

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: First Environment
ADDRESS: 10 Park Pl Bldg 1A Suite 504
CITY: Butler STATE: NJ ZIP: 07405
ATTENTION: Al Smith
PHONE: 973-334-0803 FAX:

PROJECT NAME: USACE FIMP
PROJECT NO.: USACE018-44 LOCATION: Long Island, NY
PROJECT MANAGER: Al Smith
e-mail: asmith@firstenvironment.com
PHONE: 973-334-0803 FAX:

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): 10 DAYS*
EDD: 10 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 NYSDEC

VOC/SVOC
Pest./PCB
Metals
1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl B-HNO3 C-H2SO4 D-NaOH E-ICE F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	22BP-N	S			8/4/25	1500	5	X									
2.	22BP-E	S				1434	5	X									
3.	22BP-W	S				1418	5	X									
4.	22BP-S	S				1427	5	X									
5.	11M-W	S			8/5/25	1015	5	X									
6.	11M-S	S				0955	7	X	X	X							
7.	11M-N	S				1100	5	X									
8.	11M-E	S				1110	5	X									
9.	84SB-E	S				1340	5	X									
10.	84SB-S	S				1410	5	X									

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: 3.8°C
1. SMC	6:01	1. [Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: _____
ADDRESS: See page 1
CITY: _____ STATE: _____ ZIP: _____
ATTENTION: _____
PHONE: _____ FAX: _____

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
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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 NYSDOC

100/500C
Test/PCB
Metals

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										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	84 SB-W	S	C		8/5/25	1400	7	x	x	x							
2.	17M-S					1605	5	x									
3.	17M-E					1700	5	x									
4.	17M-W					1620	7	x	x	x							
5.	17M-N					1640	5	x									
6.	38M-S				8/6/25	0935	5	x									
7.	38M-N					1005	5	x									
8.	38M-W					0955	5	x	x	x							
9.	38M-E					1020	5	x									
10.	82H-E					1205	5	x									

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

RELINQUISHED BY SAMPLER: 1. <u>Gue</u>	DATE/TIME: <u>6:01</u>	RECEIVED BY: 1. <u>[Signature]</u> 8-8-25	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☒ COOLER TEMP <u>3.6</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page <u>2</u> of <u>5</u> CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO