



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **CHA Consulting, Inc**
ADDRESS: **3 Winners Circle**
CITY: **Albany** STATE: **NY** ZIP: **12205**
ATTENTION: **Carrie Robinson**
PHONE: **518-453-8703** FAX: _____

CLIENT PROJECT INFORMATION

PROJECT NAME: **NYSOMH Emergency Service**
PROJECT NO.: **98107.100** LOCATION: **Kingsboro, PC**
PROJECT MANAGER: **Carrie Robinson**
e-mail: **crobinson@chasolutions.com**
PHONE: **518-453-8703** FAX: _____

CLIENT BILLING INFORMATION

BILL TO: **invoices@chasolutions.com** PO#: **098107.1001**
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ATTENTION: _____ PHONE: _____

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) **results by 9/12/25** DAYS*
HARDCOPY (DATA PACKAGE): **9/12/25** DAYS*
EDD: **need results by 9/12/25** 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. **Total Coliform**
2. **Turbidity**
3. **Chlorine**
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 D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		F	-	-							
1.	B2-W16-Rm4080-Sink	DW		X	9/9/25	853	3	X	X	X							F = Na2S2O3
2.	B2-W16-Rm4056-Sink	DW		X		907	3	X	X	X							
3.	B2-W16-Rm4057-RH Sink	DW		X		912	3	X	X	X							
4.	B2-W16-LH Drinking Fountain	DW		X		915	3	X	X	X							
5.	B2-W16-Rm4065-Eyewash	DW		X		922	3	X	X	X							
6.	B2-W16-Rm4088-Sink	DW		X		856	3	X	X	X							
7.	B2-W16-Rm4075-Sink	DW		X		902	3	X	X	X							
8.																	
9.																	
10.																	

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 3.0 °C
1.	9/9/25 152	1.	Comments: _____
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.	9-9-25 1640	3.	

Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312