



284 Sheffield Street, Mountainside, NJ 07092
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CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q3281/82

COC Number:

CLIENT INFORMATION

COMPANY: Tully Environmental Inc.
ADDRESS: 57 Seaview Blvd
CITY: Pt Washington STATE: NY ZIP: 11050
ATTENTION: Dean Devoe
PHONE: 718 446 7000 FAX:

PROJECT INFORMATION

PROJECT NAME: Transfer Station SPDES
PROJECT #: 252113 LOCATION:
PROJECT MANAGER:
E-MAIL:
PHONE: FAX:

BILLING INFORMATION

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

DATA TURNAROUND INFORMATION

FAX: _____ DAYS*
HARD COPY: _____ DAYS*
EDD _____ 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

Ammonia	TSS/ O&G	Cu, Fe, PB	BTEX	Hg 1631LL	BOD5				
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 (Oct)	W		X	10/2/25	11:15		X	X	X	X	X	X				
2.	002 35th Ave (Oct)	W		X	10/2/25	11:15		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	DATE/TIME Oct 2, 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>4.7</u> MeOH extraction requires an additional 4oz. Jar for percent solid Comments:	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
RELINQUISHED BY	DATE/TIME	RECEIVED BY	2.			
RELINQUISHED BY	DATE/TIME 10/3/25	RECEIVED FOR LAB BY	3. <u>48</u>			

Page _____ of _____ WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY