



SHIPPING DOCUMENTS

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc. Contact/Authorized by: Robert Szot
Mailing Address: 410 Hillside Ave. Phone: 908-688-8900 EXT 129
City/State/Zip: Hillside, NJ. 07205 Email: rszot@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER

SAMPLE LOCATION:

| Grab Comp | SAMPLE ID | SAMPLE COLLECTION | | | | ANALYSIS REQUIRED (Print Legibly) | CONTAINER INFORMATION | | | |
|-----------|------------------------|-------------------|-------|----|----|--|-----------------------|-------|------|--------|
| | | Date | Time | AM | PM | | No. | Type* | Size | Pres.* |
| X | VOA 25105085-01 | 10/15/25 | 10:18 | X | | EPA 8260 TCL LIST + Acrolien & Acrylonitrile | 3 | V | 40mL | A |
| X | Trip blank 25105076-03 | | | | | EPA 8260 TCL LIST + Acrolien & Acrylonitrile | 2 | V | 40mL | A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Thio V = Vial Other/Specify:

*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

☒ SUBCONTRACTED WORK

TURNAROUND TIME: ☒ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO: Chem Tech

DATE/TIME:

METHOD OF SHIPMENT:

Deliver

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

VOA UNPRESERVED DUE TO EFFERVESCENCE - 3 DAY TAT PER JORDAN HEDVAT

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

| | | |
|---|---------------------------|---------------------------|
| Sampled by (PRINT): | Signature: | Date/Time: |
| Client/Client's Representative (PRINT): | Signature: | Date/Time: |
| 1. Received/Relinquished by (PRINT): Megan Howanich | Signature: Megan Howanich | Date/Time: 10/15/25 14:55 |
| 2. Received/Relinquished by (PRINT): | Signature: Cassanova Rand | Date/Time: 10/16/25 9:40 |

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Main Lab certified by NJ Dept. of Health, NJDEP-TNI, NY Dept. of Health #11550 and PADEP #68-03680

MATTHE DATS @ 10/16/25 9:40 AM

Q 3362

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Page of

GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☒ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

2.3

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 : Q3362 | GARD04 | Order Date : 10/16/2025 9:55:00 AM | Project Mgr : |
| Client Name : Garden State Laboratories, I | | Project Name : Waste Water 2025 | Report Type : Level 1 |
| Client Contact : Sharon Ercoliani | | Receive DateTime : 10/16/2025 9:40:00 AM | EDD Type : EXCEL NOCLEANUP |
| Invoice Name : Garden State Laboratories, I | | Purchase Order : | Hard Copy Date : |
| Invoice Contact : Sharon Ercoliani | | | Date Signoff : |

| LAB ID | CLIENT ID | MATRIX | SAMPLE DATE | SAMPLE TIME | TEST | TEST GROUP | METHOD | FAX DATE | DUE DATES |
|----------|-------------------------|--------|----------------|----------------|--------------|------------|----------|----------|--------------|
| Q3362-01 | VOA 251015085-01 | Water | 10/15/2025 | 10:18 | | | | | |
| | | | | | VOCMS Group1 | | 624.1 | | 10 Bus. Days |
| | | | | | VOCMS Group2 | | 8260-Low | | 10 Bus. Days |
| Q3362-02 | Trip blank 251015076-03 | Water | 10/15/2025 | 10:18 | | | | | |
| | | | | | VOCMS Group1 | | 624.1 | | 10 Bus. Days |
| | | | | | VOCMS Group2 | | 8260-Low | | 10 Bus. Days |

Relinquished By : Date / Time : 10/16/25 10:50Received By : Date / Time : 10/16/25 10:50

Pg # 4

Storage Area : VOA Refridgerator Room