2100 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Equity
PROJECT NO.: 60137362 LOCATION: Brooklyn, NY
PROJECT MANAGER: Peter S. Cox, P.G.
e-mail: Pete.Cox@AECOM.com
PHONE: 1-978-905-2100 FAX:

CLIENT BILLING INFORMATION

BILL TO: AECOM PO#: TBD
ADDRESS: 250 Apollo Dr
CITY: Chelmsford STATE: MA ZIP: 01824
ATTENTION: Peter S. Cox PHONE: 1-978-905-2100

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) 10 DAYS*
HARDCOPY (DATA PACKAGE): 10 DAYS*
EDD: 10 DAYS*

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☒ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC + Raw Data) ☒ NYS ASP A ☐ NYS ASP B
☒ Other EQUIL
☐ EDD FORMAT

1 2 3 4 5 6 7 8 9
0270K SVCS
0270K SVCS

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		E	A								
1.	MW-10C-082025	W		X	8/20/25	0916	3	X	X								
2.	MW-201-082025	W		X	8/20/25	0945	3	X	X								
3.	MS-02-082025	W		X	8/20/25	0945	3	X	X								
4.	MSD-02-082025	W		X	8/20/25	0945	3	X	X								
5.	MW-23-082025	W		X	8/20/25	0945	3	X	X								
6.	MW-2A-082025	W		X	8/20/25	1031	3	X	X								
7.	MW-18C-082025	W		X	8/20/25	1146	3	X	X								
8.	MW-16A-082025	W		X	8/20/25	1216	3	X	X								
9.	MW-16C-082025	W		X	8/20/25	1225	3	X	X								
10.	MW-8A-082025	W		X	8/20/25	1325	3	X	X								

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>3-5</u> °C
1. <u>[Signature]</u>	<u>8/20/25</u>	1. <u>[Signature]</u>	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <u>[Signature]</u>		2. <u>[Signature]</u>	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>	<u>8.20.25</u>	3. <u>[Signature]</u>	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **AECOM**
ADDRESS: **250 Apollo Dr**
CITY **Chelmsford** STATE: **MA** ZIP: **01824**
ATTENTION: **Peter S. Cox P.G.**
PHONE: **1-978-905-2100** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Equity**
PROJECT NO.: LOCATION: **Brooklyn, NY**
PROJECT MANAGER: **Peter S. Cox P.G.**
e-mail: **pete.cox@aecom.com**
PHONE: **1-978-905-2100** FAX:

CLIENT BILLING INFORMATION

BILL TO: **AECOM** PO#: **TBD**
ADDRESS: **250 Apollo Dr**
CITY **Chelmsford** STATE: **MA** ZIP: **01824**
ATTENTION: **Peter S. Cox** PHONE: **1-978-905-2100**

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) **10** DAYS*
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☒ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☒ NYS ASP A ☐ NYS ASP B
+ Raw Data ☒ Other **Equis**
☐ EDD FORMAT

8270E-SVOCs
8260D-VOCs

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		E	A								
1.	FB-01-082025	W		X	8/29/25	1350	3	X	X								
2.	TB	W		X	8/13/25	0800	2		X								
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:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP: 3.5 °C
1. [Signature]	8/20/25	1. [Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. [Signature]		2. [Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. [Signature]	8-20-25	3. [Signature]	

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO