

CLIENT INFORMATION

REPORT TO BE SENT TO:  
COMPANY: GECP INC  
ADDRESS: 8 CARRIAGE  
CITY: Succasunne STATE: NJ ZIP: 07876  
ATTENTION:  
PHONE: FAX:

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

BILL TO: GECP INC PO#:  
ADDRESS: 8 CARRIAGE  
CITY: Succasunne STATE: NJ ZIP: 07876  
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) STANDARD 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 hard disk

1. TEL VOCALS  
2. TEL BUT IS  
3. TEL METALS  
4. TEL METALS  
5. TEL METALS  
6. TEL METALS  
7. TEL METALS  
8. TEL METALS  
9. TEL METALS  
10. TEL METALS

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.	<u>WC1</u>	<u>SOI</u>	<u>X</u>	<u>X</u>	<u>7/31/25</u>	<u>1530</u>	<u>2</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>		
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>7/31/25</u>	RECEIVED BY: 1. <u>[Signature]</u> 15:52	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>3.9</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments: <u>CAPRA waste class</u>
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page ____ of CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO