

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Atlas**
ADDRESS: **104 E 25th St**
CITY: **NY** STATE: **NY** ZIP: **10010**
ATTENTION: **d. cosenza**
PHONE: **212538280** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **SCA-K262**
PROJECT NO.: **2025 SCA021** LOCATION: **B Brooklyn**
PROJECT MANAGER: **d. cosenza**
e-mail: **denise.cosenza@oreatlas.com**
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: PO#:
ADDRESS: **SAME**
CITY: STATE: ZIP:
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): **5 day standard** 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

TOTAL PCBs
1 2 3 4 5 6 7 8 9

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.	K262-1A	S		X	8/19/25	830	1	X									
2.	K262-1B			X	8/19/25	831	1	X									
3.	K262-1C			X	8/19/25	832	1	X									
4.	K262-2A			X	8/19/25	835	1	X									
5.	K262-2B			X	8/19/25	836	1	X									
6.	K262-2C			X	8/19/25	831	1	X									
7.	K262-3A			X	8/19/25	840	1	X									
8.	K262-3B			X	8/19/25	841	1	X									
9.	K262-3C			X	8/19/25	843	1	X									
10.	K262-4A			X	8/19/25	845	1	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: 2.8 °C
1. [Signature]	8/19/25	[Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. [Signature]		[Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. [Signature]	8.20.25	[Signature]	

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Atlas
ADDRESS: 104 E 25th St
CITY: NY STATE: NY ZIP: 10010
ATTENTION: d. cosenza
PHONE: 212 538 280 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: SCA-K262
PROJECT NO.: 2023 SCA024 LOCATION: Brooklyn
PROJECT MANAGER: d. cosenza
e-mail: denise.cosenza@oreatlas.com
PHONE: FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): 5 day DAYS*
EDD: Standard DAYS*
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+ Raw Data) ☐ Other
☐ EDD FORMAT

Total RES+
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		1	2	3	4	5	6	7	8	9	Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1.	K262-4B	S		X	8/19/25	846	1	X										
2.	K262-4C			X	"	847	1	X										
3.	K262-5A			X	"	851	1	X										
4.	K262-5B			X	"	853	1	X										
5.	K262-5C			X	"	854	1	X										
6.	K262-6C			X	"	857	1	X										
7.	K262-7C			X	"	859	1	X										
8.	K262-8A			X	"	915	1	X										
9.	K262-8B			X	"	917	1	X										
10.	K262-8C			X	"	918	1	X										

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

RELINQUISHED BY SAMPLER: <u>[Signature]</u>	DATE/TIME: <u>8/19/25</u>	RECEIVED BY: <u>[Signature]</u> <u>1392</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.8</u> °C
RELINQUISHED BY SAMPLER: <u>[Signature]</u>	DATE/TIME: <u>8-20-25</u>	RECEIVED BY: <u>[Signature]</u>	Comments:
RELINQUISHED BY SAMPLER: <u>[Signature]</u>	DATE/TIME: <u>8-20-25</u>	RECEIVED BY: <u>[Signature]</u>	