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### CHAIN OF CUSTODY RECORD

Alliance Project Number: **23463**

COC Number:

| CLIENT INFORMATION                                                                                                                                        |                                  |                  | PROJECT INFORMATION                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                    | BILLING INFORMATION                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--------|--------------------------------------------------------------------------------------|---|------|---|----------------------------------------------------------------------------|-----|------|------------|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| COMPANY: Alliance Technical Group, LLC - Newark                                                                                                           |                                  |                  | PROJECT NAME: Weekly Storage Blanks                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                    | BILL TO:                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |   |   |   |   | PO#    |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| ADDRESS: 284 Sheffield Street                                                                                                                             |                                  |                  | PROJECT #:                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                                                                    | ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| CITY: Mountainside STATE: NJ ZIP: 07092                                                                                                                   |                                  |                  | PROJECT MANAGER:                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                                                                                                                                    | CITY:                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |   |   |   |   | STATE: |                                                                                      |   | ZIP: |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| ATTENTION:                                                                                                                                                |                                  |                  | E-MAIL:                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                    | ATTENTION:                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    |   |   |   |   | PHONE: |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| PHONE:                                                                                                                                                    |                                  |                  | FAX:                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                                                                                                                                    | PHONE:                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |   |   |   |   | FAX:   |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| DATA TURNAROUND INFORMATION                                                                                                                               |                                  |                  | DATA DELIVERABLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                    | ANALYSIS                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| FAX: <u>NA</u> DAYS*<br>HARD COPY: <u>10</u> DAYS*<br>EDD <u>NA</u> DAYS*<br>* TO BE APPROVED BY ALLIANCE<br>STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS |                                  |                  | <input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP<br><input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B"<br><input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A"<br><input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____<br><input type="checkbox"/> EDD Format _____ |      |                                                                                                                                                                                                                                                                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VOC</th> <th>SVOC</th> <th>PESTICIDES</th> <th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            | VOC | SVOC | PESTICIDES |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |  |  |  |  |  |  |
| VOC                                                                                                                                                       | SVOC                             | PESTICIDES       |                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 1                                                                                                                                                         | 2                                | 3                | 4                                                                                                                                                                                                                                                                                                                                                                                             | 5    | 6                                                                                                                                                                                                                                                                                                  | 7                                                                                                                                                                                                                                                                                                                                                                                                             | 8                                                                                                                                                                                  | 9 |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|                                                                                                                                                           |                                  |                  |                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                                                    | PRESERVATIVES                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| CHEMTECH<br>SAMPLE<br>ID                                                                                                                                  | PROJECT<br>SAMPLE IDENTIFICATION | SAMPLE<br>MATRIX | SAMPLE<br>TYPE                                                                                                                                                                                                                                                                                                                                                                                |      | SAMPLE<br>COLLECTION                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               | # of Bottles                                                                                                                                                                       |   |   |   |   |        |                                                                                      |   |      |   | ← Specify Preservatives<br>A-HCl B-HNO3<br>C-H2SO4 D-NaOH<br>E-ICE F-Other |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|                                                                                                                                                           |                                  |                  | COMP                                                                                                                                                                                                                                                                                                                                                                                          | GRAB | DATE                                                                                                                                                                                                                                                                                               | TIME                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                    | 1 | 2 | 3 | 4 | 5      | 6                                                                                    | 7 | 8    | 9 |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 1.                                                                                                                                                        | STORAGE-BLANK-SOIL-REF-6         | AQ               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                                                                  | X |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 2.                                                                                                                                                        | STORAGE-BLANK-WATER-REF-5        | AQ               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                                                                  | X |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 3.                                                                                                                                                        | STORAGE-BLANK-WATER-REF-4        | AQ               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                                                                  | X |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 4.                                                                                                                                                        | STORAGE-BLANK-SAMPLE-MANAGEMENT  | AQ               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                                                                  | X |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 5.                                                                                                                                                        | SVOC-GPC-BLANK                   | SO               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                  |   | X |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 6.                                                                                                                                                        | PEST-GPC-BLANK                   | SO               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                  |   |   | X |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 7.                                                                                                                                                        | PEST-GPC-BLANK-SPIKE             | SO               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                  |   |   | X |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 8.                                                                                                                                                        | SVOC-GPC2-BLANK                  | SO               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                  |   | X |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 9.                                                                                                                                                        | PEST-GPC2-BLANK                  | SO               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                  |   |   | X |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 10.                                                                                                                                                       | PEST -GPC2-BLANK-SPIKE           | SO               |                                                                                                                                                                                                                                                                                                                                                                                               | X    |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                  |   |   | X |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 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: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp _____<br>MeOH extraction requires an additional 4oz. Jar for percent solid <input type="checkbox"/> Ice in Cooler?: _____<br>Comments: |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 1. <u>Sam</u>                                                                                                                                             |                                  | <u>10/24/25</u>  | 1. <u>9:30</u>                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| RELINQUISHED BY                                                                                                                                           |                                  | DATE/TIME        | RECEIVED BY                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 2.                                                                                                                                                        |                                  |                  | 2.                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| RELINQUISHED BY                                                                                                                                           |                                  | DATE/TIME        | RECEIVED FOR LAB BY                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 3.                                                                                                                                                        |                                  |                  | 3.                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|                                                                                                                                                           |                                  |                  |                                                                                                                                                                                                                                                                                                                                                                                               |      | Page _____ of _____                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               | SHIPPED VIA: CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Overnight<br>ALLIANCE: <input type="checkbox"/> Picked Up <input type="checkbox"/> Overnight |   |   |   |   |        | <b>Shipment Complete</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| WHITE - ALLIANCE COPY FOR RETURN TO CLIENT    YELLOW - ALLIANCE COPY    PINK - SAMPLER COPY                                                               |                                  |                  |                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |   |   |   |   |        |                                                                                      |   |      |   |                                                                            |     |      |            |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |