

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Ardmore

ADDRESS: 29 Riverside Ave Bg #14

CITY Newark STATE NJ ZIP 07104

ATTENTION: Michael Sharphouse

PHONE: 973 481 2406 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:

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): STANDARD DAYS*

EDD: _____ DAYS*

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS DAYS

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 _____

VOA CN SVOP BOD/TSS Metals

PRESERVATIVES

COMMENTS

← Specify Preservatives

A-HCl

D-NaOH

B-HNO3

E-ICE

C-H2SO4

F-OTHER

CHEMTECH
SAMPLE
IDPROJECT
SAMPLE IDENTIFICATIONSAMPLE
MATRIXSAMPLE
TYPESAMPLE
COLLECTION

OF BOTTLES

COMP

GRAB

DATE

TIME

1

2

3

4

5

6

7

8

9

1. EFF Waste water

2. EFF Waste Water

3.

4.

5.

6.

7.

8.

9.

10.

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

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

1. [Signature]

1/10/25 11:45

1. [Signature]

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

2. [Signature]

1-10-25 1252

2. [Signature]

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

3.

3.

Conditions of bottles or coolers at receipt:

☐ COMPLIANT☐ NON COMPLIANT☐ COOLER TEMP

2.1 °C

Comments:

IF GUN #1

Page ____ of ____

CLIENT:

☐ Hand Delivered☐ Other _____

CHEMTECH:

☐ Picked Up☐ Field Sampling

Shipment Complete

☐ YES☐ NO