



284 Sheffield Street, Mountainside, NJ 07092
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CHAIN OF CUSTODY RECORD

Alliance Project Number:

Q 3575, 76

COC Number:

CLIENT INFORMATION

COMPANY: Tully Environmental Inc.
ADDRESS: 57 Seaview Blvd
CITY: Pt Washington STATE: NY ZIP: 11050
ATTENTION: Dean Devoe
PHONE: 718 446 7000 FAX:

PROJECT INFORMATION

PROJECT NAME: Transfer Station SPDES
PROJECT #: 252113 LOCATION:
PROJECT MANAGER:
E-MAIL:
PHONE: FAX:

BILLING INFORMATION

BILL TO: Same PO#
ADDRESS:
CITY: STATE: ZIP:
ATTENTION: PHONE:

DATA TURNAROUND INFORMATION

FAX: _____ DAYS*
HARD COPY: _____ DAYS*
EDD _____ DAYS*
* TO BE APPROVED BY ALLIANCE
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS

DATA DELIVERABLE INFORMATION

* RESULTS ONLY ☐ USEPA CLP
☐ RESULTS + QC ☐ New York State ASP "B"
☐ New Jersey REDUCED ☐ New York State ASP "A"
☐ New Jersey CLP ☐ Other _____
☐ EDD Format _____

ANALYSIS

Ammonia	TSS/ O&G	Cu, Fe, PB	BTEX	Hg 1631LL	BOD5				
1	2	3	4	5	6	7	8	9	

PRESERVATIVES

COMMENTS

<- Specify Preservatives
A-HCl B-HNO3
C-H2SO4 D-NaOH
E-ICE F-Other

CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	001 Willets Pt Blvd (Nov)	W		X	11/6/25	11:15		X	X	X	X	X	X				
2.	002 35th Ave (Nov)	W		X	11/6/25	11:15		X	X	X	X	X	X				
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER	DATE/TIME Nov 6, 2025	RECEIVED BY	1.	Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <input type="checkbox"/> Cooler Temp 10.2° MeOH extraction requires an additional 4oz. Jar for percent solid <input type="checkbox"/> Ice in Cooler? NO
RELINQUISHED BY	DATE/TIME 11/7/25	RECEIVED BY	2. <i>Chen</i>	Comments:
RELINQUISHED BY	DATE/TIME	RECEIVED FOR LAB BY	3.	

Page _____ of _____

SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight
ALLIANCE: ☐ Picked Up ☐ Overnight

Shipment Complete
☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY