

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **Gannett Fleming**
ADDRESS: **1010 Abrams Ave**
CITY: **Auburn** STATE: **PA** ZIP: **19403**
ATTENTION: **Joe Krupansky**
PHONE: **610-301-8342** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Amtrak Replacement of Southern Bridges**
PROJECT NO.: LOCATION: **Keansburg, NJ**
PROJECT MANAGER: **Joe Krupansky**
e-mail: **Gjake@bemsys.com**
PHONE: **610-301-8342** FAX:

CLIENT BILLING INFORMATION

BILL TO: **Alliance** PO#: **284 Sheffield St**
ADDRESS: **284 Sheffield St**
CITY: **Mountainside** STATE: **NJ** ZIP: **07092**
ATTENTION: **Yazmen Gueez** PHONE: **908-728-3998**

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
X EDD FORMAT **DEM EDD**

1. **TCL-Sink+TDS**
2. **TCL-Vol+TIO**
3. **PLBs**
4. **EPH**
5. **TAL Metals**
6. **TCLP Full Set**
7. **RLRA (Pb)**
8. **CRV/CCL**
9.

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.	TG-S01	S		X	8/1/15	0815	9	X	X	X	X	X	X	X	X	X	
2.	TG-S02	I		I	8/1/15	0915	9	I	I	I	I	I	I	I	I	I	
3.	TG-S03	I		I	8/1/15	1110	9	I	I	I	I	I	I	I	I	I	
4.	TG-S04	I		I	8/1/15	1315	9	I	I	I	I	I	I	I	I	I	
5.	TG-S05	I		I	8/1/15	0725	9	I	I	I	I	I	I	I	I	I	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. [Signature]	DATE/TIME: 8/1/15 0910	RECEIVED BY: 1. [Signature]	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP: 1.9 C
RELINQUISHED BY SAMPLER: 2. [Signature]	DATE/TIME:	RECEIVED BY: 2. [Signature]	Comments: If Can't
RELINQUISHED BY SAMPLER: 3. [Signature]	DATE/TIME:	RECEIVED BY: 3. [Signature]	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other
Shipment Complete ☐ YES ☐ NO