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ALLIANCE PROJECT NO.

QUOTE NO.

COC Number

Q3439
2045129

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: AECOM
ADDRESS: 605 3rd Ave
CITY: New York STATE: NY ZIP: 10138
ATTENTION: Robert Forstner
PHONE: 212-377-8721 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Port Richmond 132
PROJECT NO.: 60693745 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. 2. 3. 4. 5. 6. 7. 8. 9.
SVOC Pesticides Hg Metals
Corrosivity Light
TPH VOC Flash Point

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	PR132-WC1-20281022	S		X	10/22	10:18	9	X	X	X	X	X	X				
2.	PR132-WC2-20281022	A		X	10/22	10:30	7	X	X	X	X	X	X	X			
3.	TB	A			10/22		3										
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:
1. <u>Jim Alderson</u>	<u>10/22/25 1pm</u>	<u>[Signature]</u> <u>1300</u>	☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>3.8</u> °C
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Comments:
2.		<u>[Signature]</u>	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>	<u>10-22-25</u>	<u>[Signature]</u>	
Page ____ of ____			CLIENT: ☐ Hand Delivered ☐ Other
			Shipment Complete ☐ YES ☐ NO