

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: Geop Inc
ADDRESS: 8 CARRIAGE
CITY: Succasunna STATE: NJ ZIP: 07876
ATTENTION:
PHONE: FAX:

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

BILL TO: Geop Inc PO#: 8 CARRIAGE
ADDRESS: 8 CARRIAGE
CITY: Succasunna STATE: NJ ZIP: 07876
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) 5 Day 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 haste, Njdp

1	2	3	4	5	6	7	8	9
<u>Sodium</u>	<u>chloride</u>							

PRESERVATIVES

COMMENTS

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

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.	9 Banker	DW	X		7/3/25	1230	2	X		X									
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:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP
1. <u>HL</u>	<u>7/3/25</u>	1. <u>HL</u> 15:52	Comments: <u>9 Banker 39</u>
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