



284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax: (908) 788-9222
www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q 3150

COC Number:

CLIENT INFORMATION

COMPANY: Scalամandre Tully JV
ADDRESS: 157 Albany Ave
CITY: Freeport STATE: NY ZIP: 11520
ATTENTION: Dean Devoe
PHONE: 718 446 7000 FAX:

PROJECT INFORMATION

PROJECT NAME: NYCDDC Harper Street Yard
PROJECT #: 23-657 LOCATION:
PROJECT MANAGER:
E-MAIL:
PHONE: FAX:

BILLING INFORMATION

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

DATA TURNAROUND INFORMATION

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

DATA DELIVERABLE INFORMATION

* 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

VOC 8260D	PAH 8270E	RCRA Metals	TCLP Metals	Haz Chars IRC	PCBs				
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.	MER Rd Con Ed	S	X		9/18/25	11:30	1	X	X	X	X	X	X				
2.	Mid Site Grid 5-7	S	X		9/18/25	11:30	1	X	X	X	X	X	X				
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER 1. D Devoe	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 18.3°C MeOH extraction requires an additional 4oz. Jar for percent solid Comments:	
RELINQUISHED BY 2. FedEx	DATE/TIME 9-19-25 11:45	RECEIVED BY 2. [Signature]		
RELINQUISHED BY 3.	DATE/TIME	RECEIVED FOR LAB BY 3.		
Page _____ of _____			SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight	Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO

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