

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: CDM Smith
ADDRESS: 110 Fieldcrest Ave. #8 6th Floor
CITY Edison STATE: NJ ZIP: 08817
ATTENTION: M. Encinas
PHONE: 732 590 4679 FAX:

PROJECT NAME: UTEN UST
PROJECT NO.: LOCATION: Mt. Vernon NJ
PROJECT MANAGER: M. Encinas
e-mail: Encinas MA@cdm.smith.com
PHONE: 732 590 4679 FAX:

BILL TO: CDM Smith PO#:
ADDRESS: 110 Fieldcrest Ave #8 6th Floor
CITY Edison STATE: NJ ZIP: 08817
ATTENTION: M. Encinas PHONE: 732 590 4679

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) 5 business DAYS*
HARDCOPY (DATA PACKAGE): 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

1. PAUSE & JOC
2. Table 3
3. Table 3

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										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.	FB-05152025	Ag		✓	5/15/25	1230	3	✓	✓								CP-51 Table 3 Per email and see attached
2.	SS-10	Sol		✓	5/15/25	1310	5	✓	✓								
3.	SS-910	Sol		✓	5/15/25	1315	5	✓	✓								
4.	SS-11 (MS/MSB)	Sol		✓	5/15/25	1400	15	✓	✓								
5.	SS-MW-11.5	Sol		✓	5/16/25	0835	5	✓	✓								
6.	FB-05162025	Ag		✓	5/16/25	1535	3	✓	✓								
7.																	
8.																	
9.																	
10.																	

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.4 °C</u>
1. <u>GC</u>	<u>5/15/25 1555</u>	1. <u>[Signature]</u>	Comments: <u>IR Con #1</u>
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO