

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: American WAX
ADDRESS: 39-30 Review Ave
CITY: Long Island City STATE: NY ZIP: 11101
ATTENTION: Ron/Steve
PHONE: 718 392-8080 FAX:

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

BILL TO: Same 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

1 Non Polar Material 2 BOD 3 COD 4 5 6 7 8 9

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		C	None	C							
1.	<u>Non Polar Material</u>	1		X	<u>8-6-25</u>	<u>10AM</u>	1	X									
2.	<u>Non Polar Material</u>	1		X	<u>8-6-25</u>	<u>10:30</u>	1	X									
3.	<u>Non Polar Material</u>	1		X	<u>8-6-25</u>	<u>11AM</u>	1	X									
4.	<u>Non Polar Material</u>	1		X	<u>8-6-25</u>	<u>11:30</u>	1	X									
5.	<u>BOD</u>	1	X		<u>8-6-25</u>	<u>11:30</u>	1		X								
6.	<u>COD</u>	1	X		<u>8-6-25</u>	<u>11:30</u>	1			X							
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. <u>State Pollack</u>	DATE/TIME: <u>8-6-25</u>	RECEIVED BY: <u>[Signature]</u>	DATE/TIME: <u>8-6-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>3.0</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: <u>[Signature]</u>	DATE/TIME:	Comments:
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>8-6-25</u>	RECEIVED BY: <u>[Signature]</u>	DATE/TIME:	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO