

CLIENT INFORMATION

COMPANY: GLCP INC
ADDRESS: 8 CARRIAGE
CITY: Succasunna STATE: NT ZIP: 07066
ATTENTION: GL
PHONE: _____ FAX: _____

CLIENT PROJECT INFORMATION

PROJECT NAME: Buttington
PROJECT NO.: _____ LOCATION: _____
PROJECT MANAGER: GL
e-mail: _____
PHONE: _____ FAX: _____

CLIENT BILLING INFORMATION

BILL TO: GLCP INC PO#: _____
ADDRESS: 8 CARRIAGE
CITY: Succasunna STATE: NT ZIP: _____
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 WDEP
☒ EDD FORMAT excel, hardcopy

TELESTATISTICS
1 2 3 4 5 6 7 8 9

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.	MW1	SW		X	3/19/25	1035	2	X										
2.	MW3	SW		X	3/19/25	1050	2	X										
3.	Field	Blank		X	3/19/25	1035	2	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. <u>[Signature]</u>	DATE/TIME: <u>1021</u> <u>3-21-25</u>	RECEIVED BY: 1. <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.1°C</u> °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