



284 Sheffield Street, Mountainside, NJ 07092

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www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

23149

COC Number:

CLIENT INFORMATION

PROJECT INFORMATION

BILLING INFORMATION

COMPANY: Tully Environmental Inc.

PROJECT NAME: Transfer Station SPDES

BILL TO: Same

PO#

ADDRESS: 57 Seaview Blvd

PROJECT #: 252113

LOCATION:

ADDRESS:

CITY: Pt Washington

STATE: NY

ZIP: 11050

PROJECT MANAGER:

CITY:

STATE: ZIP:

ATTENTION: Dean Devoe

E-MAIL:

ATTENTION:

PHONE:

PHONE: 718 446 7000

FAX:

PHONE:

FAX:

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX: 5 DAYS*
HARD COPY: _____ DAYS*
EDD _____ DAYS*
* TO BE APPROVED BY ALLIANCE
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS

* RESULTS ONLY ☐ USEPA CLP
☐ RESULTS + QC ☐ New York State ASP "B"
☐ New Jersey REDUCED ☐ New York State ASP "A"
☐ New Jersey CLP ☐ Other _____
☐ EDD Format _____

ANALYSIS

BTEX	Cu, Fe, Pb								
1	2	3	4	5	6	7	8	9	

PRESERVATIVES

COMMENTS

<-- Specify Preservatives
A-HCl B-HNO3
C-H2SO4 D-NaOH
E-ICE F-Other

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	001 Willets Pt Blvd (Aug)	W		X	9/18/25	11:30	2	X	X								
2.	002 35th Ave (Aug)	W		X	9/18/25	11:30	2	X	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 Sep 18, 2025	RECEIVED BY	1.	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp <u>18.3°C</u> MeOH extraction requires an additional 4oz. Jar for percent solid <input type="checkbox"/> Ice in Cooler?: _____
RELINQUISHED BY	DATE/TIME <u>9/18/25</u>	RECEIVED BY	2.	Comments:
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	3.	SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight
			Page _____ of _____	Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY