



SHIPPING DOCUMENTS

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:
COMPANY: AECOM
ADDRESS: 605 3rd Ave
CITY: New York STATE: NY ZIP: 10158
ATTENTION: Rob Forstner
PHONE: 212-377-8721 FAX:

PROJECT NAME: Port Richmond
PROJECT NO.: 60693795 LOCATION: Staten Isl
PROJECT MANAGER: Rob Forstner
e-mail: Robert.Forstner@aecom.com
PHONE: 11 FAX:

BILL TO: AECOM PO#:
ADDRESS:
CITY: STATE: ZIP:
ATTENTION: Rob Forstner PHONE: 11

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): _____ DAYS*
EDD: _____ DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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 _____

1. SVOCs 2. Pesticides TCL 3. Hg Metals 4. PCBs Hexachlorine 5. Dioxin 6. Grain Size 7. TOCs 8. VOCs 9.

PRESERVATIVES

COMMENTS

ALLIANCE
SAMPLE
ID

PROJECT
SAMPLE IDENTIFICATION

SAMPLE
MATRIX

SAMPLE
TYPE

SAMPLE
COLLECTION

OF BOTTLES

COMP GRAB

DATE TIME

1	2	3	4	5	6	7	8	9
X	X	X	X	X	X	X	X	
X	X	X	X	X		X	X	
X	X	X	X	X		X	X	
X	X	X	X	X	X	X	X	
X	X	X	X	X	X	X	X	
X	X	X	X	X			X	

← Specify Preservatives
A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

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

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

1. Jim Alderson

10/21/25 430

10-21-25

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 2 °C

Comments:

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

2.

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

3.

10-21-25

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 : Q3419	AECO02	Order Date : 10/22/2025 11:01:00 AM	Project Mgr :
Client Name : AECOM		Project Name : AE1-CTY 3.2.Z-PR-DOCK	Report Type : NYS ASP <i>B</i>
Client Contact : Rob Forstner		Receive DateTime : 10/21/2025 5:40:00 PM	EDD Type : EQUIS
Invoice Name : AECOM		Purchase Order :	Hard Copy Date :
Invoice Contact : Rob Forstner			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3419-01	PR-132-S16-015094-20251021	Solid	10/21/2025	09:31					
					VOC-TCLVOA-10		8260D		10 Bus. Days
Q3419-02	Q3419-01MS	Solid	10/21/2025	09:31					
					VOC-TCLVOA-10		8260D		10 Bus. Days
Q3419-03	Q3419-01MSD	Solid	10/21/2025	09:31					
					VOC-TCLVOA-10		8260D		10 Bus. Days
Q3419-04	<i>PR132</i> PR-132 -S16-119133-20251021	Solid	10/21/2025	09:35					
					VOC-TCLVOA-10		8260D		10 Bus. Days
Q3419-05	<i>PR132</i> PR-132 -S16-094119-20251021	Solid	10/21/2025	09:33					
					VOC-TCLVOA-10		8260D		10 Bus. Days

Relinquished By : *[Signature]*

Date / Time :

10/22/25 1245

Received By : *[Signature]*

Date / Time :

10/22/25

1245

Storage Area : VOA Refridgerator Room