



# SHIPPING DOCUMENTS

|                                                                                                                                                                                      |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-----------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|----------------------------------|-------------------|----------|---------------------|----------|--|--|
| Client Contact Information                                                                                                                                                           |                |                          |                         | Bottle Order ID : <b>B2509079</b>                   |                                    |                            |                           | Courier : <b>FGALDUN</b>                                               |                                   |                                                                                                                                                              |              | 1 of 13 COCs                   |                                  |                   |          |                     |          |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                                           |                |                          |                         | Sampler Name(s) : <b>FRANK GALDUN</b>               |                                    |                            |                           | Analysis                                                               |                                   |                                                                                                                                                              |              | Matrix                         |                                  |                   |          |                     |          |  |  |
| Customer <b>GFE LLC</b><br>Name :<br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br><br>State : <b>NJ</b><br><br>Zip Code : <b>07034</b><br><br>Country : |                |                          |                         | Project Manager : <b>Frank galdun</b>               |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
|                                                                                                                                                                                      |                |                          |                         | Phone Number : <b>646-542-3465</b>                  |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
|                                                                                                                                                                                      |                |                          |                         | Fax Number : <b>973-334-1692</b>                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
|                                                                                                                                                                                      |                |                          |                         | Site Details <b>ZOO RESERVOIR ST<br/>TRENTON NJ</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Analysis Turnaround Time <b>7 DAYS</b>                                                                                                                                               |                |                          |                         | Standard : <b>10 business days</b> OR               |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Rush (Specify): <b>7 Days</b>                                                                                                                                                        |                |                          |                         | EDD Type : <b>PDF</b>                               |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Sample Identification                                                                                                                                                                | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                   | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       |                                | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15    | Indoor/ Ambient Air | Soil Gas |  |  |
| <b>IAI</b>                                                                                                                                                                           | <b>10/8/25</b> | <b>8:36</b>              | <b>10:36</b>            | <b>OVER 30</b>                                      | <b>7</b>                           | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                             | <b>-4.3</b>                       | <b>10616</b>                                                                                                                                                 | <b>10053</b> | <b>6 L</b>                     | <b>50</b>                        | <b>VL042942.D</b> | <b>1</b> | <b>1</b>            |          |  |  |
| Temperature (Fahrenheit)                                                                                                                                                             |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                               |              |                                |                                  |                   |          |                     |          |  |  |
|                                                                                                                                                                                      |                | Ambient                  | Maximum                 | Minimum                                             |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Start                                                                                                                                                                                |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Stop                                                                                                                                                                                 |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Pressure (Inches of Hg)                                                                                                                                                              |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                |                                  |                   |          |                     |          |  |  |
|                                                                                                                                                                                      |                | Ambient                  | Maximum                 | Minimum                                             |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Start                                                                                                                                                                                |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Stop                                                                                                                                                                                 |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                    |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Suspected Contamination: High Medium <b>Low</b> PID Readings: <b>0.0</b>                                                                                                             |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Sampling site (State):                                                                                                                                                               |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Quick Connector required : <b>NO</b>                                                                                                                                                 |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                     |          |  |  |
| Canisters Shipped by: <b>[Signature]</b>                                                                                                                                             |                |                          |                         | Date/Time: <b>10/07/25</b>                          |                                    |                            |                           | Canisters Received by: <b>[Signature]</b>                              |                                   |                                                                                                                                                              |              | Date/Time: <b>10/8/25 1340</b> |                                  |                   |          | <b>B2509079 - 1</b> |          |  |  |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                                                          |                |                          |                         | Date/Time: <b>10/8/25</b>                           |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |          |                     |          |  |  |
| Relinquished by:                                                                                                                                                                     |                |                          |                         | Date/Time:                                          |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |          |                     |          |  |  |

|                                                                                                                                                                 |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-----------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------|-------------|-------------------|----------|-----------------------------------------------------------------------------------------------------------------------|--|----------|
| Client Contact Information                                                                                                                                      |                |                          |                         | Bottle Order ID : <b>B2509079</b>                   |                                    |                            |                           | Courier : <b>FGALDUN</b>                                               |                                   |                                                                                                                                                              |              | <b>2</b> of <b>13</b> COCs       |             |                   |          |                                                                                                                       |  |          |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                      |                |                          |                         | Sampler Name(s) : <b>FRANK GALDUN</b>               |                                    |                            |                           | Analysis                                                               |                                   |                                                                                                                                                              |              | Matrix                           |             |                   |          |                                                                                                                       |  |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b>                                                                                           |                |                          |                         | Project Manager : <b>Frank galdun</b>               |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
|                                                                                                                                                                 |                |                          |                         | Phone Number : <b>646-542-3465</b>                  |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
|                                                                                                                                                                 |                |                          |                         | Fax Number : <b>973-334-1692</b>                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| City : <b>Lake Hiawatha</b>                                                                                                                                     |                |                          |                         | Site Details <b>ZOO RESERVOIR ST<br/>IRENTON NJ</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          | <div style="display: flex; justify-content: space-between;"> <div>Indoor/Ambinet Air</div> <div>Soil Gas</div> </div> |  |          |
| State : <b>NJ</b>                                                                                                                                               |                |                          |                         | Analysis Turnaround Time <b>7 DAYS</b>              |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Zip Code : <b>07034</b>                                                                                                                                         |                |                          |                         | Standard : <del>10 business days</del> <b>OR</b>    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Country :                                                                                                                                                       |                |                          |                         | Rush (Specify): <b>7</b> Days                       |                                    |                            |                           | Data Package Type :                                                    |                                   |                                                                                                                                                              |              | EDD Type :                       |             |                   |          |                                                                                                                       |  |          |
| Sample Identification                                                                                                                                           | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                   | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       | Flow Controller Readout (ml/min) | Can Cert ID | TO-15             |          |                                                                                                                       |  |          |
| <b>SV1</b>                                                                                                                                                      | <b>10/8/25</b> | <b>8:59</b>              | <b>10:39</b>            | <b>30</b>                                           | <b>2</b>                           | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                             | <b>-5.9</b>                       | <b>10767</b>                                                                                                                                                 | <b>10332</b> | <b>6 L</b>                       | <b>50</b>   | <b>VL042828.D</b> | <b>1</b> |                                                                                                                       |  | <b>1</b> |
| Temperature (Fahrenheit)                                                                                                                                        |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="float: right;"></span>                                                                                          |              |                                  |             |                   |          |                                                                                                                       |  |          |
|                                                                                                                                                                 |                | Ambient                  | Maximum                 | Minimum                                             |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Start                                                                                                                                                           |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Stop                                                                                                                                                            |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Pressure (Inches of Hg)                                                                                                                                         |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                  |             |                   |          |                                                                                                                       |  |          |
|                                                                                                                                                                 |                | Ambient                  | Maximum                 | Minimum                                             |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Start                                                                                                                                                           |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Stop                                                                                                                                                            |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Special Instructions/QC Requirements & Comments :                                                                                                               |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Suspected Contamination:      High      Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">Low</span> PID Readings: <b>2.0</b> |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Sampling site (State):                                                                                                                                          |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Quick Connector required : <b>No</b>                                                                                                                            |                |                          |                         |                                                     |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                  |             |                   |          |                                                                                                                       |  |          |
| Canisters Shipped by:                                                                                                                                           |                |                          |                         | Date/Time: <b>10/8/25</b>                           |                                    |                            |                           | Canisters Received by:                                                 |                                   |                                                                                                                                                              |              | Date/Time: <b>10/8/25 1340</b>   |             |                   |          |                                                                                                                       |  |          |
| Samples Relinquished by:                                                                                                                                        |                |                          |                         | Date/Time: <b>10/8/25</b>                           |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                       |             |                   |          |                                                                                                                       |  |          |
| Relinquished by:                                                                                                                                                |                |                          |                         | Date/Time:                                          |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                       |             |                   |          |                                                                                                                       |  |          |

|                                                                                                                                                   |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|----------------------------------|-------------------|----------|----------------------|----------|--|--|
| Client Contact Information                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2509079</b>                           |                                    |                            |                           | Courier : <b>F Galdun</b>                                                    |                                   |                                                                                                                                                              |              | <b>3</b> of <b>13</b> COCs     |                                  |                   |          |                      |          |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                        |                |                          |                         | Sampler Name(s) <b>FRANK Galdun</b>                         |                                    |                            |                           | Analysis                                                                     |                                   |                                                                                                                                                              |              | Matrix                         |                                  |                   |          |                      |          |  |  |
| Customer <b>GFE LLC</b><br>Name :<br><br>Address : <b>58 Nokomis Ave</b>                                                                          |                |                          |                         | Project Manager : <b>Frank galdun</b>                       |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                   |                |                          |                         | Phone Number : <b>646-542-3465</b>                          |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                   |                |                          |                         | Fax Number : <b>973-334-1692</b>                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                   |                |                          |                         | Site Details: <b>200 Reservoir St</b><br><b>TRENTON, NJ</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| City : <b>Lake Hiawatha</b>                                                                                                                       |                |                          |                         | Analysis Turnaround Time <b>1 DAY</b>                       |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                      |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| State : <b>NJ</b>                                                                                                                                 |                |                          |                         | Standard : <del>10 Business days</del> <b>OR</b>            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Zip Code : <b>07034</b>                                                                                                                           |                |                          |                         | Rush (Specify): <b>7</b> Days                               |                                    |                            |                           | EDD Type : <b>PDE</b>                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Sample Identification                                                                                                                             | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                           | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                            | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       |                                | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15    | Indoor Ambient Air   | Soil Gas |  |  |
| <b>IAZ</b>                                                                                                                                        | <b>10/8/25</b> | <b>8:49</b>              | <b>10:49</b>            | <b>OVER 30</b>                                              | <b>S</b>                           | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                                   | <b>-5.1</b>                       | <b>10109</b>                                                                                                                                                 | <b>10602</b> | <b>6 L</b>                     | <b>50</b>                        | <b>VL042942.D</b> | <b>1</b> | <b>1</b>             |          |  |  |
| Temperature (Fahrenheit)                                                                                                                          |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="float: right; border: 1px solid black; padding: 5px;"></span>                                                   |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                                     |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Start                                                                                                                                             |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Stop                                                                                                                                              |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Pressure (Inches of Hg)                                                                                                                           |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                                     |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Start                                                                                                                                             |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Stop                                                                                                                                              |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                 |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.0</b> |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Sampling site (State):                                                                                                                            |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Quick Connector required : <b>No</b>                                                                                                              |                |                          |                         |                                                             |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                      |          |  |  |
| Canisters Shipped by: <b>Sam</b>                                                                                                                  |                |                          |                         | Date/Time: <b>10/6/25</b>                                   |                                    |                            |                           | Canisters Received by: <b>cl</b>                                             |                                   |                                                                                                                                                              |              | Date/Time: <b>10/8/25 1340</b> |                                  |                   |          | <b>B2509079 - 10</b> |          |  |  |
| Samples Relinquished by: <b>FRANK</b>                                                                                                             |                |                          |                         | Date/Time: <b>10/8/25</b>                                   |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |          |                      |          |  |  |
| Relinquished by:                                                                                                                                  |                |                          |                         | Date/Time:                                                  |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |          |                      |          |  |  |

|                                                                                                                                                                                                                                                                                                                                            |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|---------|--------------------------------|----------------------------------|-------------|-------|--------------------|-----------|------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Client Contact Information                                                                                                                                                                                                                                                                                                                 |                |                          |                         | Bottle Order ID : <b>B2509079</b>                           |                                    |                            |                           | Courier : <b>F GALDUN</b>                                                                                                   |                                   |              |         | 4 of 13 COCs                   |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                                                                                                                                                                                                 |                |                          |                         | Sampler Name(s) <b>FRANK GALDUN</b>                         |                                    |                            |                           | Analysis                                                                                                                    |                                   |              |         | Matrix                         |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Customer <b>GFE LLC</b><br>Name :<br><br>Address : <b>58 Nokomis Ave</b>                                                                                                                                                                                                                                                                   |                |                          |                         | Project Manager : <b>Frank galdun</b>                       |                                    |                            |                           | <div style="text-align: center;"> <b>AIR ANALYSIS</b><br/> <b>CHAIN-OF-CUSTODY</b><br/> <br/> <b>Batch Certified</b> </div> |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                |                          |                         | Phone Number : <b>646-542-3465</b>                          |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                |                          |                         | Fax Number : <b>973-334-1692</b>                            |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                |                          |                         | Site Details: <b>200 RESERVOIR ST</b><br><b>TRENTON, NJ</b> |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| City : <b>Lake Hiawatha</b>                                                                                                                                                                                                                                                                                                                |                |                          |                         | Analysis Turnaround Time <b>7 DAY</b>                       |                                    |                            |                           | <div style="text-align: center;"> <b>Results ONLY</b><br/> <b>PDF</b> </div>                                                |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| State : <b>NJ</b>                                                                                                                                                                                                                                                                                                                          |                |                          |                         | Standard : <b>10 business days</b> OR                       |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Zip Code : <b>07034</b>                                                                                                                                                                                                                                                                                                                    |                |                          |                         | Rush (Specify): <b>7</b> Days                               |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Country :                                                                                                                                                                                                                                                                                                                                  |                |                          |                         | Data Package Type :                                         |                                    |                            |                           | EDD Type :                                                                                                                  |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Sample Identification                                                                                                                                                                                                                                                                                                                      | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                           | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                                                                           | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID  |                                | Flow Controller Readout (ml/min) | Can Cert ID | TO-15 | Indoor/Ambient Air | Spill Gas |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| SVZ                                                                                                                                                                                                                                                                                                                                        | 10/8/25        | 8:54                     | 10:54                   | 30                                                          | 30                                 | 70                         | 70                        | -30                                                                                                                         | -5.1                              | 10185        | 10445   | 6 L                            | 50                               | VL042828.D  | 1     |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| <div style="text-align: center;"> <b>Temperature (Fahrenheit)</b> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              | Ambient | Maximum                        | Minimum                          | Start       |       |                    |           | Stop |  |  |  | <div style="text-align: center;"> <b>GC/MS Analyst Signature (TO-15)</b> </div> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>                                                                                            |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            | Ambient        | Maximum                  | Minimum                 |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                                      |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                                       |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| <div style="text-align: center;"> <b>Pressure (Inches of Hg)</b> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table>  |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              | Ambient | Maximum                        | Minimum                          | Start       |       |                    |           | Stop |  |  |  | <div style="text-align: center;"> <b>** Submittal of this COC indicates approval of the analysis based on existing conditions.</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>Please follow the instructions on the back of this COC.</b> </div> |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            | Ambient        | Maximum                  | Minimum                 |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                                      |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                                       |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                                                                                                                                                                          |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Suspected Contamination:      High      Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.0</b>                                                                                                                                                                                |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Sampling site (State):                                                                                                                                                                                                                                                                                                                     |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Quick Connector required : <b>No</b>                                                                                                                                                                                                                                                                                                       |                |                          |                         |                                                             |                                    |                            |                           |                                                                                                                             |                                   |              |         |                                |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Canisters Shipped by: <b>Seam</b>                                                                                                                                                                                                                                                                                                          |                |                          |                         | Date/Time: <b>10/8/25</b>                                   |                                    |                            |                           | Canisters Received by: <b>CR</b>                                                                                            |                                   |              |         | Date/Time: <b>10/8/25 1340</b> |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Samples Relinquished by: <b>SM</b>                                                                                                                                                                                                                                                                                                         |                |                          |                         | Date/Time: <b>10/8/25</b>                                   |                                    |                            |                           | Received by:                                                                                                                |                                   |              |         | Date/Time:                     |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                                                                           |                |                          |                         | Date/Time:                                                  |                                    |                            |                           | Received by:                                                                                                                |                                   |              |         | Date/Time:                     |                                  |             |       |                    |           |      |  |  |  |                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |

|                                                                       |  |  |  |                                                      |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |
|-----------------------------------------------------------------------|--|--|--|------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------|--|--|--|
| Client Contact Information                                            |  |  |  | Bottle Order ID : <b>B2509079</b>                    |  |  |  | Courier : <b>FGALDUN</b>                                                                                                                                |  |  |  | <b>5</b> of <b>13</b> COCs |  |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>            |  |  |  | Sampler Name(s) : <b>FRANK GALDUN</b>                |  |  |  | Analysis                                                                                                                                                |  |  |  | Matrix                     |  |  |  |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b> |  |  |  | Project Manager : <b>Frank galdun</b>                |  |  |  | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b>                                                                                  |  |  |  |                            |  |  |  |
|                                                                       |  |  |  | Phone Number : <b>646-542-3465</b>                   |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |
|                                                                       |  |  |  | Fax Number : <b>973-334-1692</b>                     |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |
|                                                                       |  |  |  | Site Details: <b>200 RESERVOIR ST<br/>TRENTON NJ</b> |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |
| City : <b>Lake Hiawatha</b>                                           |  |  |  | Analysis Turnaround Time <b>7 DAY</b>                |  |  |  | <div style="display: flex; justify-content: space-between;"> <div>Data Package Type : <b>RESULTS ONLY</b></div> <div>EDD Type : <b>PDF</b></div> </div> |  |  |  |                            |  |  |  |
| State : <b>NJ</b>                                                     |  |  |  | Standard : <b>10 business days</b> OR                |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |
| Zip Code : <b>07034</b>                                               |  |  |  | Rush (Specify): <b>7 Days</b>                        |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |
| Country :                                                             |  |  |  |                                                      |  |  |  |                                                                                                                                                         |  |  |  |                            |  |  |  |

| Sample Identification | Sample Date(s)  | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start) | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab) | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID       |            | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15    | Indoor/ Ambient Air | Soil Gas |
|-----------------------|-----------------|--------------------------|-------------------------|-----------------------------------|------------------------------------|----------------------------|---------------------------|-----------------------------------|-----------------------------------|--------------|--------------|------------|----------------------------------|-------------------|----------|---------------------|----------|
| <b>IA3</b>            | <b>10/25/12</b> | <b>11:12</b>             | <b>1:12</b>             | <b>30</b>                         | <b>5</b>                           | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                        | <b>-5.1</b>                       | <b>10579</b> | <b>10285</b> | <b>6 L</b> | <b>50</b>                        | <b>VL042907.D</b> | <b>1</b> |                     |          |

| Temperature (Fahrenheit) |         |         |         |
|--------------------------|---------|---------|---------|
|                          | Ambient | Maximum | Minimum |
| Start                    |         |         |         |
| Stop                     |         |         |         |

| Pressure (Inches of Hg) |         |         |         |
|-------------------------|---------|---------|---------|
|                         | Ambient | Maximum | Minimum |
| Start                   |         |         |         |
| Stop                    |         |         |         |

GC/MS Analyst Signature (TO-15) [Signature]

\*\* Submittal of this COC indicates approval of the analysis based on existing conditions.

Please follow the instructions on the back of this COC.

Special Instructions/QC Requirements & Comments :

Suspected Contamination: High Medium **LOW** PID Readings: **0.0**

Sampling site (State):

Quick Connector required : **No**

|                                             |                            |                                           |                                |
|---------------------------------------------|----------------------------|-------------------------------------------|--------------------------------|
| Canisters Shipped by: <b>[Signature]</b>    | Date/Time: <b>10/07/12</b> | Canisters Received by: <b>[Signature]</b> | Date/Time: <b>10/8/12 1340</b> |
| Samples Relinquished by: <b>[Signature]</b> | Date/Time: <b>10/8/12</b>  | Received by:                              | Date/Time:                     |
| Relinquished by:                            | Date/Time:                 | Received by:                              | Date/Time:                     |

**B2509079 - 2**

|                                                                                                                                                               |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|----------------------------------|-------------------|-------|--------------------|----------|
| Client Contact Information                                                                                                                                    |                |                          |                         | Bottle Order ID : <b>B2509079</b>                     |                                    |                            |                           | Courier : <b>F. Galdun</b>                                             |                                   |                                                                                                                                                              |              | 6 of 13 COCs                   |                                  |                   |       |                    |          |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                    |                |                          |                         | Sampler Name(s) : <b>FRANK GALDUN</b>                 |                                    |                            |                           | Analysis                                                               |                                   |                                                                                                                                                              |              | Matrix                         |                                  |                   |       |                    |          |
| Customer Name : <b>GFE LLC</b><br>Address : <b>58 Nokomis Ave</b><br>City : <b>Lake Hiawatha</b><br>State : <b>NJ</b><br>Zip Code : <b>07034</b><br>Country : |                |                          |                         | Project Manager : <b>Frank galdun</b>                 |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                               |                |                          |                         | Phone Number : <b>646-542-3465</b>                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                               |                |                          |                         | Fax Number : <b>973-334-1692</b>                      |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                               |                |                          |                         | Site Details: <b>200 RESERVOIR ST<br/>TRENTON, NJ</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Analysis Turnaround Time : <b>7 DAY</b>                                                                                                                       |                |                          |                         | Standard : <b>20 Business days</b> OR                 |                                    |                            |                           | Data Package Type :                                                    |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Rush (Specify): <b>7</b> Days                                                                                                                                 |                |                          |                         | EDD Type :                                            |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Sample Identification                                                                                                                                         | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                     | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       |                                | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15 | Indoor/Ambient Air | Soil Gas |
| <b>SV3</b>                                                                                                                                                    | <b>10/8/25</b> | <b>9:16</b>              | <b>11:16</b>            | <b>20</b>                                             | <b>2</b>                           | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                             | <b>-3.9</b>                       | <b>10613</b>                                                                                                                                                 | <b>10443</b> | <b>6 L</b>                     | <b>50</b>                        | <b>VL042942.D</b> |       |                    | <b>1</b> |
| Temperature (Fahrenheit)                                                                                                                                      |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="float: right;"></span>                                                                                          |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                               |                | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Start                                                                                                                                                         |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Stop                                                                                                                                                          |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Pressure (Inches of Hg)                                                                                                                                       |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                |                                  |                   |       |                    |          |
|                                                                                                                                                               |                | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Start                                                                                                                                                         |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Stop                                                                                                                                                          |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Special Instructions/QC Requirements & Comments :                                                                                                             |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Suspected Contamination: High Medium <u>Low</u> PID Readings: <b>0.0</b>                                                                                      |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Sampling site (State):                                                                                                                                        |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Quick Connector required : <b>NO</b>                                                                                                                          |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |
| Canisters Shipped by: <b>SEM</b>                                                                                                                              |                |                          |                         | Date/Time: <b>10/8/25</b>                             |                                    |                            |                           | Canisters Received by: <b>CR</b>                                       |                                   |                                                                                                                                                              |              | Date/Time: <b>10/8/25 1340</b> |                                  |                   |       |                    |          |
| Samples Relinquished by: <b>FMA</b>                                                                                                                           |                |                          |                         | Date/Time: <b>10/8/25</b>                             |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |       |                    |          |
| Relinquished by:                                                                                                                                              |                |                          |                         | Date/Time:                                            |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |       |                    |          |
| <b>B2509079 - 6</b>                                                                                                                                           |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |       |                    |          |

| Client Contact Information                                                                                                                                  |                |                          |                         | Bottle Order ID : <b>B2509079</b>                      |                                    |                            |                           | Courier : <b>FGALDUN</b>                                                    |                                   |                                                                                                                                                          |        | 7 of 13 COCs                   |                                  |             |       |                     |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|--------------------------------------------------------|------------------------------------|----------------------------|---------------------------|-----------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------|----------------------------------|-------------|-------|---------------------|----------|
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                  |                |                          |                         | Project Manager : <b>Frank galdun</b>                  |                                    |                            |                           | Sampler Name(s) <b>FRANK GALDUN</b>                                         |                                   |                                                                                                                                                          |        | Analysis                       |                                  | Matrix      |       |                     |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b>                                                                                       |                |                          |                         | Phone Number : <b>646-542-3465</b>                     |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Individual Certified</b> |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
|                                                                                                                                                             |                |                          |                         | Fax Number : <b>973-334-1692</b>                       |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
|                                                                                                                                                             |                |                          |                         | Site Details: <b>200 RESERVOIR ST.<br/>TRENTON, NJ</b> |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| City : <b>Lake Hiawatha</b>                                                                                                                                 |                |                          |                         | Analysis Turnaround Time <b>7 DAY</b>                  |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                     |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| State : <b>NJ</b>                                                                                                                                           |                |                          |                         | Standard : <b>10 business days</b> OR                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Zip Code : <b>07034</b>                                                                                                                                     |                |                          |                         | Rush (Specify): <b>7 Days</b>                          |                                    |                            |                           | EDD Type : <b>PDI</b>                                                       |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Country :                                                                                                                                                   |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Sample Identification                                                                                                                                       | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                      | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                           | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                             | Can ID |                                | Flow Controller Readout (ml/min) | Can Cert ID | TO-15 | Indoor/Ambient Air  | Soil Gas |
| IA4                                                                                                                                                         | 10/8/25        | 11:20                    | 11:30                   | 4                                                      | 70                                 | 70                         |                           | -30                                                                         | -43                               | 10226                                                                                                                                                    | 10311  | 6 L                            | 50                               | VL042703.D  | 1     | 1                   |          |
| Temperature (Fahrenheit)                                                                                                                                    |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">Sut</span>                                   |        |                                |                                  |             |       |                     |          |
|                                                                                                                                                             |                | Ambient                  | Maximum                 | Minimum                                                |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Start                                                                                                                                                       |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Stop                                                                                                                                                        |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Pressure (Inches of Hg)                                                                                                                                     |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br>Please follow the instructions on the back of this COC. |        |                                |                                  |             |       |                     |          |
|                                                                                                                                                             |                | Ambient                  | Maximum                 | Minimum                                                |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Start                                                                                                                                                       |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Stop                                                                                                                                                        |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Special Instructions/QC Requirements & Comments :                                                                                                           |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Suspected Contamination:      High      Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.0</b> |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Sampling site (State):                                                                                                                                      |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Quick Connector required : <b>NO</b>                                                                                                                        |                |                          |                         |                                                        |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                          |        |                                |                                  |             |       |                     |          |
| Canisters Shipped by: <b>Sam</b>                                                                                                                            |                |                          |                         | Date/Time: <b>10/8/25</b>                              |                                    |                            |                           | Canisters Received by: <b>CL</b>                                            |                                   |                                                                                                                                                          |        | Date/Time: <b>10/8/25 1340</b> |                                  |             |       | <b>B2509079 - 3</b> |          |
| Samples Relinquished by: <b>Frank</b>                                                                                                                       |                |                          |                         | Date/Time: <b>10/8/25</b>                              |                                    |                            |                           | Received by:                                                                |                                   |                                                                                                                                                          |        | Date/Time:                     |                                  |             |       |                     |          |
| Relinquished by:                                                                                                                                            |                |                          |                         | Date/Time:                                             |                                    |                            |                           | Received by:                                                                |                                   |                                                                                                                                                          |        | Date/Time:                     |                                  |             |       |                     |          |

|                                                                                   |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
|-----------------------------------------------------------------------------------|-----------------|--------------------------|-------------------------|-------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|----------------------------------|-------------------|--------------|---------------------|----------|
| Client Contact Information                                                        |                 |                          |                         | Bottle Order ID : <b>B2509079</b>                     |                                    |                            |                           | Courier : <b>F GALDUN</b>                                                    |                                   |                                                                                                                                                              |              | <b>8</b> of <b>13</b> COCs      |                                  |                   |              |                     |          |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                        |                 |                          |                         | Sampler Name(s) : <b>FRANK GALDUN</b>                 |                                    |                            |                           | Analysis                                                                     |                                   |                                                                                                                                                              |              | Matrix                          |                                  |                   |              |                     |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b>             |                 |                          |                         | Project Manager : <b>Frank galdun</b>                 |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
|                                                                                   |                 |                          |                         | Phone Number : <b>646-542-3465</b>                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
|                                                                                   |                 |                          |                         | Fax Number : <b>973-334-1692</b>                      |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
|                                                                                   |                 |                          |                         | Site Details: <b>200 RESERVOIR ST<br/>TRENTON, NJ</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| City : <b>Lake Hiawatha</b>                                                       |                 |                          |                         | Analysis Turnaround Time <b>7 DAY</b>                 |                                    |                            |                           | Data Package Type <b>RESULTS ONLY</b>                                        |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| State : <b>NJ</b>                                                                 |                 |                          |                         | Standard : <b>10 business days</b> OR                 |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Zip Code : <b>07034</b>                                                           |                 |                          |                         | Rush (Specify): <b>7</b> Days                         |                                    |                            |                           | EDD Type : <b>PDF</b>                                                        |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Sample Identification                                                             | Sample Date(s)  | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                     | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                            | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       |                                 | Flow Controller Readout (ml/min) | Can Cert ID       | <b>TO-15</b> | Indoor/Ambient Air  | Soil Gas |
| <b>SVH</b>                                                                        | <b>10/18/25</b> | <b>9:26</b>              | <b>11:26</b>            | <b>OVER 30</b>                                        | <b>5</b>                           | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                                   | <b>-5.5</b>                       | <b>10525</b>                                                                                                                                                 | <b>10588</b> | <b>6 L</b>                      | <b>50</b>                        | <b>VL042702.D</b> | <b>1</b>     |                     | <b>1</b> |
| Temperature (Fahrenheit)                                                          |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                               |              |                                 |                                  |                   |              |                     |          |
|                                                                                   |                 | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Start                                                                             |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Stop                                                                              |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Pressure (Inches of Hg)                                                           |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                 |                                  |                   |              |                     |          |
|                                                                                   |                 | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Start                                                                             |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Stop                                                                              |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Special Instructions/QC Requirements & Comments :                                 |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Suspected Contamination:      High      Medium <b>Low</b> PID Readings: <b>20</b> |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Sampling site (State):                                                            |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Quick Connector required : <b>NO</b>                                              |                 |                          |                         |                                                       |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |              |                     |          |
| Canisters Shipped by: <b>Sam</b>                                                  |                 |                          |                         | Date/Time: <b>10/17/25</b>                            |                                    |                            |                           | Canisters Received by: <b>al</b>                                             |                                   |                                                                                                                                                              |              | Date/Time: <b>10/18/25 1340</b> |                                  |                   |              | <b>B2509079 - 8</b> |          |
| Samples Relinquished by: <b>[Signature]</b>                                       |                 |                          |                         | Date/Time:                                            |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                              |              | Date/Time:                      |                                  |                   |              |                     |          |
| Relinquished by:                                                                  |                 |                          |                         | Date/Time:                                            |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                              |              | Date/Time:                      |                                  |                   |              |                     |          |

|                                                                                                                                                               |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|-------------------------|-------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|----------------------------------|-------------------|----------|--------------------|----------|
| Client Contact Information                                                                                                                                    |                     |                          |                         | Bottle Order ID : <b>B2509079</b>                     |                                    |                            |                           | Courier : <b>F Galdun</b>                                              |                                   |                                                                                                                                                              |              | 9 of 13 COCs                   |                                  |                   |          |                    |          |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                    |                     |                          |                         | Sampler Name(s) <b>FRANK GALDUN</b>                   |                                    |                            |                           | Analysis                                                               |                                   |                                                                                                                                                              |              | Matrix                         |                                  |                   |          |                    |          |
| Customer Name : <b>GFE LLC</b><br>Address : <b>58 Nokomis Ave</b><br>City : <b>Lake Hiawatha</b><br>State : <b>NJ</b><br>Zip Code : <b>07034</b><br>Country : |                     |                          |                         | Project Manager : <b>Frank galdun</b>                 |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
|                                                                                                                                                               |                     |                          |                         | Phone Number : <b>646-542-3465</b>                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
|                                                                                                                                                               |                     |                          |                         | Fax Number : <b>973-334-1692</b>                      |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
|                                                                                                                                                               |                     |                          |                         | Site Details: <b>200 RESERVOIR ST<br/>TRENTON, NJ</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Analysis Turnaround Time <b>7 DAY</b>                                                                                                                         |                     |                          |                         | Standard : <b>10 business days</b> OR                 |                                    |                            |                           | Data Package Type <b>RESULTS ONLY</b>                                  |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Rush (Specify): <b>7</b> Days                                                                                                                                 |                     |                          |                         | EDD Type : <b>PDF</b>                                 |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Sample Identification                                                                                                                                         | Sample Date(s)      | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                     | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       |                                | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15    | Indoor Ambient Air | Soil Gas |
| <b>IAS</b>                                                                                                                                                    | <b>10/6/25 9:30</b> | <b>11:30</b>             | <b>12:30</b>            | <b>5.5</b>                                            | <b>7.0</b>                         | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                             | <b>-5.1</b>                       | <b>10550</b>                                                                                                                                                 | <b>10601</b> | <b>6 L</b>                     | <b>50</b>                        | <b>VL042907.D</b> | <b>1</b> | <b>1</b>           |          |
| Temperature (Fahrenheit)                                                                                                                                      |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                               |              |                                |                                  |                   |          |                    |          |
|                                                                                                                                                               |                     | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Start                                                                                                                                                         |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Stop                                                                                                                                                          |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Pressure (Inches of Hg)                                                                                                                                       |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                |                                  |                   |          |                    |          |
|                                                                                                                                                               |                     | Ambient                  | Maximum                 | Minimum                                               |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Start                                                                                                                                                         |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Stop                                                                                                                                                          |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Special Instructions/QC Requirements & Comments :                                                                                                             |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Suspected Contamination: High Medium <b>Low</b> PID Readings: <b>0.0</b>                                                                                      |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Sampling site (State):                                                                                                                                        |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Quick Connector required : <b>NO</b>                                                                                                                          |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |
| Canisters Shipped by: <b>SEM</b>                                                                                                                              |                     |                          |                         | Date/Time: <b>10/6/25</b>                             |                                    |                            |                           | Canisters Received by: <b>CR</b>                                       |                                   |                                                                                                                                                              |              | Date/Time: <b>10/6/25 1340</b> |                                  |                   |          |                    |          |
| Samples Relinquished by: <b>SEM</b>                                                                                                                           |                     |                          |                         | Date/Time: <b>10/8/25</b>                             |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |          |                    |          |
| Relinquished by:                                                                                                                                              |                     |                          |                         | Date/Time:                                            |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |              | Date/Time:                     |                                  |                   |          |                    |          |
| <b>B2509079 - 9</b>                                                                                                                                           |                     |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |              |                                |                                  |                   |          |                    |          |

|                                                                                                                                                                                   |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|----------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------|----------------------------------|-------------|-------|----------------------|----------|
| Client Contact Information                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>B2509079</b>                  |                                    |                            |                           | Courier : <b>F. GALDUN</b>                                             |                                   |                                                                                                                                                              |        | ID of <b>13</b> COCs           |                                  |             |       |                      |          |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                                        |                |                          |                         | Sampler Name(s) : <b>FRANK GALDUN</b>              |                                    |                            |                           | Analysis                                                               |                                   |                                                                                                                                                              |        | Matrix                         |                                  |             |       |                      |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br><br>State : <b>NJ</b><br><br>Zip Code : <b>07034</b><br><br>Country : |                |                          |                         | Project Manager : <b>Frank galdun</b>              |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
|                                                                                                                                                                                   |                |                          |                         | Phone Number : <b>646-542-3465</b>                 |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
|                                                                                                                                                                                   |                |                          |                         | Fax Number : <b>973-334-1692</b>                   |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
|                                                                                                                                                                                   |                |                          |                         | Site Details: <b>200 RESERVOIR ST. TRENTON, NJ</b> |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Analysis Turnaround Time <b>7 DAY</b>                                                                                                                                             |                |                          |                         | Standard : <b>10 business days</b> OR              |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Rush (Specify): <b>7 Days</b>                                                                                                                                                     |                |                          |                         | EDD Type : <b>PDF</b>                              |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Sample Identification                                                                                                                                                             | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                  | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID |                                | Flow Controller Readout (ml/min) | Can Cert ID | TO-15 | Indoor/Ambient Air   | Soil Gas |
| SUS                                                                                                                                                                               | 10/8/25        | 9:44                     | 11:34                   | OVER 30                                            | 5                                  | 70                         | 70                        | -30                                                                    | -5.1                              | 10648                                                                                                                                                        | 10604  | 6 L                            | 50                               | VL042907.D  | 1     |                      | 1        |
| Temperature (Fahrenheit)                                                                                                                                                          |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                               |        |                                |                                  |             |       |                      |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                            |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Start                                                                                                                                                                             |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Pressure (Inches of Hg)                                                                                                                                                           |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |        |                                |                                  |             |       |                      |          |
|                                                                                                                                                                                   |                | Ambient                  | Maximum                 | Minimum                                            |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Start                                                                                                                                                                             |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Stop                                                                                                                                                                              |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Special Instructions/QC Requirements & Comments :                                                                                                                                 |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Suspected Contamination: High Medium <u>Low</u> PID Readings: <u>0.0</u>                                                                                                          |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Sampling site (State):                                                                                                                                                            |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Quick Connector required : <u>No</u>                                                                                                                                              |                |                          |                         |                                                    |                                    |                            |                           |                                                                        |                                   |                                                                                                                                                              |        |                                |                                  |             |       |                      |          |
| Canisters Shipped by: <u>Sam</u>                                                                                                                                                  |                |                          |                         | Date/Time: <u>10/8/25</u>                          |                                    |                            |                           | Canisters Received by: <u>Chen</u>                                     |                                   |                                                                                                                                                              |        | Date/Time: <u>10/8/25 1340</u> |                                  |             |       | <b>B2509079 - 11</b> |          |
| Samples Relinquished by: <u>FRANK</u>                                                                                                                                             |                |                          |                         | Date/Time: <u>10/8/25</u>                          |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |        | Date/Time:                     |                                  |             |       |                      |          |
| Relinquished by:                                                                                                                                                                  |                |                          |                         | Date/Time:                                         |                                    |                            |                           | Received by:                                                           |                                   |                                                                                                                                                              |        | Date/Time:                     |                                  |             |       |                      |          |

| Client Contact Information                                                                                                                                                                                                 |                |                          |                         | Bottle Order ID : <b>B2509079</b>                          |                                    |                            |                           | Courier: <b>FGaldun</b>                                                      |                                   |                                                                                                                                                                 |              | 11 of 13 COCs                  |                                  |                   |          |                      |          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|----------------------------------|-------------------|----------|----------------------|----------|--|--|
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                                                                                 |                |                          |                         | Sampler Name(s): <b>Frank Galdun</b>                       |                                    |                            |                           | Analysis                                                                     |                                   |                                                                                                                                                                 |              | Matrix                         |                                  |                   |          |                      |          |  |  |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br><br>State : <b>NJ</b><br><br>Zip Code : <b>07034</b><br><br>Country :                                          |                |                          |                         | Project Manager : <b>Frank galdun</b>                      |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                                                                                            |                |                          |                         | Phone Number : <b>646-542-3465</b>                         |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                                                                                            |                |                          |                         | Fax Number : <b>973-334-1692</b>                           |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                                                                                            |                |                          |                         | Site Details: <b>200 Reservoir St</b><br><b>TRENTON NJ</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Analysis Turnaround Time <b>7 DAY</b>                                                                                                                                                                                      |                |                          |                         | Standard : <del>10 Business Days</del> <b>OR</b>           |                                    |                            |                           | Data Package Type: <b>Results Only</b>                                       |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Rush (Specify): <b>7</b> Days                                                                                                                                                                                              |                |                          |                         | EDD Type : <b>PDF</b>                                      |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Sample Identification                                                                                                                                                                                                      | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                          | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                            | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                    | Can ID       |                                | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15    | Indoor Ambient Air   | Soil Gas |  |  |
| <b>IA6</b>                                                                                                                                                                                                                 | <b>10/8/25</b> | <b>7:48</b>              | <b>11:48</b>            | <b>30</b>                                                  | <b>29</b>                          | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                                   | <b>-5.1</b>                       | <b>10617</b>                                                                                                                                                    | <b>10607</b> | <b>6 L</b>                     | <b>50</b>                        | <b>VL042907.D</b> | <b>1</b> | <b>1</b>             |          |  |  |
| Temperature (Fahrenheit)                                                                                                                                                                                                   |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">[Signature]</span>                                  |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                                                                                            | Ambient        | Maximum                  | Minimum                 |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Start                                                                                                                                                                                                                      |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Stop                                                                                                                                                                                                                       |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Pressure (Inches of Hg)                                                                                                                                                                                                    |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   | <p>** Submittal of this COC indicates approval of the analysis based on existing conditions.</p> <p>Please follow the instructions on the back of this COC.</p> |              |                                |                                  |                   |          |                      |          |  |  |
|                                                                                                                                                                                                                            | Ambient        | Maximum                  | Minimum                 |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Start                                                                                                                                                                                                                      |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Stop                                                                                                                                                                                                                       |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                                                          |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0.0</span> |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Sampling site (State):                                                                                                                                                                                                     |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Quick Connector required : <b>NO</b>                                                                                                                                                                                       |                |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                                 |              |                                |                                  |                   |          |                      |          |  |  |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                                                           |                |                          |                         | Date/Time: <b>10/8/25</b>                                  |                                    |                            |                           | Canisters Received by: <b>CR</b>                                             |                                   |                                                                                                                                                                 |              | Date/Time: <b>10/8/25 1340</b> |                                  |                   |          | <b>B2509079 - 12</b> |          |  |  |
| Samples Relinquished by: <b>Frank</b>                                                                                                                                                                                      |                |                          |                         | Date/Time: <b>10/8/25</b>                                  |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                 |              | Date/Time:                     |                                  |                   |          |                      |          |  |  |
| Relinquished by:                                                                                                                                                                                                           |                |                          |                         | Date/Time:                                                 |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                                 |              | Date/Time:                     |                                  |                   |          |                      |          |  |  |

|                                                                                                                                                                       |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|-------------------------|------------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|----------------------------------|-------------------|----------|---------------------|----------|
| Client Contact Information                                                                                                                                            |                 |                          |                         | Bottle Order ID : <b>B2509079</b>                          |                                    |                            |                           | Courier : <b>F. Galdun</b>                                                   |                                   |                                                                                                                                                              |              | 12 of 13 COCs                   |                                  |                   |          |                     |          |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                            |                 |                          |                         | Sampler Name(s) : <b>Frank Galdun</b>                      |                                    |                            |                           | Analysis                                                                     |                                   |                                                                                                                                                              |              | Matrix                          |                                  |                   |          |                     |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b><br><br>City : <b>Lake Hiawatha</b><br>State : <b>NJ</b><br>Zip Code : <b>07034</b><br>Country : |                 |                          |                         | Project Manager : <b>Frank galdun</b>                      |                                    |                            |                           | <b>AIR ANALYSIS</b><br><b>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
|                                                                                                                                                                       |                 |                          |                         | Phone Number : <b>646-542-3465</b>                         |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
|                                                                                                                                                                       |                 |                          |                         | Fax Number : <b>973-334-1692</b>                           |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
|                                                                                                                                                                       |                 |                          |                         | Site Details: <b>300 Reservoir St</b><br><b>TRENTON NJ</b> |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Analysis Turnaround Time <b>7 DAY</b>                                                                                                                                 |                 |                          |                         | Standard : <del>10 business days</del> <b>OR</b>           |                                    |                            |                           | Data Package Type : <b>Results only</b>                                      |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Rush (Specify): <b>7 Days</b>                                                                                                                                         |                 |                          |                         | EDD Type : <b>RDE</b>                                      |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Sample Identification                                                                                                                                                 | Sample Date(s)  | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                          | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                            | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID                                                                                                                                                 | Can ID       |                                 | Flow Controller Readout (ml/min) | Can Cert ID       | TO-15    | Indoor/Ambient Air  | Soil Gas |
| <b>SV6</b>                                                                                                                                                            | <b>10/18/15</b> | <b>9:58</b>              | <b>11:58</b>            | <b>over 30</b>                                             | <b>6.5</b>                         | <b>70</b>                  | <b>70</b>                 | <b>-30</b>                                                                   | <b>-5.1</b>                       | <b>10528</b>                                                                                                                                                 | <b>10333</b> | <b>6 L</b>                      | <b>50</b>                        | <b>VL042907.D</b> | <b>1</b> |                     | <b>1</b> |
| Temperature (Fahrenheit)                                                                                                                                              |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">Sust</span>                                      |              |                                 |                                  |                   |          |                     |          |
|                                                                                                                                                                       |                 | Ambient                  | Maximum                 | Minimum                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Start                                                                                                                                                                 |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Stop                                                                                                                                                                  |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Pressure (Inches of Hg)                                                                                                                                               |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br><br>Please follow the instructions on the back of this COC. |              |                                 |                                  |                   |          |                     |          |
|                                                                                                                                                                       |                 | Ambient                  | Maximum                 | Minimum                                                    |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Start                                                                                                                                                                 |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Stop                                                                                                                                                                  |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Special Instructions/QC Requirements & Comments :                                                                                                                     |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.7</b>                     |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Sampling site (State):                                                                                                                                                |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Quick Connector required : <b>NO</b>                                                                                                                                  |                 |                          |                         |                                                            |                                    |                            |                           |                                                                              |                                   |                                                                                                                                                              |              |                                 |                                  |                   |          |                     |          |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                      |                 |                          |                         | Date/Time: <b>10/18/15</b>                                 |                                    |                            |                           | Canisters Received by: <b>AR</b>                                             |                                   |                                                                                                                                                              |              | Date/Time: <b>10/18/15 1340</b> |                                  |                   |          | <b>B2509079 - 5</b> |          |
| Samples Relinquished by: <b>FDN</b>                                                                                                                                   |                 |                          |                         | Date/Time: <b>10/18/15</b>                                 |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                              |              | Date/Time:                      |                                  |                   |          |                     |          |
| Relinquished by:                                                                                                                                                      |                 |                          |                         | Date/Time:                                                 |                                    |                            |                           | Received by:                                                                 |                                   |                                                                                                                                                              |              | Date/Time:                      |                                  |                   |          |                     |          |

|                                                                                                                                                                                                                                                                                                |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------|---------|----------------------------------|-------------|------------|--------------------|----------|--|------|----|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Client Contact Information                                                                                                                                                                                                                                                                     |                |                          |                         | Bottle Order ID : <b>B2509079</b>                     |                                    |                            |                           | Courier : <b>FGALDUN</b>                                               |                                   |              |         | 13 of 13 COCs                    |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Client ID : <b>GFEL01</b> Project ID : <b>All Projects</b>                                                                                                                                                                                                                                     |                |                          |                         | Sampler Name(s) : <b>FRANK GALDUN</b>                 |                                    |                            |                           | Analysis                                                               |                                   |              |         | Matrix                           |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Customer Name : <b>GFE LLC</b><br>Address : <b>58 Nokomis Ave</b><br>City : <b>Lake Hiawatha</b><br>State : <b>NJ</b><br>Zip Code : <b>07034</b><br>Country :                                                                                                                                  |                |                          |                         | Project Manager : <b>Frank galdun</b>                 |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                |                |                          |                         | Phone Number : <b>646-542-3465</b>                    |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                |                |                          |                         | Fax Number : <b>973-334-1692</b>                      |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                |                |                          |                         | Site Details: <b>ZOO RESERVOIR ST<br/>TRENTON, NJ</b> |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Analysis Turnaround Time <b>7 DAY</b>                                                                                                                                                                                                                                                          |                |                          |                         | Standard : <b>10 business days</b> OR                 |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Rush (Specify): <b>7</b> Days                                                                                                                                                                                                                                                                  |                |                          |                         | EDD Type : <b>PDF</b>                                 |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Sample Identification                                                                                                                                                                                                                                                                          | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                     | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID  | Flow Controller Readout (ml/min) | Can Cert ID | TO-15      | Indoor/Ambient Air | Soil Gas |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| OA1                                                                                                                                                                                                                                                                                            | 10/8/25        | 10:05                    | 12:05                   | over 30                                               | 9.9                                |                            |                           | -30                                                                    | -4.3                              | 10707        | 10609   | 6 L                              | 50          | VL042907.D | 1                  | 1        |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Temperature (Fahrenheit) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td>70</td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td>67</td> <td></td> <td></td> </tr> </table> |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              | Ambient | Maximum                          | Minimum     | Start      | 70                 |          |  | Stop | 67 |  |  | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 2px;">[Signature]</span>                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                | Ambient        | Maximum                  | Minimum                 |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                          | 70             |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                           | 67             |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Pressure (Inches of Hg) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table>      |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              | Ambient | Maximum                          | Minimum     | Start      |                    |          |  | Stop |    |  |  | ** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><br>Please follow the instructions on the back of this COC. |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                | Ambient        | Maximum                  | Minimum                 |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                          |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                           |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                                                                                                                              |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: <b>0.0</b>                                                                                                                                              |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Sampling site (State):                                                                                                                                                                                                                                                                         |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Quick Connector required : <b>NO</b>                                                                                                                                                                                                                                                           |                |                          |                         |                                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                  |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Canisters Shipped by: <b>SEA</b>                                                                                                                                                                                                                                                               |                |                          |                         | Date/Time: <b>10/8/25</b>                             |                                    |                            |                           | Canisters Received by: <b>CR</b>                                       |                                   |              |         | Date/Time: <b>10/8/25 1340</b>   |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Samples Relinquished by: <b>FRANK</b>                                                                                                                                                                                                                                                          |                |                          |                         | Date/Time: <b>10/8/25</b>                             |                                    |                            |                           | Received by:                                                           |                                   |              |         | Date/Time:                       |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                               |                |                          |                         | Date/Time:                                            |                                    |                            |                           | Received by:                                                           |                                   |              |         | Date/Time:                       |             |            |                    |          |  |      |    |  |  |                                                                                                                                                          |  |  |  |  |  |  |  |

### 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           |

New Jersey Department of Environmental Protection  
Internal Chain of Custody

Instructions: Use 1 form for each 20 samples of aliquot

|                                                |  |                                                                          |  |
|------------------------------------------------|--|--------------------------------------------------------------------------|--|
| Laboratory: <u>Chemtech</u>                    |  | Location: <u>284 Sheffield Street, Mountainside, NJ 7092</u>             |  |
| <u>0006E</u>                                   |  | Title: <u>Sample Custodian</u>                                           |  |
| Field Sample Seal No. <u>Q3320</u>             |  | Date Broken: <u>10/8/2025</u> Military Time Seal Broken: <u>13:40:00</u> |  |
| Case No.: <u>200 Reservoir St, Trenton, NJ</u> |  | Analytical Parameter/Fraction: <u>MOCMS Group2</u>                       |  |

| Sample No. | Aliquot/Extract No. | Sample No. | Aliquot/Extract No. |
|------------|---------------------|------------|---------------------|
| Q3320-01   | IA1                 | Q3320-11   | IA6                 |
| Q3320-02   | SV1                 | Q3320-12   | SV6                 |
| Q3320-03   | IA2                 | Q3320-13   | OA1                 |
| Q3320-04   | SV2                 |            |                     |
| Q3320-05   | IA3                 |            |                     |
| Q3320-06   | SV3                 |            |                     |
| Q3320-07   | IA4                 |            |                     |
| Q3320-08   | SV4                 |            |                     |
| Q3320-09   | IA5                 |            |                     |
| Q3320-10   | SV5                 |            |                     |

| Date | Time | Relinquished By |              | Received By |              | Purpose of Change of Custody |
|------|------|-----------------|--------------|-------------|--------------|------------------------------|
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
| 10/9 | 0850 |                 | George N.    |             | Sam Sathy    |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |
|      |      | Signature       | Printed Name | Signature   | Printed Name |                              |

Distribution: White - Original (Sent With Report)      Yellow - Contractor Archive      Pink - Sample Custodian - Interim Copy