

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Resolution Consultants**

ADDRESS:

CITY: STATE: ZIP:

ATTENTION: **Eleanor Vivandou**

PHONE: FAX:

PROJECT NAME: **NWIRP Bethpage**

PROJECT NO.: **60731872** LOCATION: **Bethpage, NY**

PROJECT MANAGER: **Eleanor Vivandou**

e-mail: **eleanor.vivandou@aecom.com**

PHONE: FAX:

BILL TO: **Eleanor Vivandou** PO#:

ADDRESS: **27 Ellis Place**

CITY: **Ossining** STATE: **NY** ZIP: **10563**

ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*

HARDCOPY (DATA PACKAGE): **Standard** DAYS*

EDD: **standard** 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. **VOCs 8260**
2. **1,4-dioxane sim**
3. 4. 5. 6. 7. 8. 9.

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE -ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS		
			COMP	GRAB	DATE	TIME		A	F									← Specify Preservatives A-HCl B-HNO3 C-H2SO4	D-NaOH E-ICE F-OTHER
1.	TT189D1-20250922	GW		X	9/22	1245	3	2	1										
2.	RW11-mw01S-20250922	GW		X		0915	4	6	3									ms/msD	
3.	TT150S1-20250922	GW		X		1055	3	2	1										
4.	RW8-mw01D2-20250922	GW		X		1410	3	2	1										
5.	RW8-mw01D3-20250922	GW		X		1415	3	2	1										
6.	TT188S1-20250922	GW		X		1140	3	2	1										
7.	TT192D2-20250922	GW		X		1050	3	2	1										
8.	TT192D1-20250922	GW		X		1115	3	2	1										
9.	DUP10-20250922	GW		X		1200	3	2	1										
10.	RW11-mw01I-20250922	GW		X	✓	0945	3	2	1										

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

RELINQUISHED BY SAMPLER:	DATE/TIME: 1500	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 2.5 °C
1. Josh Lenton	DATE/TIME: 9/24/2025	1. [Signature]	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. [Signature]		2. [Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME: 1730	RECEIVED BY:	
3. [Signature]	DATE/TIME: 9-24-25	3. [Signature]	

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Resolution Consultants**

ADDRESS:

CITY: STATE: ZIP:

ATTENTION: **Eleanor Vivaudon**

PHONE: FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **NWIRP Bethpage**

PROJECT NO. **60731872** LOCATION:

PROJECT MANAGER: **Eleanor Vivaudon**

e-mail: **eleanor.vivaudon@raecom.com**

PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: **Eleanor Vivaudon** PO#:

ADDRESS: **27 Ellis Place**

CITY **Ossining** STATE: **NY** ZIP: **10563**

ATTENTION: PHONE:

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+ Raw Data) ☐ Other

☐ EDD FORMAT

*100% 8260
1/4 dioxane sim*

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		A	F									← Specify Preservatives A-HCl B-HNO3 C-H2SO4	D-NaOH E-ICE F-OTHER
1.	TT163S1-20250924	GW		X	9/24	1022	3	2	1										
2.	RE139D1-20250924	GW		X	9/24	0950	3	2	1										
3.	EB05-20250924	GW Aq		X	9/24	1138	3	2	1									Equipment Blank	
4.	EB06-20250924	Aq		X	9/24	1142	3	2	1									Equipment Blank	
5.	FR01-20250924	Aq		X	9/24	0910	3	2	1									QA/QC Field Blank	
6.	TB09-20250912	Aq		X	9/12	NA	2	2										QA/QC TBs	
7.																			
8.																			
9.																			
10.																			

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

2.5

RELINQUISHED BY SAMPLER:

DATE/TIME: **1500**

RECEIVED BY:

1500

Conditions of bottles or coolers at receipt:

☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP

°C

1. **Josh Lowton**

DATE/TIME: **9/24/2025**

RECEIVED BY:

9.24.25

Comments:

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

RELINQUISHED BY SAMPLER:

DATE/TIME: **1730**

RECEIVED BY:

9.24.25

Page **3** of **3**

CLIENT:

☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO