



# SHIPPING DOCUMENTS

23689

# Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044  
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

## Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

## CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc.

Contact/Authorized by: Robert Szot

Mailing Address: 410 Hillside Ave.

Phone: 908-688-8900 EXT 129

City/State/Zip: Hillside, NJ. 07205

Email: rszot@gslabs.com

## SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER

SAMPLE LOCATION: ACUA SW LANDFILL LEACHATE TANKS

## FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Page \_\_\_\_\_ of \_\_\_\_\_

## GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☐ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

| Grab Comp                           | SAMPLE ID               | SAMPLE COLLECTION |      |    |    | ANALYSIS REQUIRED (Print Legibly)            | CONTAINER INFORMATION |       |      |        |
|-------------------------------------|-------------------------|-------------------|------|----|----|----------------------------------------------|-----------------------|-------|------|--------|
|                                     |                         | Date              | Time | AM | PM |                                              | No.                   | Type* | Size | Pres.* |
| <input checked="" type="checkbox"/> | 351119071-01 VOA        | 11/19/25          | 8:56 |    |    | EPA 8260 TCL LIST + Acrolien & Acrylonitrile | 3                     | V     | 40mL | A      |
| <input checked="" type="checkbox"/> | 351119025-03 Trip blank | -                 | -    | -  | -  | EPA 8260 TCL LIST + Acrolien & Acrylonitrile | 2                     | V     | 40mL | A      |
|                                     |                         |                   |      |    |    |                                              |                       |       |      |        |
|                                     |                         |                   |      |    |    |                                              |                       |       |      |        |
|                                     |                         |                   |      |    |    |                                              |                       |       |      |        |
|                                     |                         |                   |      |    |    |                                              |                       |       |      |        |

\*Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Thio V = Vial Other/Specify:

\*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid  
E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

☒ SUBCONTRACTED WORK

TURNAROUND TIME: ☒ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

SEND TO: Chem Tech

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

DATE/TIME:

☐ Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

## PAYMENT INFORMATION

Deliver

☐ Sampling/Pick-up Fee: \$

☐ Composite Fee: \$

☐ Rush Fee: \$

Amount Due: \$

Payment Method: ☐ Credit Card Type:

☐ Check #

☐

Other: See Quote

Note:

VOA UNPRESERVED DUE TO EFFERVESCENCE - 3 DAY TAT PER JORDAN HEDVAT AT216

**SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION  
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME**

Sampled by (PRINT):

Signature:

Date/Time:

Client/Client's Representative (PRINT):

Signature:

Date/Time:

1. Received/Relinquished by (PRINT): Kaylee Evans

Signature: Kaylee Evans

Date/Time: 11/19/25 15:06

2. Received/Relinquished by (PRINT): Luis Melendez

Signature: Luis Melendez

Date/Time: 11/19/25 8:57

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
Main Lab certified by NJ Dept. of Health, NJDEP-TNII, NY Dept. of Health #11550 and PADEP #68-03880

Cleria

2.4 11/20/25 8:57

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN  
IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

### 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

|                                                    |               |                                                 |                                   |
|----------------------------------------------------|---------------|-------------------------------------------------|-----------------------------------|
| <b>Order ID :</b> Q3689                            | <b>GARD04</b> | <b>Order Date :</b> 11/20/2025 9:02:00 AM       | <b>Project Mgr :</b>              |
| <b>Client Name :</b> Garden State Laboratories, I  |               | <b>Project Name :</b> Waste Water 2025          | <b>Report Type :</b> Level 1      |
| <b>Client Contact :</b> Sharon Ercoliani           |               | <b>Receive DateTime :</b> 11/20/2025 8:57:00 AM | <b>EDD Type :</b> EXCEL NOCLEANUP |
| <b>Invoice Name :</b> Garden State Laboratories, I |               | <b>Purchase Order :</b>                         | <b>Hard Copy Date :</b>           |
| <b>Invoice Contact :</b> Sharon Ercoliani          |               |                                                 | <b>Date Signoff :</b>             |

| LAB ID   | CLIENT ID               | MATRIX | SAMPLE DATE | SAMPLE TIME | TEST         | TEST GROUP | METHOD   | FAX DATE     | DUE DATES |
|----------|-------------------------|--------|-------------|-------------|--------------|------------|----------|--------------|-----------|
| Q3689-01 | 251119071-01 VOA        | Water  | 11/19/2025  | 08:56       |              |            |          |              |           |
|          |                         |        |             |             | VOCMS Group1 |            | 624.1    | 10 Bus. Days |           |
|          |                         |        |             |             | VOCMS Group2 |            | 8260-Low | 10 Bus. Days |           |
| Q3689-02 | 251119025-03 Trip blank | Water  | 11/19/2025  | 08:56       |              |            |          |              |           |
|          |                         |        |             |             | VOCMS Group1 |            | 624.1    | 10 Bus. Days |           |
|          |                         |        |             |             | VOCMS Group2 |            | 8260-Low | 10 Bus. Days |           |

Relinquished By :

Date / Time :

*CP*  
11/20/25 9:30

Received By :

Date / Time :

*[Signature]*  
11/20/25

Storage Area : VOA Refridgerator Room

930