

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

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

1.	PR-132-S16-015094-20251021	S	X	10/21	9:31	11	X	X	X	X	X	X	X	X		
2.	PR-132-S16-015094-20251021-HS	S	X	10/21	9:31	10	X	X	X	X	X		X	X		
3.	PR132-S16-015094-20251021-MSD	S	X	10/21	9:31	10	X	X	X	X	X		X	X		
4.	PR132-S16-119133-20281021	S	X	10/21	9:33	11	X	X	X	X	X	X	X	X		
5.	PR132-S16-094119-20281021	S	X	10/21	9:33	11	X	X	X	X	X	X	X	X		
6.	Temp Blank	A		10/21		1	X	X	X	X	X			X		
7.																
8.																
9.																
10.																

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

RELINQUISHED BY SAMPLER: 1. Jim Alderson	DATE/TIME: 10/21/25 430	RECEIVED BY: 1. [Signature] 10-21-25	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 22.8 °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME: 10-21-25	RECEIVED BY: 3.	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO