

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: Gannett Fleming
ADDRESS: 1010 Abrams Ave
CITY: Audubon STATE: PA ZIP: 19403
ATTENTION: Joe Kruparsky
PHONE: 600-301-8342 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Anthrac replacement of SB
PROJECT NO.: 95000878 LOCATION: Kearny NJ
PROJECT MANAGER: Joe Kruparsky
e-mail: Joe@GannettFleming.com
PHONE: 610-310-8342 FAX:

CLIENT BILLING INFORMATION

BILL TO: Chemtech PO#:
ADDRESS: 284 Sheffield St
CITY: Mountainside STATE: NJ ZIP: 07092
ATTENTION: Sandra Boasy PHONE: 908-789-3148

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): 10 DAYS*
EDD: 10 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 BPM EDD

1. TCL VOC+H
2. TCL PAHs
3. Cr(VI)
4. Cr(VI)
5. TAL metals
6. BP
7. PCBs
8. ~~PCBs~~
9. ~~PCBs~~

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.	B-163-SB01	S		X	2/22/25	334	6	X	X	+	X	X	X	X			
2.	B-172-SB01	S		X		400	6	X	X								
3.	B-163-SB02	S		X		426	6	X	X								
4.	B-172-SB02	S		X		730	6	X	X								
5.	FB02222025	DIW		X		830	7	X	X								
6.	B-173-GW01	GW		X		745	8	X	X								
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: 2/22/25 11:00	RECEIVED BY: [Signature]	2-21-25 0700	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 4.7°C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.		Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.		Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO