



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **M² Associates Inc.**
ADDRESS: **36 Country Acres Dr.**
CITY: **Hampton** STATE: **NJ** ZIP: **08827**
ATTENTION: **Matt Mulhall**
PHONE: **(908) 238-0827** FAX: **(908) 238-0830**

CLIENT PROJECT INFORMATION

PROJECT NAME: **143 Pelton Rd.**
PROJECT NO.: **—** LOCATION: **Vincent NJ**
PROJECT MANAGER: **Matt Mulhall**
e-mail: **M2-gw@comcast.net**
PHONE: **(908) 238-0827** FAX: **(908) 238-0830**

CLIENT BILLING INFORMATION

BILL TO: **General** PO#: **—**
ADDRESS: **General**
CITY: **General** STATE: **—** ZIP: **—**
ATTENTION: **General** PHONE: **—**

DATA TURNAROUND INFORMATION

FAX (RUSH) **Standard** DAYS* **—**
HARDCOPY (DATA PACKAGE) **Standard** DAYS* **—**
EDD: **Standard** 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) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other **—**
☒ EDD FORMAT **NJ Haz. Inc.**

Voc's Group 2

1	2	3	4	5	6	7	8	9
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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		1	2	3	4	5	6	7	8	9	
1.	MW6	H ₂ O	✓	✓	9/24	10:00	2	✓									
2.	MW 14		✓	✓		10:30	2	✓									
3.	MW 15		✓	✓		11:05	2	✓									
4.	MW 5		✓	✓			2	✓									Not Sampled
5.	MW 4		✓	✓			2	✓									Not Sampled
6.	MW 10		✓	✓		12:55	2	✓									
7.	MW 1		✓	✓		13:35	2	✓									
8.	MW 3		✓	✓		14:20	2	✓									
9.	Field Blank		✓	✓		14:25	2	✓									
10.	Trip Blank																

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 4.2°C
1. [Signature]	9/25/10 10:02	1. [Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

Page **—** of **—** CLIENT: ☐ Hand Delivered ☐ Other **—** Shipment Complete ☐ YES ☐ NO

Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3201 M2AS01

Order Date : 9/25/2025 10:49:00 AM

Project Mgr :

Client Name : M2 Associates

Project Name : 143 Red Lion Rd Southamp

Report Type : NJ Reduced

Client Contact : Matt Mulhall

Receive DateTime : 9/25/2025 10:02:00 AM

EDD Type : HAZ/EXCEL

Invoice Name : M2 Associates

Purchase Order :

Hard Copy Date :

Invoice Contact : Matt Mulhall

Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3201-01	MW6	Water	09/24/2025	10:00					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-02	MW14	Water	09/24/2025	10:30					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-03	MW15	Water	09/24/2025	11:05					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-04	MW10	Water	09/24/2025	12:55					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-05	MW1	Water	09/24/2025	13:35					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-06	MW3	Water	09/24/2025	14:20					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-07	FIELD-BLANK	Water	09/24/2025	14:25					
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3201-08	TRIP-BLANK	Water	09/24/2025	00:00					

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3201 M2AS01

Order Date : 9/25/2025 10:49:00 AM

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Project Name : 143 Red Lion Rd Southamp

Report Type : NJ Reduced

Client Contact : Matt Mulhall

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Purchase Order :

Hard Copy Date :

Invoice Contact : Matt Mulhall

Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
					VOCMS Group2		8260-Low	10 Bus. Days	

Relinquished By :

Date / Time :

Received By :

Date / Time :

Storage Area : VOA Refridgerator Room