

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **HOLLAND MANUFACTURING Co**
ADDRESS: **15 MAIN ST**
CITY: **SUCCASUNNA** STATE: **NJ** ZIP: **07876**
ATTENTION:
PHONE: FAX:

PROJECT NAME: **PRETREATMENT PLANT**
PROJECT NO.: LOCATION:
PROJECT MANAGER: **TODD HOLLAND**
e-mail:
PHONE: FAX:

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

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) **5** DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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

1. BOD5
2. TSS
3. O+G
4. PO4
5. TOTAL P
6. NH4
7.
8.
9.

PRESERVATIVES

COMMENTS

← Specify Preservatives
A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	EFFLUENT	W		✓	12/18	1230	6	✓	✓	✓	✓	✓	✓				
2.	AERATION TK 1	W		✓	12/18	1230	1		✓								
3.	INFLUENT	W		✓	12/18	1230	2	✓					✓				
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. [Signature]	DATE/TIME: 12/18 4:30	RECEIVED BY: 1. [Signature] 1415	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 4.1°C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments: LAB TO FILTER
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page 1 of 1

CLIENT: ☐ Hand Delivered ☐ Other
Shipment Complete
☐ YES ☐ NO