

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **AECOM**
ADDRESS: **250 Apollo Dr**
CITY: **Chelmsford** STATE: **MA** ZIP: **01824**
ATTENTION: **Peter S. Cox, P.E.**
PHONE: **1-978-945-2100** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Equity**
PROJECT NO.: **603362** LOCATION: **Brooklyn NY**
PROJECT MANAGER: **Peter S. Cox**
e-mail: **Pete.Cox@aecom.com**
PHONE: **1-978-764-4211** FAX:

CLIENT BILLING INFORMATION

BILL TO: **AECOM** PO#: **TBD**
ADDRESS: **250 Apollo Dr**
CITY: **Chelmsford** STATE: **MA** ZIP: **01824**
ATTENTION: **Peter S. Cox** PHONE: **1-978-945-2100**

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) **10 Days** DAYS*
HARDCOPY (DATA PACKAGE): **10 Days** DAYS*
EDD: **10 Days** 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 + Raw Data) ☒ NYS ASP A ☐ NYS ASP B
☐ EDD FORMAT **EQ 15**

1. 2. 3. 4. 5. 6. 7. 8. 9.
0270E - SUQS
0270E - SUQS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		E	A								
1.	MW-6A-081925	W		X	8/19/25	0829	3	X	X								
2.	MW-1C-081925	W		X	8/19/25	0929	3	X	X								
3.	MW-6B-081925	W		X	8/19/25	0955	3	X	X								
4.	MW-1B-081925	W		X	8/19/25	0945	3	X	X								
5.	MS-01-081925	W		X	8/19/25	1000	3	X	X								
6.	MSD-01-081925	W		X	8/19/25	1000	3	X	X								
7.	MW-12B-081925	W		X	8/19/25	1058	3	X	X								
8.	MW-18B-081925	W		X	8/19/25	1122	3	X	X								
9.	DUP-02-081925	W		X	8/19/25	1123	3	X	X								
10.	MW-17A-081925	W		X	8/19/25	1227	3	X	X								

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

RELINQUISHED BY SAMPLER:	DATE/TIME: 8/19/25	RECEIVED BY: 1525	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.1 °C
1. [Signature]		1. [Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. [Signature]		2. [Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME: 8-19-25	RECEIVED BY:	
3. [Signature]		3. [Signature]	

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ADDRESS: **250 Apollo Dr**
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ATTENTION: **Peter S. Cox, P.E.**
PHONE: **1-978-905-2100** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Equity**
PROJECT NO: **60326** LOCATION: **Brooklyn NY**
PROJECT MANAGER: **Peter S. Cox**
e-mail: **Pete.Cox@Aecom.com**
PHONE: **1-978-905-2100** FAX:

CLIENT BILLING INFORMATION

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ADDRESS: **250 Apollo Dr**
CITY: **Chelmsford** STATE: **MA** ZIP: **01824**
ATTENTION: **Peter S. Cox** PHONE: **1-978-905-2100**

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☐ Level 3 (Results + QC) ☒ NYS ASP A ☐ NYS ASP B
+ Raw Data ☒ Other **EQUIS**
☐ EDD FORMAT

1. 2. 3. 4. 5. 6. 7. 8. 9.

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS		
			COMP	GRAB	DATE	TIME		E	A									← Specify Preservatives A-HCl B-HNO3 C-H2SO4	D-NaOH E-ICE F-OTHER
								1	2	3	4	5	6	7	8	9			
1.	MW-16A-001925	W		X	8/19/05	1247	3	X	X										
2.	MW-16B-001925	W		X	8/19/05	1308	3	X	X										
3.	TB	W		X	8/19/05	0800	32		X										
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: 8/19/05	RECEIVED BY: 1525	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 2.2 °C
1. [Signature]	8/19/05	1. [Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. [Signature]		2. [Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME: 8-19-25	RECEIVED BY:	
3. [Signature]		3. [Signature]	