

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: Ardmore Inc  
ADDRESS: 29 Riverside Ave Bldg #14  
CITY: Newark NJ STATE:  ZIP:   
ATTENTION: Michael Sharphouse  
PHONE: 973 481 2406 FAX:

PROJECT NAME:   
PROJECT NO.:  LOCATION:   
PROJECT MANAGER:   
e-mail:   
PHONE:  FAX:

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH)  DAYS\*  
HARDCOPY (DATA PACKAGE): STANDARD 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. VOA 2. CN 3. SUOA 4. BOD/ISS 5. METALS 6.  7.  8.  9.

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	A-HCl B-HNO3 C-H2SO4	D-NaOH E-ICE F-OTHER
1.	EFF WW	WW		X	7/11/25	10:35		X	X									
2.	EFF WW	WW	X		7/11/25	10:35				X	X	X						
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

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

RELINQUISHED BY SAMPLER: 1. <u>Michael Sharphouse</u>	DATE/TIME: <u>7-11-2025 11:38</u>	RECEIVED BY: <u>R. G.</u>	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input checked="" type="checkbox"/> COOLER TEMP <u>1.8</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY:	Comments: <u>Metals Lead-Zinc</u>
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY:	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete ☐ YES ☐ NO