



SHIPPING DOCUMENTS

CLIENT INFORMATION

COMPANY: **Leo Ingwer Inc**
ADDRESS: **62 W 47 Ste 1004**
CITY: **NY** STATE: **NY** ZIP: **10036**
ATTENTION: **Matt Selig**
PHONE: **212 719 1342 x 3176** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Leo Ingwer Water test**
PROJECT NO.: LOCATION:
PROJECT MANAGER: **Matt Selig**
e-mail: **matthews@leoingwer.com**
PHONE: **212 719 1342** FAX:

CLIENT BILLING INFORMATION

BILL TO: **Same** PO#: **Same**
ADDRESS: **Same**
CITY: STATE: ZIP:
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ 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

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	#1-612				6/12	10 ^{AM}	1	X									
2.					6/12												
3.	#2-612				6/12	11 ³⁰	1	X									
4.					6/12												
5.	#3 612				6/12	1 ^{PM}	1	X									
6.					6/12												
7.	#4 612				6/12	3:30	1	X									
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER:	DATE/TIME: 9:25	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 7.8 °C
1.	6/17/25	1. OR	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

Page ____ of CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Leo Inover
ADDRESS: 62 W 47
CITY: STATE: ZIP:
ATTENTION: PHONE: FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Matt Sely / Altin Yazmeen
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail: PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: PO#: ADDRESS: CITY: STATE: ZIP: ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
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☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other
☐ EDD FORMAT

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										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.	#1				6/19	10 ^{am}											Nitric Acid pH 1.3 #80A0441
2.																	
3.																	
4.																	
5.	#2				6/19	12 ^{pm}											Nitric Acid pH 1.3 #80A0441
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER:	DATE/TIME: 6/20/25	RECEIVED BY: CR	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP: 2.4 °C
1.		1.	Comments: If Cool #1
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

Page ____ of CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO

Lab Project number: Q2376

Date: 6/20/25

Client Name: LEO Ingwer, INC.

Client Project Name : Waste Water 2025

Instructions: Composite samples (4:1)

Sample Custodian: C. Peña

QA Control # A3041251

Laboratory Certification

Certified By	License No.
CAS EPA CLP Contract	68HERH20D0011
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255424 Rev 1
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	T104704488