

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: EUROPASTEEL
ADDRESS: 571 Jersey Ave
CITY New Brunswick STATE: NJ ZIP: 08901
ATTENTION: Kevin Carlucci
PHONE: (631) 563-6262 FAX:

PROJECT NAME: MCUA Permit No 14241
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): 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

*Oil & Grease
TPH
PH
BOD5 + TSS
COD*

PRESERVATIVES

COMMENTS

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.	MH-7112025	W.		X	7/11	1000	9	X	X	X	X	X					PH 4.97 / 31.8 °C
2.																	
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>[Signature]</u>	DATE/TIME: <u>1005 7/11/25</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>5.4 °C</u>
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 2. <u>[Signature]</u>	Comments: <u>PH collected @ 0956</u>
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>1120 7/11/25</u>	RECEIVED BY: 3. <u>[Signature]</u>	<div> <div> Page <u>1</u> of <u>1</u> </div> <div> CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other </div> <div> Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div>