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CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q32791

COC Number:

| CLIENT INFORMATION                                                                                                                   |  |            | PROJECT INFORMATION                                                                                                                                                                                                                                                                                                                                                               |                     |               |                                                                                                                                                                                                                                                   | BILLING INFORMATION                      |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|-------------------|--|--------------|--|----------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| COMPANY: Alliance Technical Group, LLC - Newark                                                                                      |  |            | PROJECT NAME: Weekly Storage Blanks                                                                                                                                                                                                                                                                                                                                               |                     |               |                                                                                                                                                                                                                                                   | BILL TO: PO#                             |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS: 284 Sheffield Street                                                                                                        |  |            | PROJECT #: LOCATION:                                                                                                                                                                                                                                                                                                                                                              |                     |               |                                                                                                                                                                                                                                                   | ADDRESS:                                 |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| CITY Mountainside STATE: NJ ZIP: 07092                                                                                               |  |            | PROJECT MANAGER:                                                                                                                                                                                                                                                                                                                                                                  |                     |               |                                                                                                                                                                                                                                                   | CITY: STATE: ZIP:                        |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| ATTENTION:                                                                                                                           |  |            | E-MAIL:                                                                                                                                                                                                                                                                                                                                                                           |                     |               |                                                                                                                                                                                                                                                   | ATTENTION: PHONE:                        |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| PHONE: FAX:                                                                                                                          |  |            | PHONE: FAX:                                                                                                                                                                                                                                                                                                                                                                       |                     |               |                                                                                                                                                                                                                                                   | ANALYSIS                                 |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| DATA TURNAROUND INFORMATION                                                                                                          |  |            | DATA DELIVERABLE INFORMATION                                                                                                                                                                                                                                                                                                                                                      |                     |               |                                                                                                                                                                                                                                                   | PRESERVATIVES                            |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| FAX: NA DAYS*<br>HARD COPY: 10 DAYS*<br>EDD NA DAYS*<br>* TO BE APPROVED BY ALLIANCE<br>STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS |  |            | <input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP<br><input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B"<br><input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A"<br><input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other<br><input type="checkbox"/> EDD Format |                     |               |                                                                                                                                                                                                                                                   | VOC SVOC PESTICIDES<br>1 2 3 4 5 6 7 8 9 |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| CHEMTECH SAMPLE ID                                                                                                                   |  |            | PROJECT SAMPLE IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                     |                     | SAMPLE MATRIX |                                                                                                                                                                                                                                                   | SAMPLE TYPE                              |  | SAMPLE COLLECTION |  | # of Bottles |  | COMMENTS                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                      |  |            |                                                                                                                                                                                                                                                                                                                                                                                   |                     |               |                                                                                                                                                                                                                                                   | COMP GRAB                                |  | DATE TIME         |  |              |  | ← Specify Preservatives<br>A-HCl B-HNO3<br>C-H2SO4 D-NaOH<br>E-ICE F-Other |  |  |  |  |  |  |  |  |  |  |  |
| 1.                                                                                                                                   |  |            | STORAGE-BLANK-SOIL-REF-6                                                                                                                                                                                                                                                                                                                                                          |                     | AQ            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 2            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 2.                                                                                                                                   |  |            | STORAGE-BLANK-WATER-REF-5                                                                                                                                                                                                                                                                                                                                                         |                     | AQ            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 2            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 3.                                                                                                                                   |  |            | STORAGE-BLANK-WATER-REF-4                                                                                                                                                                                                                                                                                                                                                         |                     | AQ            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 2            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 4.                                                                                                                                   |  |            | STORAGE-BLANK-SAMPLE-MANAGEMENT                                                                                                                                                                                                                                                                                                                                                   |                     | AQ            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 2            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 5.                                                                                                                                   |  |            | SVOC-GPC-BLANK                                                                                                                                                                                                                                                                                                                                                                    |                     | SO            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 1            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 6.                                                                                                                                   |  |            | PEST-GPC-BLANK                                                                                                                                                                                                                                                                                                                                                                    |                     | SO            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 1            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 7.                                                                                                                                   |  |            | PEST-GPC-BLANK-SPIKE                                                                                                                                                                                                                                                                                                                                                              |                     | SO            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 1            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 8.                                                                                                                                   |  |            | SVOC-GPC2-BLANK                                                                                                                                                                                                                                                                                                                                                                   |                     | SO            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 1            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 9.                                                                                                                                   |  |            | PEST-GPC2-BLANK                                                                                                                                                                                                                                                                                                                                                                   |                     | SO            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 1            |  | X                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 10.                                                                                                                                  |  |            | PEST -GPC2-BLANK-SPIKE                                                                                                                                                                                                                                                                                                                                                            |                     | SO            |                                                                                                                                                                                                                                                   |                                          |  |                   |  | 1            |  | 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: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp 3.2<br>MeOH extraction requires an additional 4oz. Jar for percent solid<br>Comments: |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| 1. Sam                                                                                                                               |  | 10/03/25 9 |                                                                                                                                                                                                                                                                                                                                                                                   | 1.                  |               |                                                                                                                                                                                                                                                   |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| RELINQUISHED BY                                                                                                                      |  | DATE/TIME  |                                                                                                                                                                                                                                                                                                                                                                                   | RECEIVED BY         |               |                                                                                                                                                                                                                                                   |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| 2.                                                                                                                                   |  |            |                                                                                                                                                                                                                                                                                                                                                                                   | 2.                  |               |                                                                                                                                                                                                                                                   |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| RELINQUISHED BY                                                                                                                      |  | DATE/TIME  |                                                                                                                                                                                                                                                                                                                                                                                   | RECEIVED FOR LAB BY |               | Page of                                                                                                                                                                                                                                           |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| 3.                                                                                                                                   |  |            |                                                                                                                                                                                                                                                                                                                                                                                   | 3.                  |               | SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight<br>ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight                                                                |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| Shipment Complete<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                        |  |            |                                                                                                                                                                                                                                                                                                                                                                                   |                     |               |                                                                                                                                                                                                                                                   |                                          |  |                   |  |              |  |                                                                            |  |  |  |  |  |  |  |  |  |  |  |

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT

YELLOW - ALLIANCE COPY

PINK - SAMPLER COPY