

CLIENT INFORMATION

REPORT TO BE SENT TO:  
COMPANY: Geop Inc  
ADDRESS: 8 CARRIAGE  
CITY: Succasunna STATE: NJ ZIP: 07876  
ATTENTION:  
PHONE: FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Ave L  
PROJECT NO.: LOCATION:  
PROJECT MANAGER: GL  
e-mail:  
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: Geop Inc PO#:  
ADDRESS: 8 CARRIAGE  
CITY: Succasunna STATE: NJ ZIP: 07876  
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

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 add meta excel

1. TCU metals  
2. THL metals  
3. PCRA  
4. VOC  
5. BTEX  
6. PCB  
7. PH  
8. Isotobility  
9. EPH

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										COMMENTS ← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	WC1	501	X		3/13/25	1255	2	X	X	X	X	X	X	X	X		
2.																	
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. <u>[Signature]</u>	DATE/TIME: <u>3/14/25 1110</u>	RECEIVED BY: <u>[Signature]</u>	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>2.1°C</u>
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page ____ of
			CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other
			Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO