



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: American WAX
ADDRESS: 39-30 Review Av,
CITY: Long Island City STATE: NY ZIP: 11101
ATTENTION: Rev/Steve,
PHONE: 718-392-8080 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: WATER TESTING
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

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

Non Polar Material
BOD
COD
1 2 3 4 5 6 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		C	ONE	C							
1.	Non Polar Material			X	2-25-25	10 AM	1	X									
2.	Non Polar Material			X	2-25-25	10:30	1	X									
3.	Non Polar Material			X	2-25-25	11 AM	1	X									
4.	Non Polar Material			X	2-25-25	11:30	1	X									
5.	BOD	X			2-25-25	11:30	1		X								
6.	COD	X			2-25-25	11:30	1			X							
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. <u>Steven Pollack</u>	DATE/TIME: <u>11:35</u> <u>2-25-25</u>	RECEIVED BY: <u>[Signature]</u> <u>11:35</u> <u>2-25-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>3.1</u> °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME: <u>14:55</u>	RECEIVED BY: <u>[Signature]</u>	Comments: _____
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>2.25-25</u>	RECEIVED BY: <u>[Signature]</u>	Page _____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO



284 Sheffield Street, Mountainside NJ 07092 (908)-789-8900 Fax : 908 789 8922

Laboratory Certification

Certified By	License No.
CAS EPA CLP Contract	68HERH20D0011
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255424 Rev 1
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	T104704488