

CLIENT 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:

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): _____ 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

1: SVOCs 2: PCBs 3: Pesticides 4: Hg Metals 5: Pb 6: HxChrom 7: TOC in Size 8: TOCs 9: VOCs

PRESERVATIVES

COMMENTS

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

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.	PR132-FB2-20251021	A		X	10/21	13:30	1	X	X	X	X	X			X		
2.	PR132-S15-000008-20251021	S		X	10/21	9:00	11	X	X	X	X	X	X	X	X		
3.	Temp Blank	A			10/21		1	X	X	X	X	X			X		
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP
1. <u>Sim Alderson</u>	<u>10/21/25 4:30</u>	<u>[Signature]</u> <u>10-21-25</u>	<u>2.5</u> °C
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Comments:
2.			
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>	<u>10-21-25</u>	<u>[Signature]</u>	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO