

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Certified by NJ Dept. of Health, NJDEP #20044, NY Dept. of Health #11550 and PADEP #68-03680.

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Page 1 of 2 Garden State Laboratories, Inc.

410 Hillside Ave., Hillside, NJ 07205

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

Satellite Office Locations

North Jersey

225 Sparta Ave, Sparta NJ 07871

Tel. 973-729-1827

South Jersey

515 Rt. 9, Barnegat, NJ 08805

Tel. 609-698-0199

West Jersey

2050 Rt. 31 N, Glen Gardner, NJ 08826

Tel. 908-537-7414

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

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: NEW WAVE ENVIRONMENTAL

Contact/Authorized by: JERRY Bello

Mailing Address: PO Box 4124

Phone: 973-616-4601

City/State/Zip: WAYNE NJ 07470

Scan to e-mail

SAMPLE INFORMATION

SAMPLE TYPE: Lead

SAMPLE LOCATION: West Essex Middle School / High School

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION			
			Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages <u>2</u>	No.	Type*	Size	Pres.*
Y		WE16-1A - HS. Port of entry	09/22	6:30	X			Lead	1A	P	250	
X		WE16-2A HS Cafe sink Flush	09/22	6:18	X			Lead	2A	P	250	
X		WE16-3A HS Room 100 Orange Sink	09/22	6:28	X			Lead	3A	P	250	
X		WE16-4A MS Main Source	09/22	6:35	X			Lead	4A	P	250	
X		WE16-5A MS Cafe sink Flush	09/22	6:36	X			Lead	5A	P	250	

*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 WORKTURNAROUND TIME: ☒ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note: Invoice West Essex

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):	NADINE BITNER	Signature:	Nadine Bitner	Date/Time:	09/22/16
Client/Client's Representative (PRINT):		Signature:		Date/Time:	
1. Received/Relinquished by (PRINT):		Signature:		Date/Time:	
2. Received/Relinquished by (PRINT):		Signature:		Date/Time:	

Page 1 of 2 **Garden State Laboratories, Inc.**

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MICRO #

CHEM. #

SAMPLE REC'D BY:

☐ GSL FIELD SAMPLER/PICK-UP☐ PICK-UP AT DROP OFF LOCATION☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: New Wave EnvironmentalContact/Authorized by: JERRY BelloMailing Address: PO Box 4124Phone: 973-616 4601City/State/Zip: WAYNE NJ 07474Send to email

SAMPLE INFORMATION

SAMPLE TYPE: LEADSAMPLE LOCATION: WEST ESSEX middle school / High School

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION			
			Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages <u>2</u>	No.	Type*	Size	Pres.*
		<u>WE16-6A-MS nursesink flush</u>	<u>9/22/16</u>	<u>6:38</u>	<u>X</u>			<u>Lead</u>		<u>P</u>	<u>250</u>	
		<u>WE16-7A-HS. kitchen potolw</u>	<u>9/22/16</u>	<u>6:20</u>	<u>X</u>			<u>Lead</u>		<u>P</u>	<u>250</u>	
		<u>WE16-8A-Field Blank</u>	<u>9/22/16</u>	<u>6:15</u>	<u>X</u>			<u>Lead</u>		<u>P</u>	<u>250</u>	

⇒ *Container Type: P = Plastic G = Glass A = Amber Glass T = 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 WORKTURNAROUND TIME: ☒ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See QuoteNote: Send Invoice to west Essex

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): Nadine BitnerSignature: [Signature]Date/Time: 09/22/2016

Client/Client's Representative (PRINT):

Signature:

Date/Time:

1. Received/Relinquished by (PRINT):

Signature:

Date/Time:

2. Received/Relinquished by (PRINT):

Signature:

Date/Time:

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Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

Internet: www.gslabs.com E-mail: info@gslabs.com

CHAIN OF CUSTODY RECORD

(PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN)

410 Hillside Ave., Hillside, NJ 07205

Tel. 908-688-8900/800-273-8901

Fax 908-688-8966

South Jersey

West Jersey

515 Route 9, Barnetgat, NJ 08005

2050 Rt. 31 N, Glen Gardner, NJ 08826

Tel. 800-625-7200/609-698-0199

Tel. 908-537-7414

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MICRO #

CHEM. #

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☐ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROPPED OFF LOCATION

☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name:

NEW WAVE CONSULTANTS

Contact/Authorized by: JERRY BELLO

Mailing Address:

PO BOX 4124
WAYNE, NJ 07474

Phone: 973-981-4858

City/State/Zip:

Fax: SCAN to E-MAIL ONLY

SAMPLE INFORMATION

SAMPLE TYPE: FLUSH WATER SAMPLE

SAMPLE LOCATION: WEST ESSEX REGIONAL School Buildings

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
			Date	Time	AM	PM		No.	Type*	Size	Pres.*
		WE-16-1A	11/22/16	6:00	X		LEAD IN WATER		P	250	
		WE-16-2A	11/22/16	6:10	X		LEAD IN WATER		P	250	
		WE-16-3A-MIDDLE	11/22/16	6:25	X		LEAD IN WATER		P	250	

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

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

TURNAROUND TIME (T/A/T): ☒ Standard ☐ Rush (if RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

☐ Standard Report + State Forms PWS ID#:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$

☐ Composite Fee: \$

☐ Rush Fee: \$

Amount Due: \$

Payment Method: ☐ Credit Card Type:

☐ Check #

☐ Other: See Quote

Note: 1. SEND INVOICE TO NEW WAVE

2. BOR will pay sample fee to GSLABS

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): Jerry Bello

Signature:

Date/Time:

Client/Client's Representative (PRINT):

Signature:

Date/Time:

1. Received/Relinquished by (PRINT):

Signature:

Date/Time:

2. Received/Relinquished by (PRINT):

Signature:

Date/Time:

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

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