

|                                                                                                                                            |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|--------------------------------------------------|------------------------------------|----------------------------|---------------------------|-----------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|----------------------------------|-------------|-------|---------------------|----------|
| Client Contact Information                                                                                                                 |                |                          |                         | Bottle Order ID : <b>B2511006</b>                |                                    |                            |                           | Courier : <b>FGALDUN</b>                                                    |                                   |                                                                                                                                                                                                                 |        | 1 of 1 COCs                     |                                  |             |       |                     |          |
| Client ID : <b>GFEL01</b>                                                                                                                  |                |                          |                         | Project ID : <b>200-Reservoir St, Trenton NJ</b> |                                    |                            |                           | Sampler Name(s) : <b>FRANK GALDUN</b>                                       |                                   |                                                                                                                                                                                                                 |        | Analysis                        |                                  | Matrix      |       |                     |          |
| Customer Name : <b>GFE LLC</b><br><br>Address : <b>58 Nokomis Ave</b>                                                                      |                |                          |                         | Project Manager : <b>FRANK GALDUN</b>            |                                    |                            |                           | <b>AIR ANALYSIS<br/>CHAIN-OF-CUSTODY</b><br><br><b>Individual Certified</b> |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
|                                                                                                                                            |                |                          |                         | Phone Number : <b>646-542-3465</b>               |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
|                                                                                                                                            |                |                          |                         | Fax Number : <b>973-334-1692</b>                 |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Site Details: <b>74-16 GYPRESS HILL RD<br/>GLENDALE, NY</b>                                                                                |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| City : <b>Lake Hiawatha</b>                                                                                                                |                |                          |                         | Analysis Turnaround Time <b>5 DAY</b>            |                                    |                            |                           | Data Package Type : <b>RESULTS ONLY</b>                                     |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| State : <b>NJ</b>                                                                                                                          |                |                          |                         | Standard : <b>10 business days</b> OR            |                                    |                            |                           | EDD Type : <b>RDF</b>                                                       |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Zip Code : <b>07034</b>                                                                                                                    |                |                          |                         | Rush (Specify): <b>5 Days</b>                    |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| 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 |
| IA1A                                                                                                                                       | 11/7/25        | 8:06                     | 10:06                   | VER 30                                           | 1                                  | 65                         | 65                        | -30                                                                         | -2.2                              | 10226                                                                                                                                                                                                           | 10595  | 6 L                             | 50                               | VL043082.D  | 1     | 1                   |          |
| Temperature (Fahrenheit)                                                                                                                   |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   | GC/MS Analyst Signature (TO-15) <span style="border: 1px solid black; padding: 5px; display: inline-block;">Jest</span>                                                                                         |        |                                 |                                  |             |       |                     |          |
|                                                                                                                                            |                | Ambient                  | Maximum                 | Minimum                                          |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Start                                                                                                                                      |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Stop                                                                                                                                       |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Pressure (Inches of Hg)                                                                                                                    |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   | *** Submittal of this COC indicates approval of the analysis based on existing conditions.<br><b>REPORT ONLY THOSE ANALYTES ON THE ATTACHED LIST</b><br>Please follow the instructions on the back of this COC. |        |                                 |                                  |             |       |                     |          |
|                                                                                                                                            |                | Ambient                  | Maximum                 | Minimum                                          |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Start                                                                                                                                      |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Stop                                                                                                                                       |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Special Instructions/QC Requirements & Comments :                                                                                          |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Suspected Contamination: High Medium <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Low</span> PID Readings: 0.0 |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Sampling site (State):                                                                                                                     |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Quick Connector required : <b>N</b>                                                                                                        |                |                          |                         |                                                  |                                    |                            |                           |                                                                             |                                   |                                                                                                                                                                                                                 |        |                                 |                                  |             |       |                     |          |
| Canisters Shipped by: <b>SRM</b>                                                                                                           |                |                          |                         | Date/Time: <b>11/06/25</b>                       |                                    |                            |                           | Canisters Received by: <b>[Signature]</b>                                   |                                   |                                                                                                                                                                                                                 |        | Date/Time:                      |                                  |             |       |                     |          |
| Samples Relinquished by: <b>[Signature]</b>                                                                                                |                |                          |                         | Date/Time: <b>11/10/25</b>                       |                                    |                            |                           | Received by: <b>[Signature]</b>                                             |                                   |                                                                                                                                                                                                                 |        | Date/Time: <b>11-10-25 1122</b> |                                  |             |       |                     |          |
| Relinquished by:                                                                                                                           |                |                          |                         | Date/Time:                                       |                                    |                            |                           | Received by:                                                                |                                   |                                                                                                                                                                                                                 |        | Date/Time:                      |                                  |             |       |                     |          |

**REQUESTED ANALYTE LIST:**

**PCE**

**TCE**

**cis-1,2-DCE**

**1,1,1-TCA**

**1,1-DCE**

**Vinyl chloride**

**Benzene**

**Toluene**

**Ethylbenzene**

**Naphthalene**

**Cyclohexane**

**2,2,4-Trimethylpentane**

**1,2,4-Trimethylbenzene**

**1,3,5-Trimethylbenzene**

**o-xylene**

**m,p-xylene**

**Heptane**

**Hexane**