



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Aubric Technology Corporation
ADDRESS: 6505 Haverford Ave.
CITY: Philadelphia STATE: PA ZIP: 19139
ATTENTION: Gary Miesel
PHONE: 215-928-8930 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: 6505 Haverford Ave.
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other
☐ EDD FORMAT

*VOCs Group 10
Met-Group 10
3. Only Readings**

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS		
			COMP	GRAB	DATE	TIME		E/F	E									← Specify Preservatives A-HCl B-HNO3 C-H2SO4	D-NaOH E-ICE F-OTHER
1.	GP-B1 - (0'-4')	S			11-12	0850					X								PPM - 0.2
2.	I (4'-8')					0858					X								PPM - 1.3
3.	I (8'-12')			X		0907	5	X	X										PPM - 1.9
4.	I (12'-16')			X		0915	5	X	X										PPM - 0.6
5.	I (16.2')					0922				X									PPM - 0.8 / Refusal
6.	GP-B2 - (0'-4')					0929				X									PPM - 0.0
7.	I (4'-8')					0938				X									PPM - 0.0
8.	I (8'-12')					0944				X									PPM - 0.0
9.	I (12'-16')			X		0951	5	X	X										PPM - 1.5
10.	I (16.2')					0958				X									PPM - 0.0 / Refusal

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

RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u>	DATE/TIME: <u>1200</u> <u>11-12-25</u>	RECEIVED BY: 1. <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>4.7 + 0 = 4.7 °C</u>
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 2. <u>[Signature]</u>	Comments: <u>* Only Readings NO SAMPLES Collected.</u>
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>1350</u> <u>11-12-25</u>	RECEIVED BY: 3. <u>[Signature]</u>	<u>* Tens Cones Used For VOCs</u>

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Ambur Technology Corporation**

ADDRESS: **6505 Haverford Ave**

CITY: **Philadelphia** STATE: **PA** ZIP: **19139**

ATTENTION: **GARY MEISEL**

PHONE: **215-928-8930** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **6505 Haverford Ave**

PROJECT NO.: LOCATION:

PROJECT MANAGER:

e-mail:

PHONE:

FAX:

CLIENT BILLING INFORMATION

BILL TO:

PO#:

ADDRESS:

CITY:

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☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP

☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B

+ Raw Data) ☐ Other _____

☐ EDD FORMAT _____

VOCs Group 10
Met Group 10
Only Readings*

1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		E/F	E								
1.	GP-B3 - (0'-4')	5.		X	11-12	1005											PPM-0.0
2.	(4'-8')			X		1002											PPM-0.0
3.	(8'-12')			X		1020											PPM-0.0
4.	(13.2)			X		1027	5	X	X								PPM-0.0/Refusal
5.	GP-B4 - (0'-4')					1034											PPM-0.0
6.	(4'-8')					1039											PPM-0.0
7.	(8'-12')			X		1046	5	X	X								PPM-13.5
8.	(13.2')			X		1100	5	X	X								PPM-8.1/Refusal
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1.	DATE/TIME: 1200 11-12-25	RECEIVED BY: 1.	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 4.7/40=4.7
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments: * ONLY READINGS NO SAMPLES COLLECTED
RELINQUISHED BY SAMPLER: 3.	DATE/TIME: 1350 11-12-25	RECEIVED BY: 3.	* Sample GP-B4 - (13.2') REACHED A PPM READING OF 28.5 AND SETTLER @ 8.1
			* TENS CONES USED FOR VOCs
			Page 2 of 2
			CLIENT: ☐ Hand Delivered ☐ Other
			Shipment Complete ☐ YES ☐ NO

GP-B1

51

$(0-4) \quad 0.2$
 $(4-8) \quad 1.3$
 $(8-12) \quad 1.9 - \text{Sample}$
 $(12-16) \quad 0.6 - \text{sample (Refusal)}$
 $(16-2) \quad 0.8 - (\text{Refusal})$

GP-B2

$(0-4) \quad 0.0$
 $(4-8) \quad 0.0$
 $(8-12) \quad 0.0$
 $(12-16) \quad 1.5 \text{ (Sampled) Refusal @ (16')}$
 $(16-2) \quad 0.0 \text{ Refusal}$

GP-B3

$(0-4) \quad 0.0$
 $(4-8) \quad 0.0$
 $(8-12) \quad 0.0$
 $(12-16) \quad 0.0$
 $(16-2) \quad 1.5 \text{ Sampled (Refusal)}$

GP-B4

$(0-4) \quad 0.0$
 $(4-8) \quad 0.0$
 $(8-12) \quad 13.5 \text{ (Sampled)}$
 $(13'1/2) \quad 8.1 \text{ Refusal}$
 $\downarrow$
 $(18.1 - 28.5)$

Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312

LOGIN REPORT/SAMPLE TRANSFER

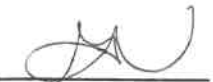
Order ID : Q3619	AMBR01	Order Date : 11/12/2025 2:37:47 PM	Project Mgr :
Client Name : Ambric Technology Corpor.		Project Name : 5506 Haverford Ave	Report Type : Level 1
Client Contact : Gary Meisel		Receive DateTime : 11/12/2025 1:50:00 PM	EDD Type : EXCEL NOCLEANUP
Invoice Name : Ambric Technology Corpor.		Purchase Order :	Hard Copy Date :
Invoice Contact : Gary Meisel			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3619-03	GP-B1(8-12)	Solid	11/12/2025	09:07					
					VOCMS Group10		8260D		10 Bus. Days
Q3619-04	GP-B1(12-16)	Solid	11/12/2025	09:15					
					VOCMS Group10		8260D		10 Bus. Days
Q3619-09	GP-B2(12-16)	Solid	11/12/2025	09:51					
					VOCMS Group10		8260D		10 Bus. Days
Q3619-14	GP-B3(13.2)	Solid	11/12/2025	10:27					
					VOCMS Group10		8260D		10 Bus. Days
Q3619-17	GP-B4(8-12)	Solid	11/12/2025	10:46					
					VOCMS Group10		8260D		10 Bus. Days
Q3619-18	GP-B4(13.2)	Solid	11/12/2025	11:00					
					VOCMS Group10		8260D		10 Bus. Days

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Client Name : Ambric Technology Corpor.		Project Name : 5506 Haverford Ave	Report Type : Level 1
Client Contact : Gary Meisel		Receive Date/Time : 11/12/2025 1:50:00 PM	EDD Type : EXCEL NOCLEANUP
Invoice Name : Ambric Technology Corpor.		Purchase Order :	Hard Copy Date :
Invoice Contact : Gary Meisel			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
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Relinquished By : 

Date / Time : 11/12/25

*HOLD
SAMPLES

15:00

Received By : 

Date / Time : 11/12/25 15:00

Storage Area : VOA Refridgerator Room