

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: Earth Engineering  
 ADDRESS: 403 Commerce Lane  
 CITY: West Berlin STATE: NJ ZIP: 08091  
 ATTENTION: Frank Dougherty  
 PHONE: 856-768-1001 FAX:

PROJECT NAME: 1710 NY Ave  
 PROJECT NO.: 38550 LOCATION: NJ  
 PROJECT MANAGER: Frank Dougherty  
 e-mail: frankd@earthengineering.com  
 PHONE: FAX:

BILL TO: SAME PO#: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 ATTENTION: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) 3 DAYS\*  
 HARDCOPY (DATA PACKAGE): 5 DAYS\*  
 EDD: \_\_\_\_\_ DAYS\*  
 \*TO BE APPROVED BY CHEMTECH  
 STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

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 \_\_\_\_\_

*EPH Category 1*

1	2	3	4	5	6	7	8	9
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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.	S-1	Sol	X		X	6/25/25	8:10	1	X						
2.	S-2		X	X		8:35	1	X										
3.	S-3		X	X		9:15	1	X										
4.	S-4		X	X		9:45	1	X										
5.	S-5		X	X		10:20	1	X										
6.																		
7.																		
8.																		
9.																		
10.																		

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

RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u>	DATE/TIME: <u>12:40</u> <u>6/26/25</u>	RECEIVED BY: 1. <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>5.6°C</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments: _____
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page <u>1</u> of <u>1</u> CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other

Shipment Complete  
 YES  NO