

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Tully Environmental**
ADDRESS: **57 Seaview Blvd**
CITY: **Pt Washington** STATE: **NY** ZIP: **11050**
ATTENTION: **D Derve**
PHONE: **718 446 7000** FAX:

PROJECT NAME: **Transfer Station SPAS**
PROJECT NO.: **25213** LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

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

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) _____ 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	2	3	4	5	6	7	8	9
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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										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	001 Willet Pt Blvd (Feb)	W		X	3/5	1145		X									
2.	002 35th Ave (Feb)	W		X	3/5	1145		X									
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: 1. D Derve	DATE/TIME: 3/5/25	RECEIVED BY: 1. _____	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 46°C
RELINQUISHED BY SAMPLER: 2. _____	DATE/TIME: 1310 3-5-25	RECEIVED BY: 2. CD	Comments: _____
RELINQUISHED BY SAMPLER: 3. _____	DATE/TIME: _____	RECEIVED BY: 3. _____	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO