

CLIENT INFORMATION

REPORT TO BE SENT TO:

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

CLIENT PROJECT INFORMATION

PROJECT NAME: **HMC PRETREAT + Gum**
PROJECT NO.: LOCATION:
PROJECT MANAGER: **TODD HOLLAND**
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

BOD5 **TSS** **DO+G** **PO4** **TOTAL P** **NH4** **Ca+Mg+Cl** **HARDNESS+Clay**

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		E	E	C	C	C	C	E			
1.	EFFLUENT	W		X	2/27	0900	6	X	X	X	X	X	X				
2.	AERATION	W		X	2/27	0900	1		X								
3.	CITY WATER	W		X	2/27	0900	2							X	X		
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. <i>[Signature]</i>	DATE/TIME: 2/27 0900	RECEIVED BY: 1. <i>[Signature]</i>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☒ COOLER TEMP 2.2 °C Comments: 02/27/25 @ 1619
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	

Page ____ of CLIENT: ☒ Hand Delivered ☐ Other Shipment Complete
☐ YES ☐ NO