

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

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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: SW LANDFILL LEACHATE TANKS

SAMPLE ID

Start/cont	SAMPLE ID	Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION
1	350910074-01 VOA	9/10/25	8:40	X		EPA 8260 TCL LIST + Acrolien & Acrylonitrile	3 V 40mL A
2	350910074-01 Trip blank					EPA 8260 TCL LIST + Acrolien & Ac	2 V 40mL A
	6-04						
	EB 9/25/25						

Container type: P = Plastic G = Glass A = Amber Glass I = Same Thro V = Vial Other/Specify: _____
Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
L = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Uncolored Other/Specify: _____

TURNAROUND TIME:

REPORT FORM: ☒ Standard Report ☐ Rush (if RUSH REQUESTED) Rush Due by: _____

Standard Report + E2 PWS ID#: _____

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ _____

Payment Method: ☐ Credit Card Type: _____

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):

Client/Client's Representative (PRINT):

1. Received/Relinquished by (PRINT): Kaullee Evans

2. Received/Relinquished by (PRINT): Kait Jackson

OR SAMPLE RECEIVING USE ONLY
DATE/TIME/TEMP. REC'D AT LAB:

Page _____ of _____

GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

List attached Total Pages: _____

No. Type Size Pres. #

SEND TO: Chem Tech

DATE/TIME:

METHOD OF SHIPMENT Deliver

Amount Due: \$ _____

☐ Rush Fee: \$ _____

☐ Check # _____

☐ Other: See Quote

Date/Time:

Date/Time:

Date/Time: 9/10/25 15:04

Date/Time: 9/11/25 8:20

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-TN1 NY Dept. of Health 971155, 971156, 971157, 971158, 971159, 971160, 971161, 971162, 971163, 971164, 971165, 971166, 971167, 971168, 971169, 971170, 971171, 971172, 971173, 971174, 971175, 971176, 971177, 971178, 971179, 971180, 971181, 971182, 971183, 971184, 971185, 971186, 971187, 971188, 971189, 971190, 971191, 971192, 971193, 971194, 971195, 971196, 971197, 971198, 971199, 971200, 971201, 971202, 971203, 971204, 971205, 971206, 971207, 971208, 971209, 971210, 971211, 971212, 971213, 971214, 971215, 971216, 971217, 971218, 971219, 971220, 971221, 971222, 971223, 971224, 971225, 971226, 971227, 971228, 971229, 971230, 971231, 971232, 971233, 971234, 971235, 971236, 971237, 971238, 971239, 971240, 971241, 971242, 971243, 971244, 971245, 971246, 971247, 971248, 971249, 971250, 971251, 971252, 971253, 971254, 971255, 971256, 971257, 971258, 971259, 971260, 971261, 971262, 971263, 971264, 971265, 971266, 971267, 971268, 971269, 971270, 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