

| Client Contact Information                                                                                                                                                                                                                                                                                                 |                    |                          |                         | Bottle Order ID : <b>B2510050</b>        |                                    |                            |                           | Courier :                                                              |                                   |                          |        | 1 of 4 COCs                                                                                                                                                                           |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------------------------|------------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|--------------------|---------------------|---------|-------|--|--|--|------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Client ID : <b>RTPE01</b>                                                                                                                                                                                                                                                                                                  |                    |                          |                         | Project ID : <b>At 151 Juniper Drive</b> |                                    |                            |                           | Sampler Name(s) :                                                      |                                   |                          |        | Analysis                                                                                                                                                                              |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Customer Name : <b>RTP Environmental</b><br><br>Address : <b>239 US Highway 22 East</b>                                                                                                                                                                                                                                    |                    |                          |                         | Project Manager : <b>David gabel</b>     |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |                          |        | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Matrix</td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table> |             |            |                    | Matrix              |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                            |                    |                          |                         | Matrix                                   |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                            |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                            |                    |                          |                         | Phone Number : <b>732-968-9600</b>       |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Fax Number :                                                                                                                                                                                                                                                                                                               |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| City : <b>Green Brook</b>                                                                                                                                                                                                                                                                                                  |                    |                          |                         | Site Details:                            |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| State : <b>NJ</b>                                                                                                                                                                                                                                                                                                          |                    |                          |                         | Analysis Turnaround Time                 |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Zip Code : <b>08812</b>                                                                                                                                                                                                                                                                                                    |                    |                          |                         | Standard : <b>10 business days</b> OR    |                                    |                            |                           | Data Package Type : <b>Regulatory</b>                                  |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Country :                                                                                                                                                                                                                                                                                                                  |                    |                          |                         | Rush (Specify): <b>Days</b>              |                                    |                            |                           | EDD Type : <b>Haz/Exce w/Conversion</b>                                |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Sample Identification                                                                                                                                                                                                                                                                                                      | Sample Date(s)     | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)        | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID             | Can ID | Flow Controller Readout (ml/min)                                                                                                                                                      | Can Cert ID | TO-15      | Indoor/Ambient Air | Soil Gas            |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| 151-JA-1                                                                                                                                                                                                                                                                                                                   | 11/4/25 to 11/5/25 | 8:04                     | 8:04                    | -30                                      | -5                                 | 70                         |                           | -30                                                                    | -5.9                              | 10203                    | 10153  | 6 L                                                                                                                                                                                   | 4.16        | VL042942.D | X                  | X                   |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Temperature (Fahrenheit)</th> </tr> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   | Temperature (Fahrenheit) |        |                                                                                                                                                                                       |             |            | Ambient            | Maximum             | Minimum | Start |  |  |  | Stop |  |  |  | GC/MS Analyst Signature (TO-15) <span style="float: right; border: 1px solid black; padding: 2px;">[Signature]</span>                                           |  |  |  |  |  |  |
| Temperature (Fahrenheit)                                                                                                                                                                                                                                                                                                   |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                            | Ambient            | Maximum                  | Minimum                 |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                      |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                       |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Pressure (Inches of Hg)</th> </tr> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table>  |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   | Pressure (Inches of Hg)  |        |                                                                                                                                                                                       |             |            | Ambient            | Maximum             | Minimum | Start |  |  |  | Stop |  |  |  | <p>** Submittal of this COC indicates approval of the analysis based on existing conditions.</p> <p>Please follow the instructions on the back of this COC.</p> |  |  |  |  |  |  |
| Pressure (Inches of Hg)                                                                                                                                                                                                                                                                                                    |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                            | Ambient            | Maximum                  | Minimum                 |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                      |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                       |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                                                                                                                                                          |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Suspected Contamination:                      High                      Medium                      Low                      PID Readings:                                                                                                                                                                                 |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Sampling site (State):                                                                                                                                                                                                                                                                                                     |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Quick Connector required : <b>NO</b>                                                                                                                                                                                                                                                                                       |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Canisters Shipped by: <b>[Signature]</b>                                                                                                                                                                                                                                                                                   |                    |                          |                         | Date/Time: <b>11/03/25</b>               |                                    |                            |                           | Canisters Received by: <b>CV</b>                                       |                                   |                          |        | Date/Time: <b>11/3/25 8:00</b>                                                                                                                                                        |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                                                                                                                                                                                                |                    |                          |                         | Date/Time: <b>11-5-25</b>                |                                    |                            |                           | Received by: <b>IT</b>                                                 |                                   |                          |        | Date/Time: <b>11-5-25 1700</b>                                                                                                                                                        |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                                                           |                    |                          |                         | Date/Time:                               |                                    |                            |                           | Received by:                                                           |                                   |                          |        | Date/Time:                                                                                                                                                                            |             |            |                    |                     |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                            |                    |                          |                         |                                          |                                    |                            |                           |                                                                        |                                   |                          |        |                                                                                                                                                                                       |             |            |                    | <b>B2510050 - 2</b> |         |       |  |  |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |

|                                                                                         |  |  |  |                                           |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
|-----------------------------------------------------------------------------------------|--|--|--|-------------------------------------------|--|--|--|------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------|--|--|--|
| Client Contact Information                                                              |  |  |  | Bottle Order ID : <b>B2510050</b>         |  |  |  | Courier :                                                              |  |  |  | 2 of 4 COCs                                                                                                                                                                                    |  |  |  |        |  |  |  |
| Client ID : <b>RTPE01</b>                                                               |  |  |  | Project ID : <b>Atk PSI Juniper Drive</b> |  |  |  | Sampler Name(s) :                                                      |  |  |  | Analysis                                                                                                                                                                                       |  |  |  |        |  |  |  |
| Customer Name : <b>RTP Environmental</b><br><br>Address : <b>239 US Highway 22 East</b> |  |  |  | Project Manager : <b>David gabel</b>      |  |  |  | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Matrix</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table> |  |  |  | Matrix |  |  |  |
|                                                                                         |  |  |  | Matrix                                    |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
|                                                                                         |  |  |  |                                           |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
|                                                                                         |  |  |  | Phone Number : <b>732-968-9600</b>        |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
| Fax Number :                                                                            |  |  |  |                                           |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
| City : <b>Green Brook</b>                                                               |  |  |  | Site Details:                             |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
| State : <b>NJ</b>                                                                       |  |  |  | Analysis Turnaround Time                  |  |  |  |                                                                        |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
| Zip Code : <b>08812</b>                                                                 |  |  |  | Standard : <b>10 business days</b> OR     |  |  |  | Data Package Type : <b>Regulatory</b>                                  |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |
| Country :                                                                               |  |  |  | Rush (Specify): <b>Days</b>               |  |  |  | EDD Type : <b>Hz / Excel w/ conversion table in excel.</b>             |  |  |  |                                                                                                                                                                                                |  |  |  |        |  |  |  |

| Sample Identification | Sample Date(s)       | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start) | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab) | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID |     | Flow Controller Readout (ml/min) | Can Cert ID | TO-15 | Indoor/Ambient Air | Soil Gas |
|-----------------------|----------------------|--------------------------|-------------------------|-----------------------------------|------------------------------------|----------------------------|---------------------------|-----------------------------------|-----------------------------------|--------------|--------|-----|----------------------------------|-------------|-------|--------------------|----------|
| 191-5A-2              | 11/14/25 to 11/15/25 | 8:02                     | 302                     | -30                               | -5                                 | 70                         | 70                        | -30                               | -2.2                              | 10207        | 10492  | 6 L | 4.16                             | VL042907.D  | X     | X                  |          |

|                          |         |         |         |  |
|--------------------------|---------|---------|---------|--|
| Temperature (Fahrenheit) |         |         |         |  |
|                          | Ambient | Maximum | Minimum |  |
| Start                    |         |         |         |  |
| Stop                     |         |         |         |  |

|                         |         |         |         |  |
|-------------------------|---------|---------|---------|--|
| Pressure (Inches of Hg) |         |         |         |  |
|                         | Ambient | Maximum | Minimum |  |
| Start                   |         |         |         |  |
| Stop                    |         |         |         |  |

GC/MS Analyst Signature (TO-15) [Signature]

\*\* Submittal of this COC indicates approval of the analysis based on existing conditions.

Please follow the instructions on the back of this COC.

Special Instructions/QC Requirements & Comments :

Suspected Contamination:      High      Medium      Low      PID Readings:

Sampling site (State):

Quick Connector required : **NO**

|                                    |                                |                                  |                                |
|------------------------------------|--------------------------------|----------------------------------|--------------------------------|
| Canisters Shipped by: <b>Sam</b>   | Date/Time: <b>11/03/25</b>     | Canisters Received by: <b>CW</b> | Date/Time: <b>11/3/25 8:00</b> |
| Samples Relinquished by: <b>CW</b> | Date/Time: <b>11-5-25 1700</b> | Received by: <b>ST</b>           | Date/Time: <b>11-5-25 1700</b> |
| Relinquished by:                   | Date/Time:                     | Received by:                     | Date/Time:                     |

**B2510050 - 9**

| Client Contact Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                          |                         |                                                                        |                                    | Bottle Order ID : <b>B2510050</b> |                           |                                   |                                   | Courier :    |         |                                  |             | 3 of 4 COCs |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|-------------------------|------------------------------------------------------------------------|------------------------------------|-----------------------------------|---------------------------|-----------------------------------|-----------------------------------|--------------|---------|----------------------------------|-------------|-------------|--------------------|----------|--|------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Client ID : <b>RTPE01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | Project ID : <b>AK 151 JUNIPER DRIVE</b> |                         | Sampler Name(s) :                                                      |                                    | Analysis                          |                           | Matrix                            |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Customer Name : <b>RTP Environmental</b><br><br>Address : <b>239 US Highway 22 East</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | Project Manager : <b>David gabel</b>     |                         | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | Phone Number : <b>732-968-9600</b>       |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | Fax Number :                             |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | Site Details:                            |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| City : <b>Green Brook</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | Analysis Turnaround Time                 |                         | Data Package Type :                                                    |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| State : <b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | Standard : <b>10 business days OR</b>    |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Zip Code : <b>08812</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | Rush (Specify): <b>Days</b>              |                         | EDD Type :                                                             |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Country :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Sample Identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sample Date(s) | Time Start (24 hr Clock)                 | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)                                      | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start)        | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab) | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID  | Flow Controller Readout (ml/min) | Can Cert ID | TO-15       | Indoor/Ambient Air | Soil Gas |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| 151-36-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11/5/25        | 1242                                     | 1342                    | -30                                                                    | -5                                 | 70                                | 70                        | -30                               | -10.8                             | 10244        | 10653   | 1.4 L 25                         | VL042989.D  | X           |                    | X        |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>Temperature (Fahrenheit)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Ambient</th> <th>Maximum</th> <th>Minimum</th> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div> <p>GC/MS Analyst Signature (TO-15)</p> <div style="border: 1px solid black; padding: 5px; width: 150px; margin-top: 10px;"> </div> </div> </div> |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              | Ambient | Maximum                          | Minimum     | Start       |                    |          |  | Stop |  |  |  | <p>** Submittal of this COC indicates approval of the analysis based on existing conditions.</p> <p>Please follow the instructions on the back of this COC.</p> |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ambient        | Maximum                                  | Minimum                 |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>Pressure (Inches of Hg)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Ambient</th> <th>Maximum</th> <th>Minimum</th> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>                                                                                                                                                  |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              | Ambient | Maximum                          | Minimum     | Start       |                    |          |  | Stop |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ambient        | Maximum                                  | Minimum                 |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| <p>Suspected Contamination:                      High                      Medium                      Low                      PID Readings:</p> <p>Sampling site (State):</p>                                                                                                                                                                                                                                                                                                                                                    |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Quick Connector required : <b>yes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                          |                         |                                                                        |                                    |                                   |                           |                                   |                                   |              |         |                                  |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Canisters Shipped by: <b>Sam</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                          |                         | Date/Time: <b>11/03/25</b>                                             |                                    |                                   |                           | Canisters Received by:            |                                   |              |         | Date/Time:                       |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Samples Relinquished by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                          |                         | Date/Time: <b>11-5-25 1700</b>                                         |                                    |                                   |                           | Received by: <b>JT</b>            |                                   |              |         | Date/Time: <b>11-5-25 1700</b>   |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                          |                         | Date/Time:                                                             |                                    |                                   |                           | Received by:                      |                                   |              |         | Date/Time:                       |             |             |                    |          |  |      |  |  |  |                                                                                                                                                                 |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                   |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|---------------------------------------|------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------|--------------|---------|--------------------------------|----------------------------------|-------------|-------|---------------------|----------|------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Client Contact Information                                                                                                                                                                                                                                                                                                        |                |                          |                         | Bottle Order ID : <b>82510050</b>     |                                    |                            |                           | Courier :                                                              |                                   |              |         | 4 of 4 COCs                    |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Client ID : <b>RTPE01</b>                                                                                                                                                                                                                                                                                                         |                |                          |                         | Project ID : <b>Air</b>               |                                    |                            |                           | Sampler Name(s) :                                                      |                                   |              |         | Analysis                       |                                  | Matrix      |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Customer Name : <b>RTP Environmental</b><br><br>Address : <b>239 US Highway 22 East</b><br><br>City : <b>Green Brook</b><br>State : <b>NJ</b><br>Zip Code : <b>08812</b><br>Country :                                                                                                                                             |                |                          |                         | Project Manager : <b>David gabel</b>  |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Batch Certified</b> |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                   |                |                          |                         | Phone Number : <b>732-968-9600</b>    |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                   |                |                          |                         | Fax Number :                          |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                   |                |                          |                         | Site Details:                         |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Analysis Turnaround Time                                                                                                                                                                                                                                                                                                          |                |                          |                         | Standard : <b>10 business days</b> OR |                                    |                            |                           | Data Package Type :                                                    |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Rush (Specify): <b>Days</b>                                                                                                                                                                                                                                                                                                       |                |                          |                         | EDD Type :                            |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Sample Identification                                                                                                                                                                                                                                                                                                             | Sample Date(s) | Time Start (24 hr Clock) | Time Stop (24 hr Clock) | Can Vacuum in Field ("Hg) (Start)     | Can Vacuum in Field ("Hg) (Stop)** | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Out going Can Pressure ("Hg)(Lab)                                      | In coming Can Pressure ("Hg)(Lab) | Flow Reg. ID | Can ID  |                                | Flow Controller Readout (ml/min) | Can Cert ID | TO-15 | Indoor/Ambinet Air  | Soil Gas |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| 151-56-2                                                                                                                                                                                                                                                                                                                          | 11/5/25        | 12:41                    | 1:34                    | -28                                   | -4                                 | 70                         | 70                        | -30                                                                    | -10.8                             | 10255        | 10423   | 1.4 L                          | 25                               | VL042989.D  | X     |                     | X        |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| <div style="text-align: center;">Temperature (Fahrenheit)</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table> |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              | Ambient | Maximum                        | Minimum                          | Start       |       |                     |          | Stop |  |  |  | <div style="text-align: center;">GC/MS Analyst Signature (TO-15)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> </div>                                                                                            |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                   | Ambient        | Maximum                  | Minimum                 |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                             |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                              |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| <div style="text-align: center;">Pressure (Inches of Hg)</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Ambient</td> <td>Maximum</td> <td>Minimum</td> </tr> <tr> <td>Start</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop</td> <td></td> <td></td> <td></td> </tr> </table>  |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              | Ambient | Maximum                        | Minimum                          | Start       |       |                     |          | Stop |  |  |  | <div style="text-align: center;">** Submittal of this COC indicates approval of the analysis based on existing conditions.</div> <div style="text-align: center; margin-top: 20px;">Please follow the instructions on the back of this COC.</div> |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                   | Ambient        | Maximum                  | Minimum                 |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Start                                                                                                                                                                                                                                                                                                                             |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Stop                                                                                                                                                                                                                                                                                                                              |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Special Instructions/QC Requirements & Comments :                                                                                                                                                                                                                                                                                 |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Suspected Contamination:                      High                      Medium                      Low                      PID Readings:                                                                                                                                                                                        |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Sampling site (State):                                                                                                                                                                                                                                                                                                            |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Quick Connector required : <u>Yes</u>                                                                                                                                                                                                                                                                                             |                |                          |                         |                                       |                                    |                            |                           |                                                                        |                                   |              |         |                                |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Canisters Shipped by: <u>Scann</u>                                                                                                                                                                                                                                                                                                |                |                          |                         | Date/Time: <u>11/03/25</u>            |                                    |                            |                           | Canisters Received by: <u>H 5-25 16 JT</u>                             |                                   |              |         | Date/Time: <u>11-5-25 1500</u> |                                  |             |       | <b>82510050 - 7</b> |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Samples Relinquished by:                                                                                                                                                                                                                                                                                                          |                |                          |                         | Date/Time:                            |                                    |                            |                           | Received by:                                                           |                                   |              |         | Date/Time:                     |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| Relinquished by:                                                                                                                                                                                                                                                                                                                  |                |                          |                         | Date/Time:                            |                                    |                            |                           | Received by:                                                           |                                   |              |         | Date/Time:                     |                                  |             |       |                     |          |      |  |  |  |                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |

AIR SAMPLE PRESSURE & DILUTION LOGBOOKAnalyst Signature: [Signature]Supervisor Signature: [Signature]

METHOD: TO-15

Pressure Gauge ID: A2 55971

| Date     | Sample Number | Canister # | Initial Pressure psia | Initial Pressure Hg | Final Pressure psia | Final Pressure Hg | Dilution Factor | Comment |
|----------|---------------|------------|-----------------------|---------------------|---------------------|-------------------|-----------------|---------|
| 10/28/25 | Q3320-07      | 10311      | 12.6                  | -4.3                |                     |                   |                 | sy      |
|          | Q3320-08      | 10588      | 12.0                  | -5.5                |                     |                   |                 |         |
|          | Q3320-09      | 10601      | 12.2                  | -5.1                |                     |                   |                 |         |
|          | Q3320-10      | 10604      | 12.2                  | 5.1                 |                     |                   |                 |         |
|          | Q3320-11      | 10607      | 12.2                  | 5.1                 |                     |                   |                 |         |
|          | Q3320-12      | 10333      | 12.2                  | -5.1                |                     |                   |                 |         |
|          | Q3320-13      | 10609      | 12.6                  | -4.3                |                     |                   |                 | ↓       |
| 10/10/25 | Q3320-02      | 10113      | 1.0                   |                     | 20                  |                   | 20x             | sy      |
| 11/05/25 | Q3555-01      | 10153      | 11.8                  | -5.9                |                     |                   |                 | sy      |
|          | Q3555-02      | 10492      | 13.6                  | -2.2                |                     |                   |                 |         |
|          | Q3555-03      | 10653      | 9.4                   | -10.8               |                     |                   |                 |         |
|          | Q3555-04      | 10423      | 9.4                   | -10.8               |                     |                   |                 |         |
|          | Q3556-01      | 10266      | 8.6                   | -12.4               |                     |                   |                 |         |
|          | Q3556-02      | 10283      | 12.0                  | -5.5                |                     |                   |                 |         |
|          | Q3556-03      | 10737      | 9.6                   | -10.4               |                     |                   |                 |         |
|          | Q3556-04      | 10752      | 9.6                   | -10.4               |                     |                   |                 |         |
|          | Q3557-01      | 10296      | 12.4                  | -4.7                |                     |                   |                 |         |
|          | Q3557-02      | 10300      | 12.6                  | -4.3                |                     |                   |                 |         |
|          | Q3557-03      | 10060      | 12.2                  | -5.1                |                     |                   |                 |         |
|          | Q3557-04      | 10674      | 10.6                  | -8.4                |                     |                   |                 |         |
|          | Q3557-05      | 10428      | 10.6                  | -9.6                |                     |                   |                 | ↓       |

# CHEMTECH

284 Sheffield Street, Mountainside, NJ 07092 P: (908) 789-8900 F: (908) 789-8922

Client Sample ID #: 151-IA-2  
Client Name: RTP  
Project Name: 151 Juniper Drive  
Date: 11/4-11/5/25 Time: 8:02  
Analysis: TO-15  
Comments: 151 Juniper Drive

CHEMTECH'S SAM

Date Received:

Storage Location: Air Lab

Sample: Q3555-02

Cust #: 151-IA-2

# CHEMTECH

284 Sheffield Street, Mountainside, NJ 07092 P: (908) 789-8900 F: (908) 789-8922

Client Sample ID #: 151-IA-1  
Client Name: RTP  
Project Name: 151 Juniper Drive  
Date: 11/4-11/5/25 Time: 8:09  
Analysis: TO-15  
Comments: 151 Juniper Drive

CHEMTECH

Date Received:

Storage Location: Air Lab

Sample: Q3555-01

Cust #: 151-IA-1

Disposal:

# CHEMTECH

284 Sheffield Street, Mountainside, NJ 07092 P: (908) 789-8900 F: (908) 789-8922

Client Sample ID #:

151-SG-2

Client Name:

RTP

Project Name:

Chadwick

Date:

11/5/25

Time:

141

Analysis:

TO-15

Comments:

Storage Location: Air Lab

Sample: Q3555-04

Cust #: 151-SG-2

CHEMTECH'S SAMPLE

Date Received:

# CHEMTECH

284 Sheffield Street, Mountainside, NJ 07092 P: (908) 789-8900 F: (908) 789-8922

Client Sample ID #:

151-SG-1

Client Name:

RTP

Project Name:

Chadwick

Date:

11/5/25

Time:

1242-1842

Analysis:

Comments:

Storage Location: Air Lab

Sample: Q3555-03

Cust #: 151-SG-1

CHEMTECH'S

Date Received

Disposal: