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ALLIANCE PROJECT NO.
 QUOTE NO. Q2174
 COC Number 2046401

CLIENT INFORMATION		CLIENT PROJECT INFORMATION		CLIENT BILLING INFORMATION	
REPORT TO BE SENT TO: COMPANY: <u>Environmenta</u>		PROJECT NAME: <u>DeCamp</u>		BILL TO: <u>Environmenta</u> NO#:	
ADDRESS: <u>8 Carrig Lane</u>		PROJECT NO.: _____ LOCATION: <u>NJ</u>		ADDRESS: <u>8 Carrig Lane</u>	
CITY: <u>Succasunna</u> STATE: <u>NJ</u> ZIP: <u>07876</u>		PROJECT MANAGER: <u>GR</u>		CITY: <u>Succasunna</u> STATE: <u>NJ</u> ZIP: <u>07876</u>	
ATTENTION: _____		e-mail: _____		ATTENTION: _____ PHONE: _____	
PHONE: _____	FAX: _____	PHONE: _____	FAX: _____	ANALYSIS	

DATA TURNAROUND INFORMATION	DATA DELIVERABLE INFORMATION
FAX (RUSH) <u>5 day TAT EPH</u> DAYS*	<input type="checkbox"/> Level 1 (Results Only) <input type="checkbox"/> Level 4 (QC + Full Raw Data)
HARDCOPY (DATA PACKAGE): _____ DAYS*	<input type="checkbox"/> Level 2 (Results + QC) <input checked="" type="checkbox"/> NJ Reduced <input type="checkbox"/> US EPA CLP
EDD: _____ DAYS*	<input type="checkbox"/> Level 3 (Results + QC) <input type="checkbox"/> NYS ASP + <input type="checkbox"/> NYS ASP B
*TO BE APPROVED BY CHEMTECH	<input type="checkbox"/> + Raw Data <input type="checkbox"/> Other <u>etc</u>
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS	<input checked="" type="checkbox"/> EDD FORMAT <u>msd + edd</u>

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.	DPI D1 D2	501	X		5/30/25	0935	5	X	(X)											
2.		501	X		5/30/25	1254	1	X	(X)											
3.		501	X		5/30/25	1315	1	X	(X)											
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				

Handwritten notes:
 EPH at 1
 Contingency
 SPAP NYS ASP B
 2 other bottles

Handwritten note: contingency on EPH results

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

RELINQUISHED BY SAMPLER: _____	DATE/TIME: <u>1400</u>	RECEIVED BY: _____	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>2-6°C</u> °C
1. _____	<u>5/30/25</u>	1. _____	Comments: _____
RELINQUISHED BY SAMPLER: _____	DATE/TIME: _____	RECEIVED BY: _____	
2. _____		2. _____	<u>DeCamp</u>
RELINQUISHED BY SAMPLER: _____	DATE/TIME: _____	RECEIVED BY: _____	
3. _____		3. _____	Page _____ of _____ CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other <input type="checkbox"/> Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO