

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Geop Inc
ADDRESS: 8 CARRIAGE
CITY: JACCASUMME STATE: NJ ZIP: _____
ATTENTION: _____
PHONE: _____ FAX: _____

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

BILL TO: Geop Inc PO#: _____
ADDRESS: 8 CARRIAGE
CITY: JACCASUMME STATE: NJ ZIP: _____
ATTENTION: _____ PHONE: _____

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) Stokton DAYS*
HARDCOPY (DATA PACKAGE) Stokton 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 NOV 4 SEP 10

PAH
VOC + HS + THW
1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									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.	<u>GST3</u>	<u>Soil</u>	<u>X</u>	<u>X</u>	<u>4/8/25</u>	<u>12:54</u>	<u>2</u>	<u>X</u>	<u>X</u>								
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: <u>1. [Signature]</u>	DATE/TIME: <u>13:45</u> <u>4/9/25</u>	RECEIVED BY: <u>1. [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</u> °C Comments: <u>2.1</u> <u>2.1</u>
RELINQUISHED BY SAMPLER: <u>2. [Signature]</u>	DATE/TIME: _____	RECEIVED BY: <u>2. [Signature]</u>	
RELINQUISHED BY SAMPLER: <u>3. [Signature]</u>	DATE/TIME: _____	RECEIVED BY: <u>3. [Signature]</u>	
Page _____ of _____			CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other _____
			Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO