



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **LANGAN**
ADDRESS: **1 North Broadway**
CITY: **White Plains** STATE: **NY** ZIP: **10601**
ATTENTION:
PHONE: **914-323-7414** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Richmond Terrace - Site 163**
PROJECT NO.: **190134901** LOCATION: **Staten Island**
PROJECT MANAGER: **Gregory DelMastro**
e-mail: **gdelmastro@langan.com**
PHONE: **914-323-7414** FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): **21** DAYS*
EDD: DAYS*

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☒ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other
☐ EDD FORMAT

VOCs (8260)
SVOCs (8270)
PAHs (8082A)
TAL Metals (6000/6000)
Pesticides (8081)

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9		
1.	SED-01-0-2	S	X	X	10/9	8:45	6	X	X	X	X	X	X	X	X	X		
2.	SED-02-0-2	S	X	X		9:15	6	X	X	X	X	X	X	X	X	X		
3.	SED-03-0-2	S	X	X		9:30	6	X	X	X	X	X	X	X	X	X		
4.	SED-04-0-2	S	X	X		10:30	6	X	X	X	X	X	X	X	X	X		
5.	SED-05-0-2	S	X	X		11:00	6	X	X	X	X	X	X	X	X	X		
6.	SED-06-0-2	S	X	X		11:30	6	X	X	X	X	X	X	X	X	X		
7.	SED-07-0-2	S	X	X		12:00	6	X	X	X	X	X	X	X	X	X		
8.																		
9.																		
10.																		

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

RELINQUISHED BY SAMPLER:	DATE/TIME: 10/9/25	RECEIVED BY: [Signature]	1430	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.2 °C
1. [Signature]			10-9-25	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:		
2.				
RELINQUISHED BY SAMPLER:	DATE/TIME: 10-9-25	RECEIVED BY:		
3. [Signature]				

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO

Laboratory Certification

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

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3323	LANG01	Order Date : 10/9/2025 2:32:00 PM	Project Mgr : Results only
Client Name : Langan Engineering and En		Project Name : Con Edison Richmond Terr	Report Type : Results Only 1000004
Client Contact : Gregory DelMastro		Receive DateTime : 10/9/2025 12:00:00 AM	EDD Type : Excel NY
Invoice Name : Langan Engineering and En		Purchase Order : 2044	Hard Copy Date :
Invoice Contact : Gregory DelMastro			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3323-01	SED-01-0-2	Solid	10/09/2025	08:45	VOC-TCLVOA-10		8260D	10 Bus. Days	10 Days
Q3323-02	SED-02-0-2	Solid	10/09/2025	09:15	VOC-TCLVOA-10		8260D	10 Bus. Days	
Q3323-03	SED-03-0-2	Solid	10/09/2025	09:30	VOC-TCLVOA-10		8260D	10 Bus. Days	
Q3323-04	SED-04-0-2	Solid	10/09/2025	10:30	VOC-TCLVOA-10		8260D	10 Bus. Days	
Q3323-05	SED-05-0-2	Solid	10/09/2025	11:00	VOC-TCLVOA-10		8260D	10 Bus. Days	
Q3323-06	SED-06-0-2	Solid	10/09/2025	11:30	VOC-TCLVOA-10		8260D	10 Bus. Days	
Q3323-07	SED-07-0-2	Solid	10/09/2025	12:00	VOC-TCLVOA-10		8260D	10 Bus. Days	

LOGIN REPORT/SAMPLE TRANSFER

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Client Name : Langan Engineering and En	Project Name : Con Edison Richmond Terr	Report Type : Results Only
Client Contact : Gregory DelMastro	Receive DateTime : 10/9/2025 12:00:00 AM	EDD Type : Excel NY
Invoice Name : Langan Engineering and En	Purchase Order : ¹⁸ 20:44	Hard Copy Date :
Invoice Contact : Gregory DelMastro		Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
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Relinquished By : CR
Date / Time : 10/10/25 11:10

Received By : JK
Date / Time : 10/10/25 1110

Storage Area : VOA Refridgerator Room