

CLIENT INFORMATION

REPORT TO BE SENT TO:

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

CLIENT PROJECT INFORMATION

PROJECT NAME: ANN
PROJECT NO.: LOCATION: NJ
PROJECT MANAGER: GL
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) Standard DAYS*
HARDCOPY (DATA PACKAGE) Standard DAYS*
EDD: Standard 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 add sep excel
EDD FORMAT hazsp8 mdrp

1	2	3	4	5	6	7	8	9

PRESERVATIVES

COMMENTS

← Specify Preservatives
A-HCl B-HNO3 C-H2SO4 D-NaOH E-ICE F-OTHER

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		← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
1.	MW4	GW		X	4/12/25	10:2	X											
2.	MW5	GW		X	4/12/25	4:15	X	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: <u>1. Hcl</u>	DATE/TIME: <u>4/9/25 1345</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>21°C</u>
RELINQUISHED BY SAMPLER: <u>2.</u>	DATE/TIME: <u></u>	RECEIVED BY: <u></u>	Comments: <u>IF Cont 1</u>
RELINQUISHED BY SAMPLER: <u>3.</u>	DATE/TIME: <u></u>	RECEIVED BY: <u></u>	Page <u></u> of <u></u> CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other <u></u> Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO