



SHIPPING DOCUMENTS

CLIENT INFORMATION

COMPANY: MASOR PRODUCTS Co.
ADDRESS: 66 Industrial Ave
CITY: Little Ferry STATE: NJ ZIP: 07643
ATTENTION: PAUL BUSTAMANTE
PHONE: 201 641 5555 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: floor drain water
PROJECT NO.: LOCATION:
PROJECT MANAGER: PAUL BUSTAMANTE
e-mail: Andres@masorproducts.com
PHONE: 201 641 5555 FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

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

Bod Tsg O.D. & Grease Tph. Ph.
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	E	E	E	E						← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
								1	2	3	4	5	6	7	8	9		
1.	Drain water tank #1	H2O		✓	9-12	11:30	1	X	X									plastic bottles
2.	" " " "	H2O		✓	9-12	11:30	3		X	X	X							glass brown bottles
3.	" " " "	H2O		✓	9-12	11:30	3		X	X	X							" " "
4.	" " " "	H2O		✓	9-12	11:30	1					X						small glass bottles
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

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

RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u>	DATE/TIME: <u>9/12/25 1245</u>	RECEIVED BY: 1. <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☒ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2-10</u> °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 2. <u>[Signature]</u>	Comments: <u>It's Gen #1</u>
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 3. <u>[Signature]</u>	Page ____ of CLIENT: ☒ Hand Delivered ☐ Other Shipment Complete ☒ YES ☐ NO

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