Alliance TECHNICAL GROUP

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 • Fax (908) 789-8922
www.chemtech.net

ALLIANCE PROJECT NO.
QUOTE NO. Q2444
COC Number 2047152

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: Tetra Tech Quality Environmental.
ADDRESS: 116 Bay 19th Street
CITY Brooklyn STATE: N.Y ZIP: 11214
ATTENTION: Alex
PHONE 718-404-6704 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO 264.02.01 LOCATION:
PROJECT MANAGER:
e-mail: Info@TQENY.com.
PHONE: FAX:

CLIENT BILLING INFORMATION

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

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): 10 TAT DAYS*
EDD: _____ DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

- ☐ Level 1 (Results Only)
- ☐ Level 2 (Results + QC)
- ☐ Level 3 (Results + QC + Raw Data)
- ☐ Level 4 (QC + Full Raw Data)
- ☐ NJ Reduced ☐ US EPA CLP
- ☐ NYS ASP A ☐ NYS ASP B
- ☐ Other _____
- ☐ EDD FORMAT _____

ANALYSIS

PB

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9	COMMENTS
1.	1st Pl Child Care, sink 1 (1st draw)	W.		✓	06/27	7:17	1	✓									
2.	(2nd draw)			✓	06/27	7:18	1	✓									
3.	Child Care, sink 2 (1st draw)			✓	06/27	7:19	1	✓									
4.	(2nd draw)			✓	06/27	7:19	1	✓									
5.	Child Care, Restroom, Sink (1st draw)			✓	06/27	7:21	1	✓									
6.	(2nd draw)			✓	06/27	7:21	1	✓									
7.	Kitchen, sink (1st draw)			✓	06/27	7:23	1	✓									
8.	(2nd draw)			✓	06/27	7:24	1	✓									
9.	Restroom 2, Child Care sink (1st			✓	06/27	7:26	1	✓									
10.	(2nd draw)			✓	06/27	7:26.	1	✓									

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

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
1. A-Reekaser	06/27 12:25	1.
2.		2.
3.		3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
Comments: _____

Page 1 of 2

CLIENT: ☐ Hand Delivered ☐ Other _____

Shipment Complete ☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY

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ALLIANCE PROJECT NO.
QUOTE NO. Q2444
COC Number 2047535

CLIENT INFORMATION (REPORT TO BE SENT TO:)

COMPANY: Total Quality Environmental.
ADDRESS: 116 Bay 19th street
CITY brooklyn STATE NY ZIP: 11214
ATTENTION: Alex
PHONE: 718-404-6704 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO 861.02.01 LOCATION:
PROJECT MANAGER:
e-mail: Info@TQENY.com
PHONE: FAX:

CLIENT BILLING INFORMATION

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

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): 10 DAY DAYS*
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ANALYSIS

PB

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9	COMMENTS
11	1st Fl, Restroom 3 (Mens) sink (1st draw)	W		✓	06/27	7:28	1	✓									
12	↓ ↓ ↓ ↓ (2nd draw)	W		✓	06/27	7:28	1	✓									
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

← Specify Preservatives
A-HCl D-NaOH
B-HN03 E-ICE
C-H2SO4 F-OTHER

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
1. Recharge	06/27 12:25	1.
2.		2.
3.		3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
Comments: _____

Page 2 of 2

CLIENT: ☐ Hand Delivered ☐ Other _____

Shipment Complete ☐ YES ☐ NO

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